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## A FURTHER CONTRIBUTION TO THE STUDY OF EPIDEMIC ENCEPHALITIS IN ITS RELATION TO POLIOMYELITIS\*

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SINCE reports on the epidemicity of Lethargic Encephalitis—so called—began to be recorded, a profuse literature has appeared dealing with the clinical manifestations of this disease and the cytology and chemistry of the blood and spinal fluid. The relation of the affection to Poliomyelitis, although considered in early epidemics by many investigators speculatively, does not appear in the literature on the subject to have been considered experimentally to any great extent, so far as we were able to find.

Amoss (1) has published a neutralization test in *vitro* of poliomyelitis virus with a serum of a patient recovering from Epidemic Encephalitis with a negative result. In collaboration with Drs John Larkin and E J Banzhaf (2) we were able to neutralize poliomyelitis virus in *vitro* in six instances with sera of patients recovered from Epidemic Encephalitis and completely protected the six monkeys experimented upon.

Amoss denies the value of neutralization in *vitro* but against his contention we need only cite such investigators as Landsteiner, Flexner and Clarke Roemer, Netter and Levaditi and others. Besides, his neutralization test in *vitro* covers only one experiment. To us this seems an insufficient number to draw conclusions from.

The results of our neutralization tests in six monkeys so uniformly positive led us to the next problem, namely, the complement fixation of spinal fluids of patients acutely ill with Epidemic Encephalitis in the presence of poliomyelitis antigen, since we have already had good results with complement fixation tests of spinal fluids of Poliomyelitis patients with this specific antigen. That work was published in 1916 (3).

For this purpose we have investigated 106 spinal fluids of frank and suspected cases of Encephalitis. This work we have carefully controlled with spinal fluids of other pathological conditions, and also of Poliomyelitis patients and of monkeys infected with Poliomyelitis, of normal monkeys, and also with fluids of normal human cases.

Since the antigen was prepared from brains and cords of monkeys, which had been infected with Poliomyelitis virus and succumbed to this infection, we have also controlled our work with an antigen from normal brain prepared in the same manner as the one from the infected brain. In addition, all our fluids were subjected to the Wassermann and gold colloid reactions.

The work was done by Mr T Janke, the technician of the Kings County Hospital, under the supervision of its Director, Dr W W Hala. The antigen was prepared by Neustaedter, in collaboration with Dr E J Banzhaf, in the Serum Division of the Research Laboratories of the Department of Health New York City. Dr Banzhaf is the Director of this Division.

The work was further controlled in other laboratories. Dr Garbath tested the spinal fluids of the cases in the Lenox Hill Hospital and the same results that we had with them in the Kings County Hospital Laboratory. Dr William C. Thro reported positive results in a few frank cases. Dr Cornwall reported positive results in two of our positive fluids. Dr Netter, of Paris, to whom the antigen was sent, reports positive fixations in four fluids, but in one, diagnosed as Tuberculous Meningitis. Drs Kaliski and Hadjopoulos report negative results.

The method of procedure in testing the fluids pursued by our technician was as follows:

\*Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 22 1923



# TECHNIQUE OF THE COMPLEMENT FIXATION TEST FOR LETHARGIC ENCEPHALITIS

A set of five tubes is arranged and the various ingredients distributed in the following order and amount

	Tubes for the actual test of specificity			a/c control for antigen	a/c control for spinal fluid
	1	2	3	4	5
1 Spinal fluid	0.20 cc	0.10 cc	0.05 cc	cc	0.20 cc
2 Antigen dil 1:5	0.10 cc	0.10 cc	0.10 cc	0.10 cc	cc
3 Complement dil 1:10	0.10 cc	0.10 cc	0.10 cc	0.10 cc	0.10 cc
4 Mix them by shaking, incubate either in dry incubator at 37.7°C for two hours or in a water bath at the same temp for one hour only					
5 Add the hemolytic system					
Hemolysin	0.10 cc	0.10 cc	0.10 cc	0.10 cc	0.10 cc
Red blood cells, 5% suspension	0.10 cc	0.10 cc	0.10 cc	0.10 cc	0.10 cc
6 Put them back into the incubator until control tubes 4 and 5 clear					
7 Reading	Fixation in tubes 1, 2 and 3 is the strongest reaction + + + +. Fixation in the first two tubes with partial fixation in the third is + + +, without partial fixation in the third is + +. Fixation in the first tube without partial fixation in the second tube is +. Partial fixation in the first tube is ± doubtful.				

## NOTES, EXPLANATORY

1 *Tubes showing positive reactions* are re-incubated for one or two hours, the final readings are made next morning, the tubes having been placed in the ice box over night

2 *Spinal fluid* This should be tested in its fresh condition, 1 cc, not over two days old, and should always be kept in the ice box. Old fluids gradually become anticomplementary, then they should be heated for twenty minutes at 55°C in a water bath before using. Heating, however, reduces their specificity

3 *Antigen* This consists of a Berkfeld filtrate of a 10 per cent suspension of brains of monkeys inoculated with Poliomyelitis virus, to which 2 per cent trypsin is added and left at room temperature for three hours. At the end of this time, 0.4 per cent tricesol is added. 0.10 cc of a dilution of 1:10 of the fresh antigen is used and when four weeks old or more at 1:5 dilution is used in the test proper, as shown above. This amount represents enough antigenic value and is usually  $\frac{1}{4}$  the anticomplementary value. However, the antigen should be titrated once a month and the dose fixed accordingly, and it may be observed that it may be used so as to contain  $\frac{1}{2}$  or less of the anticomplementary dose.

*Antigen unit* The unit of antigen is the smallest amount of antigen that, with two units of homologous serum, 0.1 cc spinal fluid has given a + + + + reaction (complete fixation of complement)

*Anticomplementary dose* The anticomplementary dose is the smallest amount of antigen that is in itself anticomplementary or inhibitory

# ANTIGEN TITRATION FOR ENCEPHALITIS FIXATION

Tubes	Spin Fluid +++ Posit	Poli Antigen Diluted 1:10	Compl ement 1:10	Salt Sol 0.9%	Incub ation	Sensit Sheep Cells	Incubation
1	0.1 cc	0.25 cc	0.1 cc	0		0.2 cc	
2	0.1 "	0.20 "	0.1 "	0		0.2 "	
3	0.1 "	0.15 "	0.1 "	0.05 cc		0.2 "	
4	0.1 "	0.1 "	0.1 "	0.1 "		0.2 "	
5	0.1 "	0.05 "	0.1 "	0.15 "		0.2 "	
6	0.1 "	0.025 "	0.1 "	0.2 "		0.2 "	
7	0	0.40 "	0.1 "	0		0.2 "	
8	0	0.30 "	0.1 "	0		0.2 "	
9	0	0.20 "	0.1 "	0.05 "		0.2 "	
10	0	0.10 "	0.1 "	0.10 "		0.2 "	
11	0	0.05 "	0.1 "	0.15 "		0.2 "	
12	0.2 "	0	0.1 "	0.20 "		0.2 "	

*In regard to antigen* The amount of antigen that fixes complement completely with a spinal fluid of high antibody content may give an incomplete or no fixation with a spinal fluid of low antibody content. Thus in making diagnostic tests, where the detection of even a small amount of antibody is desired, it is advisable to use more than one unit of antigen.

4 *Preliminary complement titration* This is made about two hours after the guinea pigs are killed to see that the complement does not hemolyse cells WITHOUT HEMOLYSIN, but does so with hemolysin.

For each guinea pig four tubes are used, according to titre, e.g. Complement diluted, 1:10, amboceptor, 1:100, washed cells, 5 per cent

	Tube 1	Tube 2	Tube 3	Tube 4	Tube 5
Salt sol	0.2 cc	0.25 cc	0.2 cc	0.3 cc	0.4 cc
Red blood cells	0.1 cc	0.1 cc	0.1 cc	0.1 cc	0.1 cc
Complement	0.1 cc	0.1 cc	0.2 cc	0.1 cc	
Amboceptor dil 1:100	0.1 cc	0.05 cc			

Tubes 1 and 2 must show hemolysis

Tubes 3 and 4 must show no hemolysis. If a trace of hemolysis occurs in Tubes 3 and 4, the complement is discarded.

Tube 5 controls the salt solution and must show no hemolysis

5 *Preliminary titration of Hemolysin* This is titrated roughly at first to determine approximately the proper dilution, subsequently more accurate dilutions are made. The usual hemolysin will be under 1:4000 and more than 1:100, 1:100 may be the average. Therefore, the following dilutions 1:100, 1:200, 1:500, 1:1000, 1:2000 and 1:4000 are used in six tubes, each tube getting 0.1 cc of these respective dilutions of hemolysin and to those are added into each tube 0.1 cc of complement diluted 1:10, 0.1 cc of a



5% suspension of washed red blood cells and 0.2 cc of a 0.9% salt solution. These mixtures are then incubated in a water bath at 37.5° C for thirty minutes. This titration will show which dilutions are required for the final titration in order to find the unit of hemolysin.

### FINAL TITRATION OF HEMOLYSIS

In this titration the complement remains constant while the hemolysin varies. The result is obtained from the preliminary titration of hemolysin, in which varying dilutions are made either from 1:500 to 1:1000, or from 1:1000 to 1:2000.

In the final titration, 51% to twelve tubes are used, into each of which is pipetted 0.1 cc of hemolysin in the desired progressive dilutions 0.1 cc complement diluted 1:10 0.1 cc of a 5% suspension of red blood cells and 0.2 cc of a 0.9% salt solution. These mixtures are incubated in a water bath at 37.5° C for thirty minutes and then read.

The tube showing complete hemolysis in highest dilution is considered the unit of hemolysin

In summarizing the results as shown in Table 1 we find that in 16 we had a ++++ reaction, in 8 a +++, in 23 a ++, in 25 a +, in 14 a  $\pm$  and 20 were negative. Of these one proved on autopsy to be a cerebellar abscess, one a brain abscess, one, on operation a brain tumor two spinal cord tumors three syringomyelia, one proved, on autopsy, a traumatic meningeal hemorrhage, three were tertiary lues, and in one positive case of Encephalitis, clinically, the fluid was bloody. One +++ case proved, on autopsy, a brain abscess.

In Table 2 there are shown tests with the specific Poliomyelitis antigen of twenty-six spinal fluids of cases clinically presenting symptoms of tertiary Syphilis. In all cases, excepting one, they were negative with the specific antigen. In the one instance there is a ++++ Wassermann, but

Table 1

[illegible]

+ with the Polio myelitis antigen. It may be that that lipid in our antigen was responsible for the one +.

As further controls there are shown on Table 3 spinal fluids of clinically and pathologically proven cases of Tuberculous Meningitis. All of them were negative with our antigen.

On Table 4 we have five spinal fluids of undoubted cases of Poliomyelitis and with the exception of one, all were positive with the specific antigen. Of the four spinal fluids of monkeys infected experimentally, with Poliomyelitis two proved positive and two negative. Of the two spinal fluids of normal monkeys, both proved negative.

On Table 5 we show fifty-eight spinal fluid records of various pathological entities and normal cases. In addition control tests were made on over 150 more spinal fluids of diverse conditions other than suspected Encephalitis. These



temperature it would drop to 100, but rose again to recede with the next injection. When the temperature would go to normal it would stay normal and the treatment stopped, providing that the general condition was improved. The lethargy was invariably improved with the second injection. The other symptoms receded slowly, but the recovery in all was prompt. Of the twenty-three cases, nineteen recovered completely without any sequelae.

One with hemiatrophy and paralysis of the left tongue, which was well established when the case was first seen, one a psychosis extremely maniacal, improved after two injections, became quiet and fairly rational, did not refuse food, but the husband refused any further treatment. She is still in the State Hospital. One case of a postencephalitic Parkinson, one and a half years after the onset, still ran a temperature and was unable to get about or even feed himself. He has received eight intravenous injections. When I last saw him before he left the Lenox Hill Hospital, he was walking briskly about the ward with a smiling face. He even could run and stop at will. His improvement began with the third injection. His Parkinsonian features, however, he retained to some extent. We have tried this treatment in a well-established organic case with a great deal of reluctance, for we feel that the serum, in order to be effective, should be administered at the earliest possible moment in the acute stage. There can be no treatment that would modify organic changes in the central nervous system. In this particular instance we intended to stop the constant progress of the disease and this, it seems, we have accomplished.

One case of a postencephalitic Parkinson with a left hemiparesis, a toxic psychosis, in a woman 45 years, still under observation in the Kings County Hospital, has been markedly improved after five injections. She was under observation for three weeks before the serum therapy was begun. During that time seemed to slide downward. Her temperature was never above 102° F. After the first two injections the temperature dropped to 99° and continued under that line. Her lethargy disappeared after the fifth injection and the paralysis and Parkinson features began to recede. Two weeks after the last injection, she sat up in bed, smiling and claiming that she felt well. She is still at the hospital under observation. There seems still a slight Parkinson facies. We would, therefore, call this an improved but not cured case.

Of the twenty-three recovered cases, one received eight, two, six, three, five, nine, four, six, three, and two, two injections.

As a control, three cases, one of them a girl of 12 years of age, with choreiform movements in the upper extremities and + fixation in her spinal fluid, were treated with normal horse serum. Each adult patient was given five intravenous injections of 20 cc in twenty-four-hour intervals. The girl has received five injections of 10 cc each. One of the adults died two weeks after the last injection, one recovered with a Parkinson syndrome and the chorea child recovered, not completely, six weeks after the last injection. She has left the Hospital and her condition is last reported as good. These three cases were treated in the Kings County Hospital.

As a further control, fourteen cases were observed under the ordinary palliative measures of therapy, all in the Kings County Hospital. They were all serious or alarming cases. Of these, nine died and five recovered. The convalescence of all these cases was markedly protracted and in majority of them there were some sequelae of a permanent nature.

We might add that 200 cc of this immune horse serum were recently sent to Dr. Netter, in Paris, who reports that he has administered six injections to a child suffering from Encephalitis with spinal symptoms. The result, he states, was very gratifying and that he was much encouraged.

#### CONCLUSIONS

From the above results we infer that—

1 The Poliomyelitis Antigen fixes complement in spinal fluids of patients ill with active Encephalitis Lethargica, and might be looked upon as a criterion in the differential diagnosis of obscure cases.

2 In the absence of a specific therapy, the immune Anti-poliomyelitis Horse Serum may prove of service, if resorted to early.

3 The positive neutralization tests and fixation seem to constitute two links in the chain of evidence that suggest an extremely interesting possibility that Poliomyelitis and Epidemic Encephalitis are due to variations of the same etiological factor.

#### BIBLIOGRAPHY

- 1 H. L. Amoss *Jour Exp Med.* 1921 p. 187
- 2 Neustaedter, Larkin and Banzhaf *Am Jour Med Sciences* 1921 p. 715
- 3 Neustaedter and Banzhaf *Jour of Infect Diseases* 1917, p. 515



# HISTORY, CHEMICAL AND PATHOLOGICAL FINDINGS OF TWO CASES OF FULMINATING SYPHILIS\*

By EDWARD LIVINGSTON HUNT, MD and LEILA C KNOX, MD

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THE following two cases were observed for several weeks at St. Luke's Hospital in New York, and, finally, were autopsied there by Dr. Leila C. Knox. They are, therefore, complete from a clinical laboratory, and pathological standpoint. They are reported at the same time because of the many points which they have in common. In neither case was the diagnosis made during life, in neither case did the laboratory reports give any inkling of the etiology, in neither case did the history prove of any value. The course of each was short, the development rapid and the autopsy findings surprising and conclusive. The microscope, to the surprise of all, proved as we shall demonstrate to you, that the lesion in each was syphilitic.

One was a white man of forty-eight, who died after a six weeks' illness with what was thought to be encephalitis, and proved to be a specific cerebello pontine angle gumma, the other was a colored woman of thirty-eight who died after a few months illness with what was thought to be simply perimeningitis hemorrhagica interna and which proved to be a case of syphilitic parenchymatous degeneration.

I will now in a few words describe the man's symptoms, then give you a short account of the woman's case, after which Dr. Knox will throw upon the screen slides illustrating sections of both brains.

## MALE—CASE 1

This patient was 46 and entered the hospital on July 23 1920. His chief complaint was anesthesia of the right side of the face, of six weeks' duration. His minor complaints, all of a few days' duration, were dizziness, nausea and difficulty in walking.

An extract taken from the history at the time of admission reads as follows:

Present illness. Six weeks ago patient began to notice anesthesia and paresthesia about the submental and infraorbital regions with a sensation of pain in the ear and a slight motor paralysis of the facial muscles. During the last week there has been some difficulty in muscular conduction on the right side, and a sensation of dizziness without loss of consciousness. The patient has vomited three or four times in the last few days, the vomitus consisting of unchanged food. Sleep has been normal. There has been some disturbance of speech, and a sensory hemi-paralysis of the tongue (right). Hear-

ing on both sides is normal, and there is no history of chronic ear trouble. No cardio-respiratory, genito-urinary, or gastro-intestinal symptoms. No headache, nor oculomotor paralysis.

Past History. Negative, except for alcoholism. Syphilis was persistently, and I believe honestly denied. The patient was married and the father of two healthy children.

The physical examination made upon admission did not reveal much. The patient seemed well-nourished, with a flushed face covered with profuse perspiration and gave the appearance of one seasick. The pupils, eye grounds and fields of vision were normal. Lateral nystagmus was present. Caloric tests gave negative results. There was complete hemianesthesia of the right side of the face, tongue, and corresponding mucous membrane. There were no pathological reflexes. There was no cranial nerve involvement. Apart from these findings, the examination was negative.

An X-ray of the head showed that the more anterior cells on the left side were less well defined indicating the possible presence of a sclerotic process.

The laboratory reports, including blood, urine, and spinal fluid were negative. The fluid was under slightly increased pressure, the cells numbered 2. The colloidal gold curve was 1 15 15.2 - 15 10 50000.

The patient improved slightly, then developed ataxia, diplopia, a tremor of the right hand, strabismus, twitchings and some disturbance of speech.

The temperature on admission was 100 and until August 27 ranged between 98 and 99. On the 27th it rose to 103-105, dropped again on the 30th to 99 where it remained until the 6th, when it shot up abruptly and rose to a terminal of 105 on the first of September.

About August 10th the patient grew worse. Repeated lumbar punctures were normal. Reflexes remained unchanged.

In view of the irregularity of the temperature, the eye signs, the twitchings and the negative laboratory findings the diagnosis was regarded as being encephalitis.

## FEMALE—CASE 2

This patient was 39 and entered the hospital on January 7, 1920. Her chief complaints were nervousness, attacks of unconsciousness, and convulsions.

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An abstract of her admission history follows five years ago the patient developed nervous prostration, characterized by weakness and nervousness. At this time the slightest excitement could precipitate her into a state of unconsciousness in which she could hear but not speak. On these occasions her throat felt constricted. Previous to admission she had been working hard and noticed that her strength was failing.

"A year ago she had a second attack of prostration. Since then she has been subject to these nervous spells. Three weeks ago she experienced a very severe spell in which she had several convulsions and for ten days was unconscious."

There is nothing unusual in either her past or family history. She was married, had never been pregnant, and denied both alcohol and syphilis.

The physical examination was negative. The urine was negative. The blood showed a slight degree of anæmia. The fundi were negative. The blood pressure was 104/85. The urea nitrogen was 14.7, the blood sugar 100. The Wassermann was negative. The temperature was normal.

On January 12 a lumbar puncture was performed, which, being contaminated with blood, was unsatisfactory, but the Wassermann was negative, and the gold curve only one of slight irritation. Following this puncture she had a general convulsion.

On January 18 all the tendon reflexes on the left side became more pronounced than those on the right, and there was a definite left-sided Babinski and Chaddock reflex present. Following the convulsion, there was temporarily complete motor aphasia. The mental condition then began to deteriorate, there was childish euphoria, and incoherence, accompanied by convulsions, stertoroid movements, and rigidity of the neck. The temperature rose on January 12 to 102, and did not return to normal until February 1.

On February 11 a lumbar puncture showed cells 82, lymphocytes 100 per cent, butyric positive, Wassermann negative, and a slightly irritative gold curve.

On February 18 the temperature again rose to 102, the patient had repeated convulsions, and the mental condition became one of continuous euphoria.

From then until the date of her death, which was March 10, the patient was maniacal. She had several convulsions. Repeated Wassermann tests in both blood and spinal fluid were negative. The cell counts were always increased, and the gold curve one of slight irritation. The temperature during the last month fluctuated between 99 and 105. She finally died following a severe convulsion.

## PATHOLOGICAL FINDINGS

The post-mortem examination showed an early cirrhosis of the liver and a moderate degree of myocardial degeneration, as well as a large cerebral lesion superficially suggesting a neoplasm, but found on microscopic examination to be a gumma.

The lateral ventricles were much distended, the convolutions moderately flattened, and the sulci correspondingly shallow. The meninges over the vertex showed no lesion, but on the right side of the base there were fresh vascular adhesions between them and the brain substance at the cerebello-pontine angle. The roots of the trigeminal and auditory nerves were entangled by the growth.

Section of the brain showed extensive destruction of the brain tissue and its replacement by a soft, yellowish cystic mass nearly three centimeters in diameter. This extended deeply into the pons, brachium pontis and cerebellum, reaching to the median line and anterior end of the former and through two-thirds of the latter. There was no trace of a capsule, a broad band of vascular granulation tissue surrounding the cystic and necrotic central portion and separating it from the normal tissue.

Microscopic sections from many areas disclosed the fact that no tumor was present, but that the mass was granulomatous. The center is composed of a necrotic glial reticulum with many pyknotic nuclei and a mass of dilated and thrombosed blood sinuses. The borders of the lesion illustrate the nature of the process and show that there is an endophlebitis and endarteritis obliterans. There are very large numbers of round cells and plasma cells filling and distending the perivascular lymph spaces. These cells also penetrate the adventitia of both veins and arteries, greatly thickening the walls and therefore showing the early and most characteristic lesion of syphilis. The inflammation frequently extends throughout the wall, the endothelium is desquamated and a hyaline thrombus fills the lumen. There is considerable proliferation of glia together with focal necroses. The exudative elements are cells of various types. Many large endothelial cells are present in a state of fatty degeneration, plasma cells and round cells are numerous. The process is not sharply delimited and there is no attempt at encapsulation. An extension of the perivascular infiltration to the left half of the cerebellum and to the branches of the left inferior cerebellar artery has also taken place. Spirochætes have not been demonstrated, but these are frequently not found in late lesions and do not alter the probability that they were the primary cause of the condition.

Solitary syphilomata are not frequent, forming probably not more than three to ten per cent



of the clinical cases of brain tumors. They are being seen even less frequently than formerly in the large hospitals for the insane. The points which help to differentiate such a lesion from a tuberculoma are the fact that it occurred in an adult with no other tuberculous lesions, that judging from both clinical and anatomical evidence it originated at the surface and not deeply within the substance of the brain as would be more characteristic of a tuberculoma, that it involved the pons extensively—a site most rare for tuberculosis, that the mass was soft friable and vascular with no limiting area of fibrosis such as is almost invariably present around a solitary tubercle, the wide area of fresh granulations and the absence of Langhans' giant cells. The vascular lesions which may also occur in tuberculosis are probably much less constant and show less uniformity.

#### PATHOLOGY

The pathological changes which presented themselves on removal of the calvarium left little doubt that the lesion was parietic. There was an extensive recent as well as old pachymeningitis hemorrhagica interna with fresh clots lining the dura and thickening it as well as rusty brownish foci resulting from earlier hemorrhage. The lepto meninges were lifted up by accumulations of serum which filled the spaces between them and the shrunken convolutions. The pia arachnoid was so adherent over several frontal and precentral areas that it could be removed only by tearing the substance of the brain. The size of the brain was also greatly reduced, being scarcely larger than that of a child. In the adherent portions of the thickened meninges small nodules could be felt their diameter from one-half to one centimeter. The base was comparatively free from active inflammation although the pons was here also slightly opaque.

The microscopic evidence confirms the gross diagnosis. There is a severe and diffuse meningo-encephalitis. The nodules on the vertex are necrotic and surrounded by cellular and very vascular granulation tissue. The meshwork of the pia arachnoid contains also many plasma cells and large endothelial cells. The vascular lesion affects both arteries and veins, the walls of both being infiltrated with plasma cells and round cells. Large veins are involved throughout in this manner, as well as showing marked adventitial thickening and subendothelial fibrosis. This lesion is by some authorities, as Rieder considered a typical and almost constant manifestation of syphilis in early cases and in children. Since the infection proceeds from without in, the endarteritis or endophlebitis must succeed the adventitial thickening. Barrett has described exactly this picture in the leptomeninges of a

patient in whom the disease proved fatal within eight months after infection, and Krause has demonstrated three similar and as rapidly progressive cases, all with this type of vascular lesion. The brain is an especially favorable site for examining these lesions, as its vessels are not subject to the secondary alterations caused by trauma, changes which may confuse the picture in subcutaneous or otherwise accessible regions.

The devastation of the outer layers of the cortex is widespread and diffuse. No orderly rearrangement of either fibers or pyramidal cell layers can be distinguished, owing to the exudation of lymphocytes and plasma cells, the proliferation of glia the neuroinflammation, the newly formed capillaries and the swollen perivascular lymph spaces crowded with the same types of cells as those seen in the meninges. The importance of plasma cells as described by Alzheimer and others is emphasized by Kraepelin who regards them as more constant and numerous at a distance from the blood vessels in paresis than in any other disease. Only a very few, and these in the Virchow-Robin spaces are seen in encephalitis lethargica. Mast cells though usually present have not been seen in this case. The tangential layer cannot always be differentiated from the cellular exudate in the pia. This continuity of the process from membranes to parenchyma, together with the distribution and severity of the process, the presence of gummatous nodules, the plasma cells in the cortex and the vascular lesions, are ample evidence that the lesion is parietic.

Kraepelin believes that in women this demented form of paresis is relatively more frequent than in men but holds, as do most writers that the incidence of the disease in general among women is still much less than among men perhaps from one half to one-fifth as frequent. In Europe the number of cases among women is thought to be increasing. In this group the greater number of young adults are found and among the negroes in this country there is also an increasing number of cases in the female portion.

#### BIBLIOGRAPHY

- Kraepelin General Paresis Nervous and Mental Disease Monograph No. 14 New York 1913  
Barrett *Ann Jour Med Sc* 1905 129 390  
Krause *Beiträge zur pathologischen Anatomie der Hirn syphilis* Jena, 1915  
Rieder *Lewandowsky Handbuch der Neurologie* 111 Spec. Neurologie 2 362 Berlin, 1912  
Aschoff *Pathologische Anatomie* Jena 1923  
H. Oppenheim *Die Geschwülste des Gehirns* Holder, Wien, 1896.  
Kaufmann *Lehrbuch der Spezielle Pathologische Anatomie* Berlin 1911  
Drück *Verhandl d Deutsch Path Gesellschoft* 1908 xii 211  
Alzheimer *Monatsschrift f Psych u Neurol* 1897 2, 82.



# THE VALUE OF THE COMPLEMENT FIXATION TEST IN GONORRHOEA IN WOMEN.\*

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**T**HE following study of the complement fixation test in women has been worked out on my service in the gonorrhœal wards of the Kingston Ave Hospital, Department of Health, New York City. Dr Edda Von Bose, as resident physician to the Venereal Service, has personally followed all of these cases during their period of treatment in the hospital, and we together have collaborated the following observations in regard to the clinical value of this test.

The report of the purely serological and bacteriological side of the investigation which has been carried on by Miss M. A. Wilson and Dr Anna W. Williams, has been published separately.<sup>1</sup>

Certain advantages and disadvantages are at once apparent in regard to the available data of our cases.

We are handicapped in the very beginning by the fact that it is difficult to obtain an accurate history of infection in the type of patient found in this service. As the vast majority are prostitutes, the date of the first onset of infection is almost impossible to obtain. So inaccurate is the information given by these women, that we have come to disregard the history, except in cases of violation, which form a very small percentage.

We have been forced, then, to try to get these cases on admission ourselves, relying on the actual conditions found, rather than the history obtained. Thus we have worked out

et of symptoms which we feel covers the acute stage, the sub-acute, and the chronic stage of the disease, and we classify each new case accordingly on admission.

The other great disadvantage as to the scope of our work is that there is no possible follow-up of these patients at the present time. Immediately after leaving our doors, with a tentative cure, they may become exposed to a fresh infection. Being of the social status that they are, they are not intelligently and vitally interested in a cure. They simply want to be sufficiently well to receive our O. K., and then disappear, and have as few questions asked as possible. Hence the utter impossibility, except in rare instances, of being able to say that a given case remains cured after three months away from the hospital, or whether a reappearance of symptoms means exacerbation of the old infection, or the appearance of a new infection.

So much for some of the disadvantages of our work. The very great advantage is, that, from

the time the patient enters the hospital until the date of her release, we are able to hold her under conditions we can absolutely check off, and here during the days or weeks that the disease is running its course, we are able to study the clinical symptoms, the bacteriological and serological findings simultaneously. We have further had the great good fortune of having all cases considered in this report pass under the same routine investigation, so that the personal equation has been the same throughout.

We have used the following classification of symptoms in designating whether a case is acute, sub-acute, or chronic.

## ACUTE

Cases having one or more of the following symptoms

*Vulva* Active inflammation and swelling of the parts. Involvement of Bartholin's glands with or without abscess formation, but exhibiting some evidence of inflammation in the duct.

*Urethra* Evidence of active inflammation as witnessed by mucopurulent or purulent discharge and swelling of the mucous membrane at the mouth of the urethra, and ability to express a drop of purulent material on massaging Skene's glands.

*Vagina* Inflammation present in varying degrees, mucous membrane swollen, reddened and sensitive.

*Cervix uteri* Presents a swollen and reddened appearance with or without erosions and a mucopurulent discharge.

*Uterus* There may be endometritis or metritis in varying degrees, as evidenced by tenderness or enlargement of the uterus.

*Tubes and Ovaries:* There may be an acute endo-salpingitis without enlargement of the tube, but generally with acute tenderness, or there may be a definite enlargement of the tube. There may be congestion of the ovary, or in virulent cases, active inflammation.

*Perimetritis* May be present in varying degrees, as evidenced by loss of mobility of the uterus.

## SUB-ACUTE

Those cases presenting any or all of the symptoms of the acute stage, but in less intensified form, and showing usually erosions of the cervix.

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, April 19, 1922.



The discharge is free and mucopurulent in character

### CHRONIC

Those cases presenting no evidence of active inflammation and exhibiting some or all of the following symptoms in varying degrees

**Discharge** Slight or profuse, mucopurulent in character

**Bartholin's glands** Evidence of involvement as witnessed by fibrous or cystic change in the gland itself with or without patent duct, and showing purulent discharge

**Urethra** No inflammatory condition apparent. On massage pus may be obtained from Skene's glands or from urethra

**Cervix** May or may not be enlarged. Canal usually unduly patent. Erosions fairly constant. Mucopurulent discharge. Evidence of prior adnexial involvement such as thickened tubes, loss of mobility of uterus, evidence or history of previous pelvic or abdominal surgery.

We have used the Williams rules for smear diagnosis as follows:

1. Positive spreads—those showing leucocytes filled with morphologically typical gonococci, decolorized by gram stain

2. Suspicious spreads—those showing any suspicious gram negative intra-cellular diplococci

3. Observation spreads—those showing 50 per cent or more polymorphonuclear leucocytes, but no suspicious intra-cellular diplococci or those having the clinical symptoms of discharge and inflammation, and showing less than 50 per cent polymorphonuclear leucocytes

4. Negative spreads—those showing less than 50 per cent polymorphonuclear leucocytes, no suspicious intra-cellular cocci and no clinical evidence

All the patients have had weekly bleedings and smears made and these have accompanied the clinical picture throughout their stay in the hos-

pital, and it is the aim of this paper to establish, if possible the practical value to the clinician of the complement fixation test

On reviewing the records, we find that seven groups present themselves for study. They are as follows, based on an analysis of 256 cases, taken at random from the records:

1. Spreads +	CFG +	26 cases
2. Spreads (Neg. or observation or suspicious)	CFG +	59 cases
3. Spreads +	CFG ± or -tr	27 cases
4. Spreads +	CFG -	13 cases
5. Spreads (suspicious at most)	CFG negative	10 cases
6. Spreads (suspicious at most)	CFG ± or -tr or -	116 cases
7. Spreads negative	CFG negative	5 cases
		256 cases

The same group of cases (256) showed that we considered the cases to be

49 sub acute      5 acute      202 chronic

It will be observed that the vast majority of our cases were considered chronic, and fell in Class No. 6 where the spreads at most were suspicious, never positive, and the CFG ± or -tr or -

While our largest number of cases fell under Group No. 6 we consider that Group No. 4 is probably the most interesting group for interpretation

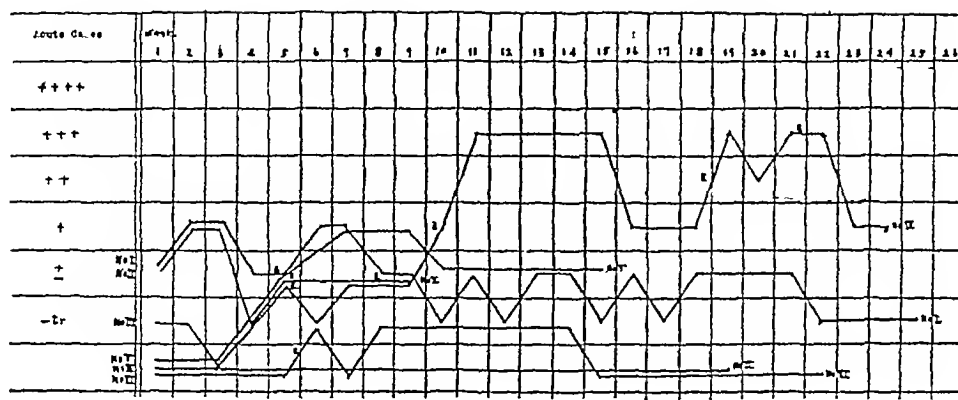
Here the spreads have been positive, and the CFG consistently negative. In trying to account for this combination we have reasoned that perhaps this group might be analogous to a similar group in the male, where the anterior urethra only is involved. Keyes drew attention to this group and Schwartz and McNeil<sup>2</sup> referred to it in analyzing some of these findings in women making the following statement: "We think a negative reaction will probably be obtained if the disease is limited to the urethra, Skene's Glands and Bartholin's Glands."

This opinion does not apply to our group, in that the cervix was involved in all but one case, and the tubes in many of them. See Table I

GROUP IV SPREADS + COMP. FIXATION

Based on Clinical Findings as	Discharge from Urethra	Discharge from Cervix	Involvement of Tubes	Involvement of Bartholin's Glands
1. Chronic	Profuse	Profuse erosion	Negative	Negative
2. Chronic	Negative	Profuse erosion	Negative	Right
3. Chronic	Slight	Profuse erosion	Right	Negative
4. Subacute	Profuse	Profuse erosion	Negative	Negative
5. Chronic	Moderate	Profuse erosion	Negative	Negative
6. ?	Profuse Skene's involved	Negative	Left	Negative
7. Chronic	Skene's involved	Profuse erosion	Left	Negative
8. Subacute	Slight urethra	Profuse erosion	Negative	Negative
9. Chronic	Slight urethra	Moderate erosion	Right	Right and left
10. Chronic	Skene's involved	Profuse erosion	Negative	Negative
11. Chronic	Slight urethra	Profuse erosion	Right and left	Left
12. Chronic	Profuse, urethra Skene's involved	Profuse erosion	Right	Negative
13. Chronic	Slight urethra	Profuse erosion	Negative	Negative





CASE 1 Clinical Course, involvement urethra, Skene's, cervix

E = Exacerbation with temp 103

For discharge had { Negative spreads  
Clinical O K  
Comp F — tr

CASE 2 Clinical Course, urethra, Bartholin's glands, cervix, both tubes

For discharge had { — and obs spread  
Clinical O K  
C F ±

CASE 3 Clinical Course (Pregnancy), involvement urethra, Skene's Glands, Bartholin's Glands, cervix

For discharge had { — and obs spreads  
Clinical O K  
— C F

CASE 4 Clinical Course, urethra, Bartholin's Glands, cervix, tubes, peritoneum

E = 5th week, acute abdominal symptoms

5/1/21—E = 10th week, clinical note, right tube, 4/25/21

7/10/21—E = 21st week, clinical note, Bartholin's abscess

7/27/21

For discharge had { — spreads  
Clinical O K  
+ C F

CASE 5 Clinical Course, urethra, cervix, tubes, peritoneum

8/13/21—Temp 100

8/14/21—C F went up to + see E

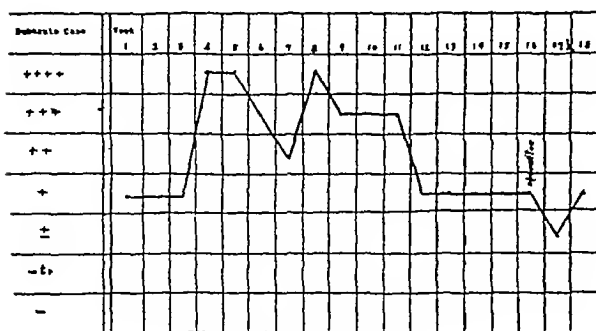
For discharge had { Spreads —  
Clinical O K  
C F ±

CASE 6 Clinical Course, urethra, cervix, tubes, peritoneum

8/7/20—C F — tr see 5th week, E

8/5/20—Clinical note "Loss of mobility, more pronounced due to extension process in tube," Temperature 100-101

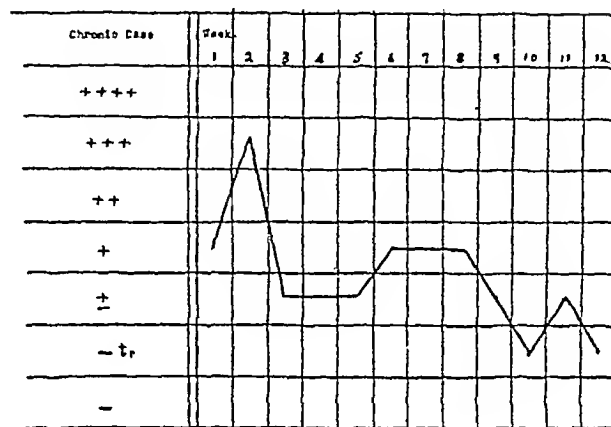
For discharge had { Obs and — spreads  
Clinical O K  
— C F



CLINICAL COURSE.

Patient had had a urethritis and mild cervicitis. Later in course had developed an infection of Bartholin's Gland, which was removed. For discharge from hospital she had

Negative and observation spreads  
Clinical findings O K.  
+ Complement fixation.



CLINICAL COURSE

Patient has had a cervicitis with profuse discharge. Had also had one tube (right) involved.

The clinical findings subsided with the complement fixation. For discharge from Hospital Spreads were — and observation. Clinical findings, O K. C F — tr

In studying the weekly readings of the complement fixation records on the ward and following the clinical pictures, we have had in mind that there is a definite relation between the clinical curve and the complement fixation curve. To explain. In our very acute cases the clinical symptoms, fever, leucocytosis, pain and local inflammatory symptoms are at their height at the onset of the disease, and the complement fixation is generally negative, until the third to fourth week when it generally rises. During the sub-acute stage the clinical curve is gradually coming down and for a while the complement fixation is going up or remaining high, and then in the chronic stage the clinical curve and the complement fixation subside together.

We tried to plot such a compound curve but it became so involved that it was not practical. Then we tried to get a curve of six acute cases, ten sub-acute and ten chronic.

The charts of ten curves did not work out well again, and hence we have picked out of each one curve which we consider typical of a sub-acute and chronic case.

We expect, from our observations, to find



when there is an exacerbation of symptoms in an acute case, that there will be a rise in the complement fixation. This is well shown in our chart of acute cases. In the sub-acute cases we expect our largest numbers of high complement fixation readings (per case), and during the sub-acute stage the various involvements of Skene's Bartholin's, cervix, uterus and tubes will occur. In the ideally resolving case, the clinical symptoms will be steadily diminishing, the smears becoming obscure or—(instead of + or suspicious) and the complement fixation coming down to negative. The ideal outcome is to have

Clinical symptoms	Negative
Com fix,	Negative
Spreads,	Negative

This or approximately this, happens so often that we have come to look upon it as the usual outcome of these cases. As the complement fixation does not disappear immediately after the gonorrhea is cured, we cannot from a practical standpoint hold many of our supposedly cured cases until the CFG is negative. We are therefore willing to discharge cases with negative clinical and bacteriological evidence and a complement fixation up to and including 1+. Any case with a 2+ or more complement fixation we hold as potentially uncured though we may not always be able to locate the nidus of infection.

If a case has been progressing well and clinical, bacteriological, and CFG have all been running along together, and the CFG is + or below, and then suddenly jumps to +++ or ++++, we feel that this is suggestive of an exacerbation and if necessary a patient should be held on this finding alone.

## CONCLUSIONS

1 We are willing to make a definite diagnosis of gonorrhea on a  $\pm$  CFG, which we consider a weakly positive reaction, as we are satisfied that a non gonorrheic does not give a positive reaction.

2 The complement fixation test in women has a distinct value, which is greatest in the chronic and sub acute cases from the standpoint of diagnosis and prognosis.

3 It is of less value in acute cases, from the standpoint of diagnosis, but probably equally valuable from the standpoint of prognosis.

4 The subsidence of the complement fixation with the clinical symptoms is proven in this series.

5 The reappearance of a high complement fixation reaction during convalescence suggests an active focus.

6 A persistent negative complement fixation with positive bacteriological findings is rare, and at this date we are unable to explain it satisfactorily.

7 A persistent negative complement fixation with negative clinical and bacteriological findings we believe can be interpreted as an index of the probability of a cure of gonorrhea in women.

8 We suggest as a tentative and entirely arbitrary standard that in order to pronounce a cure of gonorrhea in women, it is necessary to have these three persistent negative findings over a period of six months. We fix this arbitrary time, as we believe the cure in women is probably somewhat slower than in men.

## REFERENCES

- 1 M. A. Wilson, Mary V. Forbes, Florence Schwartz. *Journal of Immunology* Vol VIII, No. 2, Mar 1923 pp. 105-120.
- 2 Hans G. Schwartz and Archibald McNeil. *American Journal of the Medical Sciences* Dec. 1912, No. 6 Vol. CXLIV, p. 815.

## THE ATTITUDE OF THE MEDICAL PROFESSION OF THE STATE OF NEW YORK TOWARD THE VENEREAL DISEASES\*

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THE venereal disease problem has been viewed from many angles in the past few years and statistical studies in great variety and degree of completeness have been made. From our acquaintance with the ground covered, however we believe that but little attention at least in a statistical way has been given to the average physician's attitude toward these diseases. The object of this paper is to show what proportion of the physicians of New York State are looking for syphilis and gonorrhea and to what

extent they are finding and treating them. It was our opinion even before making this study that the proportion of physicians interested had increased remarkably in the last, say, five years, and that an analysis of the situation today would show that a large number of physicians are now awake to the importance of recognizing and treating these diseases.

The Division of Venereal Diseases of the New York State Department of Health has for the last three years received annually, on an average, 10,000 reports of cases of syphilis and 4,000 reports of cases of gonorrhea. A brief description

\*Read at the Annual Meeting of the Medical Society of the State of New York, at New York City May 23 1923



of the manner in which notifications of cases of venereal diseases are obtained is necessary for correct interpretation of this study. First, the various public health laboratories† of the State forward to the Division copies of the information slips accompanying specimens which prove positive for syphilis or gonorrhea. This source provides the great majority of the notifications. Second, notifications are received from venereal disease clinics and the State institutions which report on special information cards provided by the Division. Finally, some physicians voluntarily report directly. For each notification received, the files are carefully searched in order to determine whether the case has been reported previously, and duplicate reports are attached to the original. For this study data has been taken from the positive reports received during 1922

physicians for diagnosis and treatment and only the records of the State Laboratory at Albany were drawn upon for the list of physicians submitting specimens, all of which were negative. If these conditions could be properly evaluated and complete records of negative examinations gotten from all of the public health laboratories it would show that the proportion of physicians interested is much greater than 57.7%. We are fully justified, therefore, in saying that at least 60% of the physicians and surgeons practising in the State are co-operating in the extirpation of the venereal diseases. Sixty per cent is such an unexpectedly large proportion that the figures were analyzed in detail. It was found that the 3,726 physicians could be grouped in the following manner, according to disease reported or suspected

	Number	Per cent of all physicians in directory
Physicians reporting syphilis alone	1,695	26.3%
Physicians reporting gonorrhea alone	298	4.6%
Physicians reporting both syphilis and gonorrhea	499	7.8%
Physicians reporting syphilis, gonorrhea or both	2,492	38.7%
Physicians reporting syphilis	2,194	34.1% (sum of 26.3% and 7.8% above)
Physicians reporting gonorrhea	797	12.4% (sum of 4.6% and 7.8% above)
Physicians submitting specimens not found positive for either disease	1,234	19%
Total number physicians submitting specimens for diagnosis of a venereal disease	3,726	57.7% (sum of 38.7% and 19% above)

and from records received from the State Laboratory of examinations made there for physicians who had submitted no specimens found positive.

During this year 10,046 reports of positive examinations for syphilis and 4,095 reports of positive examinations for gonorrhea were received from the State exclusive of New York City. These reports were all classified according to the name and address of the physician reporting.

It was found that, of the 6,471 physicians and surgeons registered‡ in New York State exclusive of New York City, 2,492, or 38.7%, reported either syphilis, gonorrhea or both during the year of 1922. In addition to this, it was found that 1,234 other physicians, or 19%, submitted specimens to the State Laboratory that were not found positive for either disease, making a total of 3,726 physicians, or 57.7%, known to have submitted specimens. This percentage may be assumed to be a conservative one, for not all of the 6,471 physicians and surgeons are practising, and some, because of specialization, refer all cases suspected of being venereal disease to other

The preponderance of physicians reporting syphilis over those reporting gonorrhea is in a large measure indicative of the degree to which the laboratories are used in diagnosing the two diseases. Many physicians make their own microscopical examinations for gonococci and some diagnose gonorrhea on the basis of the clinical findings or history alone, clinical evidence being more generally relied upon, probably, in the diagnosis of gonorrhea than in the diagnosis of syphilis.

It is an interesting observation that of the physicians reporting gonorrhea (12.4%), but few more than one-third (4.6%) limit their practice, with respect to the venereal diseases, to gonorrhea alone. This is in marked contrast to those physicians reporting syphilis (34.1%), even more than three-fourths, 26.3% of whom have not reported gonorrhea from their practice.

Instructive comparisons may be drawn between physicians reporting cases, as to their residence whether urban or rural. For this purpose all communities with a population of 2,500 or above may be considered as urban, all under as rural.\*

	Urban	Rural	Total
Physicians reporting syphilis alone	1,472	223	1,695
Physicians reporting both diseases	431	68	499
Physicians reporting gonorrhea alone	208	90	298
	2,111	381	2,492
All physicians registered in directory	4,721	1,750	6,471

\* Classification used by U. S. Census Bureau and Division of Vital Statistics of the New York State Department of Health.

† Under "Public Health laboratories" are included all municipal, county, institutional and private laboratories inspected and approved by the Division of Laboratories and Research. The State Laboratory at Albany and its branch at New York City are also included. The Branch Laboratory accepts specimens from territory in vicinity of New York City but not from the city directly.

‡ According to the "Medical Directory of New York, New Jersey and Connecticut 1922," published by the New York State Medical Society. The directory makes no distinction as to physicians and surgeons, hence in this paper the title physician is used to embrace both physician and surgeon.



According to the medical directory it will be seen that of the total 6,471 physicians registered 4,721, or 73%, claim urban residence, while our records show that of the 2,492 reporting cases 2,111, or 85%, are urban. Putting this in another manner, 45% of the urban physicians have reported cases, whereas but 22% of the rural physicians have done so. This well bears out the general observations so often made that most patients in the rural districts, if residing conveniently near to a city will go there for treatment rather than call upon the physician in their rural community.

Analyzing the figures with regard to disease as well as location of practice it was found that 40% of the urban and 17% of the rural physicians reported syphilis while only 14% of the urban and 9% of the rural physicians reported gonorrhea. It is very noticeable that of those reporting a much larger proportion (23%) of the rural physicians are limiting their practice in venereal diseases to gonorrhea than of the city physicians (9%). This variation may be explained in part by a deduction suggested above, namely, that the specialists who do not submit gonorrhea specimens to a laboratory but examine them in their offices, live in the cities, while in the rural districts the physicians are not specialists but general practitioners, who find it easier to take a gonorrhea specimen than a syphilis specimen and prefer to have it examined in an approved laboratory.

The number of co-operating physicians in each county, city and large village was compared with the total number of physicians registered in the 1922 medical directory for New York State as residing in that particular county, city or village. Marked differences in these proportions were found for the different communities. Montgomery County leads in showing the largest proportion of physicians co-operating. Of the 55 physicians registered in that county 94% co-operated 60% having cases and 34% submitting specimens that were all negative. In eight counties 70% or more of the physicians are recorded with cases or as having co-operated by submitting specimens, namely Broome, Clinton Hamilton, Monroe Montgomery Niagara, Onondaga and Warren. If the records of negative examinations made by the Public Health Laboratories of Buffalo were available it is quite probable that Erie County would be included in this group.

The weakest co-operation was manifested by Tioga County where only two of the 40 physicians reported cases and five others submitted specimens, all of which were negative. Livingston County was a close second. The most plausible explanation to us for this indifference is their lack of ready laboratory service.

In Table I the ratio is shown according to counties.\*

The chief value of these tables is limited to the records of positive cases, complete reports of which have been received from all laboratories, while negative examinations were reported only by the State laboratory at Albany. However, work is done in this laboratory for all parts of the state, and many counties having no laboratory of their own, have all their specimens examined here. Negative records have therefore, a suggestive value except from certain counties where efficient laboratories are locally operating, as Albany, Cayuga Erie etc. As concerns such counties and cities the figures employed in these tables may understate the degrees of co-operation extended by the physicians, but in no instance will they overestimate it.

Table II gives the ratio that holds in the cities.\*

The three first-class cities of the State display practically the same proportion of physicians reporting with respect to syphilis—44% for Buffalo, 45% for Rochester and 46% for Syracuse. This is to be expected since conditions for the practice of medicine are about the same in the three cities. It will be noticed that practically no gonorrhea was reported from Rochester. Owing to a misunderstanding, the local laboratories, where all of the gonorrhea examinations are made, did not report their results to us.

It will be seen that in not a few cities where approximately complete records were at our disposal, every physician is recorded with co-operation. In 29 of the 54 cities recorded, 70% or more of the physicians are co-operating. May not this observation offer the explanation sought by venereal disease specialists as to what has become of their practice?

The wide differences among the cities in the proportion of physicians reporting must not be interpreted as indicating wide differences in venereal disease incidence for it has been shown in other studies that there is but slight variation in the incidence rate among the cities of the State. The variations may indicate the degree of confidence which the physicians have in the laboratory service at their command and the degree to which they feel the necessity of laboratory confirmation of their clinical diagnoses in cases of syphilis and gonorrhea.

The study, it must be said has convinced us that the practising physician is looking for and finding venereal diseases among his patients and that he is exercising care in his diagnoses using the laboratories extensively for confirmation of his clinical findings. It is also seen that the physicians reporting are fairly evenly distributed over the State. Among physicians with urban or rural practice the ratio reporting either disease is larger among those with urban practice, but the difference is decidedly less marked for gonorrhea than for syphilis.



TABLE I—PHYSICIANS REPORTING, BY COUNTIES, IN 1922

COUNTY	No Physicians Reporting			Total No Physicians Rptg Cases	No Physicians Registered in Directory	Per Cent of Physicians Rptg Cases	No Physicians Sending Spec Not Found Pos For Either Dis		Total No Physicians Co-operating
	Syph Only	Syph and Gon	Gon Only						
Albany	80	45	19	144	300	48	56		200
Allegany	13	2	3	18	47	38	10		28
Broome	65	6	2	73	140	52	39		112
Cattaraugus	30	8	3	41	87	47	16		57
Cayuga	15	10	9	34	83	41	10		44
Chautauqua	39	9	4	52	132	39	27		79
Chemung	25	12	5	42	82	51	13		55
Chenango	7	1	5	13	47	28	9		22
Clinton	16	2	5	23	44	52	13		36
Columbia	7	1	5	13	46	28	9		22
Cortland	6	3	4	13	41	32	12		25
Delaware	6	5	3	14	45	31	4		18
Dutchess	19	7	5	31	127	24	25		56
Erie	263	119	61	443	927	48	13		456
Essex	7	3	3	13	43	30	9		22
Franklin	13	3	0	16	66	24	13		29
Fulton	15	6	1	22	48	46	8		30
Genesee	9	3	1	13	43	30	9		22
Greene	4	2	2	8	33	24	3		11
Hamilton	0	1	2	3	7	43	2		5
Herkimer	16	7	7	30	68	44	14		44
Jefferson	37	4	6	47	115	41	24		71
Lewis	5	0	1	6	19	32	2		8
Livingston	3	0	1	4	55	7	8		12
Madison	8	3	7	18	52	35	6		24
Monroe	209	7	1	217	502	43	139		356
Montgomery	15	11	7	33	55	60	19		52
Nassau	34	6	1	41	131	31	8		49
Niagara	44	10	3	57	135	42	37		94
Oneida	55	11	5	71	238	30	46		117
Onondaga	134	39	25	198	418	47	122		320
Ontario	21	1	3	25	83	30	20		45
Orange	37	12	6	55	169	33	25		80
Orleans	6	1	1	8	37	22	7		15
Oswego	21	6	1	28	82	34	24		52
Otsego	11	6	3	20	72	28	16		36
Putnam	2	0	3	5	16	31	1		6
Rensselaer	45	10	5	60	150	40	33		93
Rockland	6	3	3	12	52	23	17		29
St. Lawrence	20	7	3	30	104	29	23		53
Saratoga	11	8	6	25	79	32	13		38
Schenectady	41	22	7	70	125	56	9		79
Schoharie	2	3	3	8	28	29	4		12
Schuyler	5	1	1	7	18	39	1		8
Seneca	5	1	2	8	34	24	6		14
Steuben	27	15	5	47	104	45	23		70
Suffolk	32	4	2	38	159	24	50		88
Sullivan	6	2	4	12	51	24	9		21
Tioga	1	1	0	2	40	5	5		7
Tompkins	17	0	1	18	68	26	24		42
Ulster	14	8	3	25	100	25	21		46
Warren	17	5	8	30	57	53	12		42
Washington	8	2	6	16	47	34	10		26
Wayne	10	3	1	14	61	23	20		34
Westchester	120	31	13	164	486	34	118		282
Wyoming	6	1	0	7	43	16	9		16
Yates	5	0	2	7	30	23	9		16
	1,695	499	298	2,492	6,471	38.7%	1,234		3,726



TABLE II—PHYSICIANS REPORTING IN 1922 FROM CITIES OF 10,000 POPULATION OR MORE

PLACE	No. Physicians Reporting			Total No. Physicians Rptg. Cases	No. Physicians Registered in Directory	Per Cent of Physicians Rptg. Cases	No. Physicians Sending Spec. Not Found For Either Dia.	No. Physicians Cooperating
	Synh Only	Synh. and Gen.	Gen. Only					
Albany	70	40	18	128	230	56	38	166
Amsterdam	11	8	5	24	33	73	12	36*
Auburn	12	8	6	26	54	48	8	34
Batavia	6	3	0	9	24	37	5	14
Beacon	5	0	0	5	19	26	7	12
Binghamton	48	1	2	51	95	54	17	68
Buffalo	235	118	56	409	811	50	5	414
Cohoes	5	2	1	8	23	35	9	17
Corning	6	6	2	14	22	64	2	16
Cortland	4	3	2	9	25	36	8	17
Dunkirk	8	1	0	9	19	47	5	14
Elmira	25	9	4	38	71	54	10	48
Fulton	2	4	0	6	17	35	5	11
Geneva	11	0	0	11	28	39	7	18
Glens Falls	14	5	3	22	36	61	8	30
Gloversville	10	4	0	14	30	47	4	18
Hornell	11	3	2	16	23	70	8	24*
Hudson	5	1	2	8	18	44	6	14
Ithaca	13	0	1	14	48	29	20	34
Jamestown	21	5	2	28	50	56	8	36
Johnstown	3	2	1	6	12	50	3	9
Kingston	8	4	3	15	46	33	6	21
Lackawanna	13	0	1	14	14	100	5	19*
Little Falls	3	3	1	7	13	54	2	9
Lockport	6	1	1	8	29	28	5	13
Middletown	10	3	0	13	44	30	9	22
Mount Vernon	21	4	0	25	76	33	12	37
Newburgh	9	4	2	15	36	42	5	20
New Rochelle	15	5	0	20	67	30	5	25
Niagara Falls	31	6	2	39	55	70	17	56*
N. Tonawanda	5	1	0	6	17	35	10	16
Ogdensburg	5	1	0	6	28	21	7	13
Olean	14	4	0	18	35	51	7	25
Oneida	7	2	2	11	14	79	1	12
Oneonta	5	4	1	10	27	37	4	14
Oswego	15	2	0	17	28	61	6	23
Peekskill	4	2	2	8	19	42	6	14
Plattsburg	12	1	2	15	20	75	7	22*
Port Chester	6	2	2	10	21	48	5	15
Port Jervis	3	1	0	4	19	21	2	6
Poughkeepsie	10	6	3	19	65	29	8	27
Rensselaer	0	1	0	1	7	14	4	5
Rochester	201	6	0	207	456	45	124	331
Rome	19	2	1	22	31	71	10	32*
Saratoga	6	5	2	13	27	48	6	19
Schenectady	40	22	6	68	120	57	8	76
Syracuse	126	38	19	183	356	51	104	287
Tonawanda	4	0	0	4	9	44	1	5
Troy	39	9	3	51	105	49	24	75
Utica	31	8	3	42	151	28	18	60
Watertown	27	3	3	33	54	61	14	47
Watervliet	2	3	0	5	16	31	4	9
White Plains	12	0	0	12	56	21	5	17
Yonkers	33	5	5	43	97	44	54	97*
	1,207	381	171	1,819	3,847	47%	700	2,519

The excess of "Physicians Finding or Suspecting V. D." over "Physicians Registered in Directory" can be accounted for by the changes which have undoubtedly taken place since the directory was issued.



## THE TREATMENT OF CERTAIN CARDIAC IRREGULARITIES WITH QUINIDINE\*

ROBERT L. LEVY, M.D.

NEW YORK CITY.

IT WAS to be expected that quinidine, a therapeutic agent capable of inducing such dramatic changes in the cardiac mechanism, would be hailed with enthusiasm by those concerned with the management of patients with heart disease. Clinical experience with the use of this drug has been rapidly accumulated and certain of its limitations and dangers have become apparent. It is a timely task briefly to take stock of some of the information which has been gathered, in order that we may begin to formulate a point of view with regard to the ultimate place of quinidine in the treatment of disorders of the heart beat.

The drug has been employed in the attempt to influence a variety of arrhythmias. Those meriting particular discussion at this time are (1) auricular fibrillation, (2) premature contractions, (3) paroxysmal tachycardia.

### AURICULAR FIBRILLATION

*Clinical Significance of the Irregularity.* Perpetually irregular pulse, resulting from fibrillation of the auricles, is a common form of cardiac irregularity. It constitutes, in fact, about forty per cent of the arrhythmias and is most frequently, though not necessarily, encountered in patients with stenosis of the mitral orifice. In some individuals with relatively little myocardial damage, the irregularity is well borne, they may, under proper management, live for years after the onset of fibrillation in relative comfort. More often, however, the very presence of the arrhythmia is a cause of unpleasant symptoms, chief among which is palpitation. There are signs and symptoms of circulatory embarrassment, the number and degree of which vary in a measure directly with the rate of the ventricles. The benefit derived from digitalis in auricular fibrillation depends in large part upon the efficacy of this drug in controlling ventricular rate and maintaining it at or about seventy. In order to hold the heart rate at this level, continuous digitalization is usually essential.

But even under optimum conditions, the output of the heart per minute is less when the auricles are fibrillating than when normal rhythm prevails. This fact has been demonstrated by experiments on animals as well as by observations on patients. Certain of the heart beats are ineffectual in propagating a pulse wave to the wrist. The difference between heart rate and pulse rate, the *pulse deficit*, furnishes a rough clinical meas-

ure of the degree of cardiac inefficiency. The heart is not under its usual nervous control, so that tachycardia is readily induced and is accompanied by an increase in the number of beats which fail to reach the peripheral circulation. Resumption of the normal rhythm abolishes the necessity for continuous digitalis medication, usually causes the disappearance of many unpleasant symptoms, and results in a more efficient circulation, particularly in response to effort.

*Selection of Suitable Cases.* It is desirable to emphasize at the outset that not every patient with auricular fibrillation is a suitable subject for receiving quinidine. Experience has shown that in only about fifty per cent of unselected cases is it possible to restore the normal rhythm. It is difficult to choose from those who present themselves for examination, the individuals in whom a brilliant therapeutic effect may be anticipated. A certain number may, however, be excluded as unsuitable for the treatment, because it is believed that not only will the issue be unsuccessful, but because in them certain untoward effects are likely to be induced.

Various criteria for the selection of patients have been advanced. A good myocardium is the prime requisite. This usually means that there is little or no cardiac hypertrophy and that the symptoms of failure, if present, yield promptly to treatment. Fibrillation of recent onset responds more readily to quinidine than that of longer duration, though one of my most satisfactory results was achieved in a man who had been known to be fibrillating for seven years. He had, however, a competent heart muscle. Etiology, likewise, furnishes but little aid in choice. Rheumatic and arteriosclerotic groups have fared about equally well. Cases of mitral stenosis have done better than those with aortic disease or combined valve lesions. In my experience, patients with no valvular disease and relatively small hearts have fared best. Cases of hyperthyroidism, in which the heart muscle has not been badly damaged, have also been greatly benefited, especially when there has been coincident improvement in thyrotoxic symptoms.

Conversely, patients with evidences of a badly damaged myocardium are unsuitable for quinidine treatment. Such individuals, even after proper measures instituted to relieve heart failure, regain but little cardiac reserve. They have, as a rule, hypertrophied hearts. In them, it is rare to restore normal rhythm, and if this should return, its duration is apt to be brief. In this

\* Read at the Annual Meeting of the Medical Society of the State of New York at New York, May 23, 1923.



group must be placed cases reported by some observers as "unimproved after resumption of sinus rhythm." It is in these individuals also that untoward effects are likely to occur.

**Technic of Treatment** The technic of administration is important. The patient should be in bed, under close observation, preferably in a hospital where alterations in mechanism may be followed under electrocardiographic control. Treatment at home under the supervision of a competent nurse, familiar with the actions of the drug is permissible. The treatment of ambulatory cases is to be deprecated.

It is advisable, before starting with quinidine to combat heart failure, if this be present. Digitalis should be given, if indicated. An interval of four or five days between the completion of digitalization and the beginning of quinidization has been found desirable, for both practical and theoretical reasons.

The scheme for a course of therapy which I have previously outlined, and which has been followed by a majority of workers, has been found satisfactory. The alkaloid is given in capsules, individual doses being administered at two hourly intervals. In this way, adequate concentration is maintained. On the *first day* are given two small doses of 0.2 gm each. These serve to test for drug idiosyncrasy. If symptoms of cinchonism are noted it is wise to desist at this point. Otherwise, on the *second day*, are given three doses of 0.4 gm each. *Third day* four doses of 0.4 gm each, *fourth day* five doses of 0.4 gm each. If further dosage seems desirable the plan followed on the fourth day is continued. No more than 2.0 gms are given in a twenty-four-hour period.

It is rarely necessary or advisable to continue treatment for longer than a week. For if normal rhythm is to be established the change will usually occur within this period, most often between the third and fifth days. Should it appear after more prolonged therapy, it is unlikely to be permanent. However if one course of treatment is unsuccessful, and without unpleasant symptoms, a second may be given after a short rest. Sometimes such a second course results in a satisfactory issue.

**Duration of Effect** The duration of effect after a single course of therapy is variable, ranging from a day to as long as a year and a half. In the cases of fibrillation of long standing there is usually a tendency to relapse often at fairly definite intervals. In one patient, known to have been fibrillating continuously for two years and in whom the duration of normal rhythm after a course of treatment was about three weeks, interrupted normal rhythm was maintained for sixteen months by the daily administration of 0.4 gm, supplemented every two weeks by three capsules of 0.4 gm each. Fibrillation recurred at

the end of this time because the man was unable to procure his usual supply of quinidine. He returned to the hospital, and in four days his heart was again beating regularly. He went back to his job as an ironworker. There was no evidence that such prolonged quinidization produced any deleterious effects.

**Paroxysmal Fibrillation** The cases of paroxysmal fibrillation are worthy of special mention, because in them the results of continuous medication have been gratifying according to a number of accounts. Hart reports a man, in whom the attacks recurred at intervals of a few days, who, on daily doses of 0.4 gm, went for a year without relapse. I have at present under observation a man who had been having attacks of fibrillation every two or three weeks for two years. He has now gone for four months without recurrence and with great relief, both physical and mental. Patients with paroxysmal fibrillation commonly possess a relatively competent myocardium. In these cases the dangers of untoward effects from quinidine especially embolism, are negligible.

**Clinical Toxicology** The various unpleasant symptoms which may follow the taking of quinidine, though causing temporary discomfort, are of no serious import. Concerning certain graver untoward effects, much has been written. Chief among them must be mentioned the induction of heart failure, respiratory paralysis, the appearance of rhythms indicating poisoning of the heart muscle, embolism and sudden death.

The ventricular rate rises after quinidine and the tachycardia may cause the patient to complain of palpitation. This usually subsides after the lapse of several hours. If the treatment is carried on over a number of days, particularly in an individual in whom the ventricular rate is rapid when not under the influence of digitalis, persistent tachycardia may ensue, with resultant signs and symptoms of cardiac failure. Careful clinical observation will avoid such an occurrence, for, if the tachycardia persists, with no alteration in rhythm, the condition may be promptly remedied by the adequate exhibition of digitalis.

Certain individuals appear to be unusually sensitive to quinidine, although personally I have not encountered such a patient. It is for this reason that the two small probatory doses are given before entering upon a full therapeutic regime. Several cases have been reported in which transitory respiratory paralysis followed ingestion of relatively small amounts. No idiosyncrasy to the drug was manifest after the test doses. Such accidents, fortunately rare, are difficult if not impossible to prognosticate and thereby avoid.

Premature beats of ventricular origin are frequently observed after quinidine. They are some-



tervals long enough to ensure a normal desire, yet digestive tonics and stimulants tend rather to overeating and thereby to derange a weakened digestion and induce further malhygiene.

Sauerkraut is a food now being lauded as a stimulant to the appetite. Probably sauerkraut is wholesome and nutritious and may have other advantages, but that is not the point. A healthy appetite needs no stimulation and the rational treatment of an unhealthy one, whether lost or excessive, is temporary starvation, and it is probably safe to say that the catsup-maker knows it.

Overeating is very generally encouraged by such advertisements as those of cake and cracker, ice cream and candy manufacturers whose beautifully colored plates and posters picture delighted children indulging in their wares. Here the manufacturers have cleverly taken advantage of the reflex originating in the sight of food. Many a weakened digestion has had its origin in food that looked too good to resist. Foods are taken by the satiated often simply because of their color, their shape or their decoration, and when well pictured the same effect is produced. Color and form are associated with pleasing tastes. The methods of the food advertiser are comparable to those of the highly paid chef whose financial security depends upon his ability to prepare what will be eaten by those who are not hungry.

Ice cream makers have made much of milk propaganda, one going so far as to publish the statement that "the child who is ice cream crazy is in no danger" and that "the laborer's child may get the ice cream habit and keep it that all it will do is just what milk will do: nourish their bodies, feed their blood, harden their bones." How can we expect the public to ignore this advice when, inadvertently I hope, it is encouraged to force a definite amount of milk down the throats of its children without regard to their needs or digestive capabilities and, in many cases, against their own instinctive repulsion.

Excesses in the direction of individual food elements must oftentimes result from such dicta as that "a diet of shredded wheat avoids many ailments that are common to youngsters" or that to live long and to keep young "half of your food should be bread." The shredded wheat boy is described as "full of jazz and ginger, off to school with bounding buoyancy and vigor, tackling study and play with dash and daring, star performer in all athletics," "the boy who eats shredded wheat for breakfast, for lunch, for dinner and in between meals." It reads like a circus bill and is about as truthful. The present prevalence of starch intolerance in children very probably depends to a large extent upon such education. Think of the effect upon development of teeth and digestive tract generally of

such pap feeding, requiring practically no mastication or digestive effort.

Underfeeding, too, may result from obviously dishonest comparisons of caloric values as instanced by a full-page colored plate representing a box of popular cereal balanced upon a scale against its supposed equivalent of three tomatoes, eight eggs, two apples, several potatoes, a large beefsteak and other things not so easily recognized.

Again, probably as much, if not more of what might be called the less acute type of domestic unhappiness is caused by the chronic indigestion and toxæmia of sweet eating as by alcohol. A pampered candy-fed child may disturb the family felicity as effectually as an intemperate father, and when we realize the extent of the candy habit we appreciate its significance, and yet mothers who ride in street cars read that *Repetti's Caramels* sweeten the disposition. If they do, it is certainly only temporarily. So will alcohol.

The question of the raisin packer "Have you had your iron today?" has probably driven many a child into the nutrition clinic. The fear of anæmia is very real, but the lack of iron secondary to malassimilation can never be supplied by raisins, particularly when given as sweetmeats at all hours of the day. Digestive derangement and aggravation of the symptom must result unless there is a realization of the fact that however great the supply it can only be absorbed by healthy organs. There is abundance of iron in more easily digested food as meats and vegetables.

Constipation has always been a magnificent field for the charlatan. The gullible public is led to pin its faith to canned, dried and preserved fruits to the point of overfeeding with these preparations, which if taken in excess and sweetened, as they must be to preserve them, and at irregular intervals, must increase rather than relieve the condition. One advertisement of dried peaches and figs shows a child with a large piece of pie in each hand.

It is not to the foods themselves, if sensibly consumed, that I object, but to the selfish effort to increase their consumption at whatever cost, to the misleading statements which are tending to institute bad dietetic habits, dangerous particularly to the young, habits which we as their guardians are striving to eliminate in the interest of physical development.

Such propaganda cannot be combated by legislation. Where creature comforts are concerned legislation has always failed. It must be done by education. Our standards of medical ethics must be broadened to allow of a fight, with similar weapons, for a better cause.



# EDITORIALS

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## ANNOUNCEMENT

With this issue the JOURNAL assumes a new dress for the sake of ease of reading. The bold titles of the Departments and the double-column headlines of the articles will draw attention to the reading matter.

The great reservoir of law cases will be tapped and the Legal Department will be expanded to include a description of lawsuits affecting every type of practitioner.

The Legislative Department will be largely seasonal, and will be the dominant feature of the JOURNAL during the session of the legislature. The immediate question before the State Medical Society is that of re-registration, or re-certification, but this is only a step toward the goal of an adequate Medical Practice Act. The JOURNAL will record and reflect the strenuous activity of the Legislative Committee particularly along these two lines. Extra numbers that take the place of former Legislative Bulletins will be issued during the legislative session for the information of all the members as well as of those serving on legislative committees.

Correspondence is solicited— voluminous or suggestive formal or fragmentary, commendatory or critical—anything so long as it contains

ideas. Send us your raw thoughts, and we will fit them into a complete structure representing the medical sentiment of the entire state. The correspondence that is not printed will have a very great suggestive or inspirational value to officers of the Society.

News must be a leading feature of a journal covering the activities which are common to all physicians. The kind of news that is especially desired is civic rather than personal and a record of Medical Societies rather than of individuals. The doings of every County Society, small or large will be set forth in readable style provided the facts are sent to the JOURNAL in time for publication. Send us your news items and we will clothe them, and co-ordinate them with similar items from other parts of the state. The Editors of the JOURNAL expect to discover and draft that encyclopedic member that exists in every society.

The officers of the Medical Society of the State of New York will use the JOURNAL to give full publicity to their activities, they ask every member to read the JOURNAL, and to co-operate in the activities of the Society.



## A FOREWORD FOR 1924

A physician has three great relationships

- 1 With his private patients
- 2 With other physicians
- 3 With the public

The very first duty of every physician is to his patient, and the laws protect both the doctor and the patient in this relationship. This has been almost the only relationship that has been recognized up to recent years. But now it is recognized that the best interest of the patient requires that the physician have definite contact with other physicians, and perform certain public duties which may conflict with the immediate comfort and convenience of his patient, as, for example, in cases of communicable diseases. There is great need of promoting this sense of relationship of the physician to his fellow and to the public.

Most physicians prize the good will, the co-operation, and the companionship of their fellow practitioners. The ties among physicians are probably stronger than those among the members of any other profession.

The sense of a broad relationship of the physician to the public is a new development which is fostered by a few leading spirits whose social and civic instincts are well developed, and who are imbued with a true missionary spirit. While only a few doctors are fitted by nature and training to be leaders in medical civics, yet every physician realizes his peculiar duty to contribute some portion of his trained ability to the general public good.

A physician keeps abreast of the times in three ways

- 1 By his own experience
- 2 By word of mouth through contact with his fellow practitioners
- 3 By reading medical publications

The physician who thinks only of his relation to his private cases ceases to progress, and is in grave danger of forgetting what he learned in the medical school. He goes backward in spite of the experiences which he gains. The independent doctor who has nothing to do with his associates is fast becoming a rarity—fortunately for both the profession and the public.

The great stimulus to a physician's progress is his contact with his brother practitioners in three principal ways

- 1 In consultations
- 2 In teaching clinics
- 3 In organized societies

Gone is the old-fashioned consultation with its formality, its mystic secrecy, and its oracular

pronouncement. It had its origin in the days when experience was almost the only source of information, and a physician guarded his own peculiar knowledge as his private capital which was not to be divulged to other doctors. Hence arose the popular idea that "Two heads are better than one", that certain physicians were endowed with a mysterious second sight, and that their pronouncement of life or death was final.

Physicians today habitually seek informal consultations with their brethren and talk over their difficult cases to an extent that is not appreciated by the public. When a patient is desperately sick, the chances are that his physician has talked about his case with several of his colleagues, and that the patient is getting the benefit of the collective knowledge of the best medical talent in town. The consultation benefits both the patient and the physician.

Teaching clinics are being brought more and more within the reach of general practitioners, and their extension will be one of the great medical movements of the future. A sense of altruistic duty is impelling leading specialists to donate their time to bringing clinics to physicians in rural communities, and physicians are awakening to the benefits of their opportunities for acquiring knowledge. Medical schools, county societies, and state departments of health are all co-operating to enable every physician to keep himself informed of medical progress.

The recognition of the educational value of the intimate contact of physicians with one another has led to a great growth in medical societies in recent years. This growth is the expression of the natural desire of individual physicians to take an active part in medical progress, both in giving and receiving. Medical societies are organized along five principal lines

1 Special—surgical societies and the dermatological

2 Local groups of a city or county

3 State societies

4 National societies

5 International societies

6 Special societies for the study of certain diseases

7 Special societies for the study of certain organs

8 Special societies for the study of certain methods of treatment

9 Special societies for the study of certain subjects of medical science



to give and receive instruction. It is almost the invariable rule that every physician or research worker who has a new piece of work to report shall deliver it first before a medical society and shall subject it to the criticism of his fellow workers. Medical societies are the greatest sources of information on all medical topics.

A physician usually learns of medical progress in two principal ways:

- 1 By attending society meetings
- 2 By reading reports of the meetings in medical journals

Even though a physician attend a society meeting, he desires a printed report of the proceedings for permanent record and for study. He looks for those reports in the medical journals. Most medical journals are the organs of medical societies and their contents reflect the activities of the societies.

The articles in medical journals may be divided into two great classes:

- 1 Those on technical medicine
- 2 Those on medical civics

Some prominent medical men would confine medical articles to reports of entirely original scientific work. These reports properly belong to the scientific journals of the specialties—eye, gynecology, skin & venereal diseases, and other special branches. But the great mass of general practitioners call for simple articles of a text-book nature, which describe the elementary principles of a disease and its treatment. For example, there has been a flood of articles on insulin therapy, but nearly all assume that the reader knows his physiological chemistry, and can think in exact terms of calories and the utilization of proteins, fats, and carbohydrates. General practitioners have never had to use these details, and are unfamiliar with the exact modern conceptions of the assimilation of the various classes of food stuffs. They will welcome an insulin article which will give a short page to a review of the basic physiological principles on which the use of insulin is founded. What each society needs is a journal suited to the medical attainments of its average member. This means that THE NEW YORK STATE JOURNAL OF MEDICINE shall seek articles suited to average family doctors who constitute over 75 per cent of its membership. There is just one limitation to the realization of that ideal, and that is that the JOURNAL is bound to publish the papers which are read at the annual meetings.

It will be the endeavor of the editors during the coming year to see that each issue contains at least one article which will be of great practical value to the general practitioner of medicine. The JOURNAL will also welcome articles

which record the original work of specialists, particularly when it has an appeal to the family physician.

Scientific articles have a special appeal to the doctor in his private relation to his patient. While this appeal is fundamental and necessary, yet the relations of the doctor to his colleagues and to civic movements is increasingly important. The editors plan to feature the following departments during 1924:

- 1 Scientific articles
- 2 Editorials
- 3 Legislation, especially during the session of the Legislature
- 4 Legal, especially a discussion of lawsuits which are brought against physicians
- 5 Public health, especially a record of the several departments of health
- 6 A forum for correspondence, especially that containing constructive criticisms
- 7 News

Few persons have a conception of the immense amount of routine work that is done by the officers of the Medical Society of the State of New York. The officers collect, classify, and interpret information, and direct the manifold activities of the Society. They represent the Society at hearings and investigations and voice the sentiments of the ten thousand practitioners who belong to the Society. The greater part of their work is along the line of Medical Civics and concerns the relation of physicians to one another and to the public. The JOURNAL will keep the members informed regarding the activities of the officers of the State Society during the coming year.

It is planned that the news items shall cover the activities of the various societies through the State, and shall be in reportorial form after the manner of the best reporting in daily newspapers. An attempt will be made to put the reports in the form of intimate friendly talks, and in the language that a physician would use in describing the event to a medical friend with whom he is conversing. It is planned to cover the various sections of the State by means of correspondents who will send the news of events occurring in their sections of the State.

THE STATE JOURNAL OF MEDICINE will contain a prophecy of the future as well as a history of the past. The special work of the leaders in the State Medical Society is to discern the signs of the times, and to lead the members in all matters relating to medical progress. The JOURNAL will broaden its policies and extend the scope of its activities until the progress in medical civics is commensurate with the great evolution that is taking place in scientific medicine. F O



## ACTIVITIES OF 1924

The Committee on Publication, in an effort to develop intimate co-ordination of all elements of the State Society, intends to issue a State Journal Weekly on the Fridays of February, March, and April while the Legislature is in session.

In order to do this work effectively, the Council has engaged the services of the capable and experienced editor of the *Long Island Medical Journal*, Dr. Frank Overton, to serve the Society as Executive Editor, to carry the JOURNAL through this experiment.

Dr. Overton will give all of his time to the JOURNAL during this period, and we trust that all

of our members will give him hearty and enthusiastic support.

We are entirely sanguine of his success.

The Governor, in his message to the Legislature, indicates a favorable attitude toward the enforcement of the Medical Practice Act, and would probably sign an enforcement bill, providing the measure passes.

With complete accord between the Governor and the State Departments of Health and Education, the situation is squarely up to every physician to use every influence he possesses to enlist his individual legislative representative upon the side of honest medical practice. N B V E

## RE-CERTIFICATION AND THE MEDICAL PRACTICE ACT

At the request of Governor Smith a short time ago, the President of your Society was asked to assemble a small committee for conference relative to pending legislation before the Houses at Albany. The committee was somewhat in the dark as to the exact motive for this meeting, and therefore were not fully prepared to meet in a constructive way the fullest suggestions of the Governor.

We were pleased to know that Governor Smith was anxious to co-operate with the medical profession for a more careful safeguarding of the health and welfare of the State. Three or four pertinent questions came up for discussion which should be the property of every member of the State Society.

There seemed to the President a number of valid reasons why re-registration, or more properly re-certification, was unnecessary. We felt that men who had been in practice for many years had no occasion to register where they were already so well known. We were surprised to learn from Dr. Downing of the Department of Education that there had been no survey or study of men who were entitled to practice medicine for forty-three years. More than this, we were amazed to find out that diplomas of dead men are being used, had been sold by the widows of Doctors, and had been assumed and paid for by men who never took even the examination. We were likewise surprised to find that the old law relative to registration in the County in which the man practiced was never placed upon any alphabetical list, but that these registrations were filed according to date. Therefore in the State of New York if one cared to inquire as to whether a man had registered or not, he had to go to every County and look through the complete file of dates, as there was no way of reaching the name alphabetically.

This condition of affairs was rather appalling and the request that the survey and re-registra-

tion be made seemed not only necessary but absolutely imperative.

The President of the State Society likewise objected to having each member pay a fee of \$2.00, as we felt that in paying this fee we were merely paying what the State should contribute for doing the State's business, namely, the protection of the health of the community. Upon going into this subject, we found that nurses, dentists, engineers, etc., etc., all paid a fee, and that the sum total of this amount was about \$350,000 a year income to the State. We contended that it was poor government when individuals paid separate fees, and in this the Governor agreed with us, stating that it was unfortunate that the State was working under such a system, but that it had been so for a long while.

We found that in 1916 the dentists had taken the same attitude that we are taking in opposing yearly certification. We were rather surprised to learn that after several years they not only considered it no hardship, but insisted that this system be continued because it had so thoroughly and effectively ridded various communities of illegal dentists. More than this we were assured by Dr. Downing, Assistant Commissioner of Education, that he had the machinery for preventing any illegal practitioner claiming to be a dentist from re-entry into any community.

We then brought up the question as to whether a physician who might fail to re-certify or re-register within the prescribed time, would suffer a loss of his license to practice. Governor Smith assured us this would not take place. A penalty for the failure to re-register might be inserted into the law, but no man could be disfranchised from the practice of medicine who was legally entitled to do so. If by any oversight he failed to register, the payment of the re-registration fee and a minor penalty fee would promptly restore him to his former status.



We went to Albany somewhat impressed with the idea that the law as suggested might be onerous and undesirable. We left with a feeling that the physicians of the State of New York had nothing to lose, and everything to gain, and that is if we did not fall in line with other professions we would merely be a conspicuous example of opposition—opposing merely for the

sake of being different. This position is untenable.

We believe that when the physicians throughout the State thoroughly understand the purport and the desire of the Governor and the Governor's committee they will be more than impressed with its fairness, its justice, and the wisdom of its accomplishment. O S W

## THE ILLEGALITY OF CULT PRACTICE

Physicians need to have a clear conception of what is illegal and reprehensible in the practice of the healing cults, and to be able to present their arguments in a form which is clear and non-technical, and which can be understood by the average layman and legislator.

It is not illegal or reprehensible for anyone to visit the sick, to speak words of encouragement to them, to pray with them, or to administer food, baths, or massage to them in accordance with the present every day standards of such acts. It is not illegal and may not be reprehensible for anyone to make it a practice to offer his services in these lines, or even to accept pay for services rendered, provided the services are not at variance with similar services in vogue in the community. A nurse or a masseur for example may practice such a calling for pay, and a social worker may speak motherly words of encouragement which might not be justified by a strict scientific analysis of their import, because each of the above has presumably been schooled in some type of education along the lines of modern scientific thought. But these basic principles of certain acts being not illegal nor reprehensible are incomplete and misleading as is the oft-quoted statement—that 'all men are created free and equal'.

When do encouraging words or prayers or physical manipulations cease to be desirable and become reprehensible and dangerous?

The answer is—when they either cause direct harm, or invite a patient to neglect a standard plan of treatment evolved in accordance with the present day sciences and which would bring relief or cure. Examples of direct harm done by cultists is the "water cure" pushed to its limit in the case of a patient already so edematous from a nephritis as almost to burst from added edema, or the manipulation of spines and limbs during the first few weeks in a case of poliomyelitis or the manipulation of bones or joints in cases of fracture. Examples of harm and death resulting from neglect of standard scientific methods of treatment are the ignorant manipulations in cases of aneurism of the aorta with rupture following, where X-ray and like means of diagnosis have been neglected, or so-called treatment of diphtheria without culture or anti toxin.

It is not illegal, but it may be said to be repre-

hensible for a patient to diagnose his own case, and then to seek relief from whatever source he may wish to obtain it.

If a physician says that he has done all that he can for a patient, no one can blame that patient for trying another physician, but in the large percentage of cases the patient only fools himself when he tries a cultist whose theory fails to recognize such sciences as physiology, chemistry and the unfolding of the human anatomy and its organs by the present wonders of the X-ray, serology, and like methods of diagnosis.

A "chronic backache" is a condition for the treatment of which certain cultists gain great fame, because without an accurate diagnosis as to its origin remissions in the pain may be frequent and are sure to follow every, as well as no, line of treatment. Should an accurate diagnosis have been made, the pain may be found to be due to a beginning tuberculosis of the vertebra, which would require absolute rest for the part.

Patients sound the praises of the cultist and the cultist waits the praise of the patient further through the blowing of his own horn and says—"I cured Mr. Achebak of a terrible kidney pain and I can cure your pain, which is only half as bad as was his." No account is taken of the indifference of some patients to the quantity of pain endured nor even to the quality, or point of expression of the pain. It is at this point that reprehensibility and illegality enter.

What may be the proper treatment for the pain of "lumbago" is deadly for the aches of a tuberculous kidney left long undiagnosed, for in the cultist's treatment one sole method is sufficient for all. The cultist may treat a plain "lumbago" with impunity, for the cause thereof will undoubtedly become better whether the patient receives treatment or not, if the trouble be only located in the muscles and ligaments which are non-vital parts and which are probably involved through indiscretion in diet, but he cannot diagnose, analyze reason to or treat conditions of the vital organs such as the kidneys, through simple laying on of hands—determine the cause and neglect such vital points as a temperature—a rise in pulse rate—a pathological urine and the like—because he knows little of the structure and action of the kidneys and less about the common diseases to which they are subject, having dis-



carded as useless those facts which have been built up from day to day by scientists of every branch, and in fact declare them to be false from every angle

Yet the cultist promises cures for all sorts of symptoms, for his treatment rests on symptoms alone and not upon the causation of disease

Cultists of all kinds put forth with a stream of words the monotonous argument that anyone has an inalienable freedom of choice of a healer or a system of healing. The truth is, that few persons would seek the cultist if the cultists themselves did not actively seek patients and, through their advertisements, hold out rosy promises of cure for every person who would come under their treatment. The patients of cultists are irresistibly drawn to them by dazzling promises of cure. They throw judgment to the winds and place a blind faith in the cultist because of the promises of sure cures—such promises as no reputable physician would dare to make after a careful and scientific physical examination. Would that the patients of the cultists publish their results of failure as freely as do the few who have apparently received benefit after the remission of their disease!

The cultist in many States already has the right to minister to the sick with encouraging words, prayers, or manipulations, but refuses to assume responsibilities of education as measured by the preliminary standards of those States—standards required in all professions. Still he makes strenuous efforts to obtain a statutory right to practice, including the mandatory paragraph in his law to use the title of doctor.

Why does he make such efforts? The answer is, to attach unto himself a title which has come down through the ages as representing a certain period of required education in connection with all of the sciences that have unfolded during the world's progress, and to gain such title in the easiest manner possible so that he may bring be-

fore the people the fact that the State has licensed him legally to make promises of cures without the necessary investigation as to the worth of his type of treatment.

A statutory license is legal recognition that the State considers the practitioner of that type of treatment as educated to a sufficient degree to apply his treatment to every kind of disease. The cultist claims his treatment is good for anything with which a patient may be afflicted. He therefore boldly proclaims that diagnostic skill is unnecessary.

The licensed cultist is immune from prosecution so long as he applies his treatment faithfully, and has had the seal of approval placed upon his form of treatment by the State, and is therefore only to be prosecuted in the civil courts for his failures by the individual patient who would proclaim before a jury of the failure in relief.

That cultist who disregards diagnosis or whatsoever it may be called, in determining the pathological lesion present in a patient, and who claims that his system of treatment or application is a sole and only cure for all human ills, is either densely ignorant or criminally dishonest. In either case the public suffers through its indifference to demand of the State that its rights be protected.

Physicians of the present day are unalterably opposed to giving the legal right of treatment to anyone who is either ignorant or dishonest, and they have consistently fought against the public being made a prey of cultists who refuse to incorporate in their theories of practice the common knowledge of the present day as developed through the correlated sciences. Physicians do not hesitate to rise to the defense of the public health when new cults spring up which do not incorporate in their tenets the study of the sciences as accepted in this day and generation.

J N V V

## Deaths

BERENS, THOMAS PASSMORE, New York City, University of Pennsylvania, 1887, Fellow American Medical Association, Fellow American College of Surgeons, American Laryngological, Rhinological and Otolological Society, American Laryngological Association, American Otolological Society, Member State Society, New York Academy of Medicine, New York Otolological Society, President Medical Society of the County of New York 1924. Surgeon Manhattan Eye, Ear and Throat Hospital, Consulting Otolologist New Rochelle Hospital and St Bartholomew's Clinic. Died December 27, 1923.

HOLCOMBE, MAHLON BEACH, Keeseville, Bellevue Hospital Medical College, 1879, Member State Society. Died December 10, 1923.

KORNER, CHRISTOPHER F., New York City, New York University, 1888, Member State Society. Died December 19, 1923.

LE BOUTILLIER, WILLIAM GUITTON, Long Lake, College of Physicians and Surgeons of New York, 1883, Fel-

low American Medical Association, Member State Society, New York Academy of Medicine, New York Surgical Society, New York Pathological Society, Alumni Association Roosevelt Hospital. Died December 23, 1923.

McMAHON, JOHN B., New York City, College of Physicians and Surgeons of New York, 1879, Fellow American Medical Association, Member State Society, New York Academy of Medicine, Alumni Association Roosevelt Hospital. Died December 13, 1923.

SNOW, SARGENT FRANCIS, Syracuse, New York University, 1887, Fellow American Medical Association, American Otolological Society, Syracuse Academy of Medicine, Member State Society, Consultant Crouse-Irving Hospital. Died December 9, 1923.

SWAN, ALBERT T., New York City, Bellevue Hospital Medical College, 1879, Member State Society, Consulting Physician Willard Parker and Riverside Hospitals. Died December 6, 1923.





# LEGISLATION



## THE PROPOSED MEDICAL PRACTICE ACT

By AUGUSTUS S. DOWNING, LL.D.

Assistant Commissioner of Education and Director of Professional Education, University of the State of New York

The Medical Practice Act is not yet in form, but we hope to have it ready for submission to those who are most deeply concerned at a date not later than the 10th of January, and to have it ready for introduction not later than the 15th of January.

I will state the several proposed amendments numbering them seriatim with such comment as may seem necessary to the full understanding of each when comment is necessary.

1 The annual registration of physicians with the Secretary of the State Board of Medical Examiners and the payment of the annual fee of not to exceed \$2.00. Such annual registration to eliminate the necessity of physicians registering with the County Clerk.

*Comment.* Such annual registration will enable him therefore to practice in any County of the State instead of following the procedure now necessary under the law, namely the registration in the office of the County Clerk in the County where he originally became a practitioner and the registration of a transcript of such original registration in the office of the County Clerk of any other County in which he may desire to practice.

Failure to register annually would not work the forfeiture of the right to practice provided such failure to register annually was not due to willful refusal to register. If any physician should be negligent in returning the first card sent him in an annual registration, a second card would be forwarded to him in due time—even a third card would be sent him before action would be taken looking forward to the revocation of his license, and if, perchance, he were ill or out of the State, such illness or absence would be deemed sufficient reason for excuse of his default, and if he should remove from the State to some other State, it would not be necessary for him to keep up his annual registration while residing in such other State but upon his return to this State he would again become eligible to practice after filing his annual registration card and the payment of the fee for that year. It might be of interest to you to know that while the annual registration of dentists has been enforced since 1916 we have not had occasion to revoke any dentist's license because of failure or delay in registering even though some of the dentists have at times been negligent.

2 The prohibition of the use of the word Doctor or any abbreviation thereof in connection

with the same of any practitioner who has to do with the public health in any of its phases whatever unless he be a licensed physician, a licensed osteopath, a licensed dentist, a licensed veterinary surgeon, or other licensed practitioner authorized by statute to use the word Doctor or abbreviation thereof.

*Comment.* The use of the word Doctor or the abbreviation thereof before or after the name of all kinds of nondescript individuals who are posing as able to treat human ills by some occult or pretentious method is both detrimental to the public health and conducive to fraud and deceit and to robbing the public of their money for services wholly valueless, not only wholly valueless, but in many instances actually detrimental to the individual as well as to the health of the public.

3 The provisions for the revocation of the license of any physician because of fraudulent or deceptive advertising.

*Comment.* The revocation of any license could only be accomplished after the charges had been formally preferred and the physician had been served with a copy of the charges and had been given the opportunity of being heard either in person or by counsel or both, and the Board of Regents to hear and determine the case. This insures the physician a fair trial before a tribunal of laymen. Such procedure for revocation of a medical license is already provided in the present Medical Practice Act. This amendment therefore only states one more cause for which a license may be revoked.

4 The prosecution of all illegal practitioners by the Attorney General in civil cases, and the initiation by the Attorney General of all prosecutions in criminal cases by his placing all the facts in the case before the District Attorney of the County in which the violation occurs, and if the District Attorney wishes the Attorney General to prosecute, then the State's attorney will prosecute such criminal cases.

*Comment.* This amendment will provide for the appointment of a Deputy Attorney General whose entire time shall be given to the prosecutions of the violation of the Medical Practice Act or of any other of the professional laws if he has the time for such, his salary to be paid out of the fees, fines, and penalties accruing from the administration of this law, and the moneys collected as a result of the annual registration to be available for the protection of the public and the profession.



## LEGISLATIVE NOTES

By JAMES N VANDER VEER, M.D.

The medical education of a student in the State of New York now rests with the Board of Regents for the required preliminary medical certificate, which requires that the applicant for permission to study medicine shall have completed two years of certain college work, known as the pre-medical course, as required by the rules of the Board of Regents as adopted under Chapter 328, Sec 166, sub-division 3, Laws of 1916—said rules being amended from time to time by the Board of Regents in conformity with the increasing educational standards of the State

Following the granting of such a certificate by the Board of Regents, a student presents it to the medical college in which he desires to take his course, and is then subjected to whatever entrance examinations the college may require

Having pursued his course through the medical college in a proper manner, and having been graduated from a medical college, the student who desires to practice in the State of New York must present his diploma to the Board of Regents (State Department of Education), and receives therefrom permission to take the medical examinations given by the State Board of Medical Examiners whose members are appointed in rotation by the Board of Regents

The candidate then takes the examinations as prescribed by the State Board of Medical Examiners, and if successful, is given a certificate under seal of the Board of Regents, and with his photograph pasted and certified thereon, which is the authority for his registration in any County Clerk's office of the State of New York, and thus he pursues the legal requirements of the present to practice medicine

It is necessary for him, before actually beginning the practice of medicine, to register his certificate from the Board of Regents in the County Clerk's office in the County in which he proposes to reside, or to claim as his residence for practice, and the said certificate is copied into a certain book provided for that purpose

Under Chapter 357, Sec 51 Laws of 1917, the Regents were given power to accept evidence of preliminary and professional education for licensing a candidate to practice "in lieu of that prescribed by the laws relating to such a profession, or they have further power to indorse a license of a practitioner in medicine who presents satisfactory evidence that his license to practice in the State from which he wishes to reciprocate, had the equivalent of the requirements in force in said State when such license was issued, as was in force in this State at that time, and so forth"

It will therefore be seen that the theoretical part of the law is well cared for, so far as the

preliminary education and medical education is required

The crux of the situation has been in the enforcement of the law, and in this the Medical Society of the State of New York has ever been interested, and has tried in successive years to incorporate in one or another of the laws of the State, means of enforcement of the law. In this, they have continually failed through political or personal animosity on the part of individual groups depending in large measure upon the conditions which the bills would remedy

The Department of Education makes claim that it has not the power nor the funds to investigate and prosecute illegal practitioners of any sort or kind—in some years harking back to the laws of 1877 and still further back,—which places the burden of obtaining proof, of expense, and of prosecution of illegal practitioners upon the individual County Medical Society, which must undertake and carry through this type of public health protection through its local District Attorney

Here has been the fault which should be remedied, because the State,—as the Medical Society of the State of New York looks upon it,—has outgrown the local educational supervision of professions as originally undertaken in the early part of the last century

In those days the law simply required that one who had a common school education could enter upon the study of medicine. Having completed his course, he was examined by a Committee of the Faculty of the Medical College, and granted his diploma, and at first, needed only to register in a County Clerk's office to legalize his practice

Later he was required to appear for examination before the Board of Censors of the local County Medical Society, and still later, as in Chapter 661, Sec 153, Laws of 1893, certain penalties were provided for falsely representing one to be a graduate practitioner of medicine, and penalties could be collected by the local County Medical Society, and then registration began with the Board of Regents

At this time, and since then, prosecutions were instituted by the County Medical Societies against illegal practitioners, as evidenced by the court records, but unfortunately, juries were not prone to convict, inasmuch as it was looked upon in most instances as local prejudice and jealousy, and so the County Societies began to demand that the State Medical Society undertake some means of prosecution whereby the stigma of local jealousy might be removed

From this has originated the theory that, inasmuch as the State safeguards the preliminary education and the medical course, as well as other professional courses, and can negate the



issuance of a license to a student, the State should be compelled to exercise its police powers through some recognized State official or Department, and to ferret out, investigate and prosecute illegal practitioners.

Court decisions are extant relative to what constitutes the practice of medicine, in sufficiency as to need no change as to the definition of the practice of medicine. The trouble lies, at the present, in having a County Medical Society appropriate from its meagre funds, amounts sufficient to instigate, investigate, and prosecute, which sometimes runs into thousands of dollars, and which the physicians can ill afford to spend, and so through inactivity they refuse to initiate or assert the legal right through the County Medical Society.

This being the case, and in view of the theory as propounded relative to the present State method of education, it would seem but feasible to legislate into the hands of the State Department of Education, the Attorney General of the State, or the State Medical Society a mandatory act, and to provide therein the necessary funds for cleansing the State of every illegal professional man, to say nothing of the medical aspect of the question.

*But the trouble has been to impress upon legislators that which is vital to the interest of the public health of the State.*

They come to the legislative halls, in many instances, bearing the local prejudice and jealousy which has pervaded their own local community and so vote against bills which would place the public health of the State under greater protection than is at present constituted.

Physicians are not averse to any type of practice which has been evolved along logical lines of the present day sciences as they are co-related and all that they demand is that a practitioner have sufficient preliminary education to be able to reason to a diagnosis, after suitable instruction in the light of the present day sciences, and of higher medical education, if one so wishes to put it. This is all the doctors have desired, but now what they are fighting for is an inspection, and examination if necessary, of many so-called practitioners of medicine, of individuals or of groups who essay to treat and cure body ills by various types of practice some wholly recognized in medical lines, some types only partially so recognized, while in some instances the type of practice has been found to have absolutely no scientific or logical basis.

It has been a hard fight to impress upon the legislators who are elected by the people, that public health is one of the greatest assets to a State. In some instances, one single question alone determines the election of a Senator or Assemblyman, and his campaign is made and election won on the platform of that single question,

without reference to any others which may be brought up and which may be of greater importance to the public good. Witness the last session of the legislature, in which the introducer of a bill when rising to move the passage of his bill, was greeted with an outburst of hoots and cat-calls because political influence had been so injected into the legislative body as to apparently render nauseous the question before the house. Needless to say, the bill was defeated though in itself, it would have increased the welfare of the people of the State by stricter attention to their public health.

There can be no question that the State desires to protect its people by means of its police powers from all sorts of crime—as is evidenced by our laws. Most assuredly some means should be taken by the State to protect the health of its inhabitants still further than exists at present, and through its police powers of investigation and prosecution, to control or eradicate the quacks and charlatans, the faddists and members of various cults who have had no preliminary training or education of a logical type to qualify them for diagnosis, strict analysis, or treatment of disease.

The State has shown its desire by the amendments of recent years to its professional laws—other than in the practice of medicine, however,—but its failure as a governmental entity has been expressed time and time again through its lack of support when the medical profession has desired to have the laws relative to itself made more stringent, and the means for investigation and enforcement provided therefor.

One suggested solution has been the appropriation of money to the State Education Department whereby it could employ investigators and lay the evidence before the local District Attorneys, but this has been frowned upon by the State itself on the plea of too great expense.

A second solution has been suggested that a registration of physicians be made, the expense of which shall be borne by the physicians themselves. This seems to be illogical, and is opposed by many physicians since the vast majority have been granted the right to practice medicine in the State through examination and payment of fee for that right, and the legal claim is made that such right is self-perpetuating during the life of the holder of such certificate and that it is the duty of the State to ferret out the illegal practitioner with the funds of the State which were paid originally to the State by the registered doctors.

In this connection attention might be called to the fact that the funds derived from the examinations of the professions far exceed the estimated cost of policing the professions and such as are in excess of the cost of holding the examinations are returned to the State Treasury.



peared an article which specifically summons them to fight against a registration bill when proposed in any State

They fear to come in contact with the law when the State is the prosecutor, because prejudice of local conditions cannot be pleaded before a jury, and the cases always end before the higher courts which interpret the laws most strictly

Cultists chuckle over the present law in the State of New York, for at present it penalizes the doctor of medicine only, and leaves them as cultists, severely alone save as a patient desires

to sue, when the latter is confronted before a jury with the answer to the complaint "that the cultist is not practicing medicine but is only practicing (whatever the cult may be)" and the *carefully selected jury* usually disagrees—with the result that the cultist is freed

There is no denying that we all desire some changes for the better, but how to accomplish it is the question under consideration

It is for the practitioners of the art of Esculapius and of Galen to now speak forth, following the ancient oath once more of the master Hippocrates  
J N V V

## PROPOSED BILLS

The following bills have been drawn by the Counsel of the Society, Mr George W White-side, and have been approved by the Council of the Medical Society of the State of New York, for introduction during the coming session of the legislature

Comments on the same are invited from the individual members of the Society, to be forwarded to the members of the Committee on Legislation

Dr James N Vander Veer, The Commons, Pine and Chapel Streets, Albany, N Y

Dr Frank D Jennings, 1083 Bushwick Avenue, Brooklyn, N Y

Dr George R Critchlow, 647 Lafayette Avenue, Buffalo, N Y

## MEMORANDUM

Certain chiropractors and other unlicensed practitioners, as well as manufacturers of certain nostrums, have from time to time, in certain advertisements, employed the names of physicians without their consent, for the purpose of advertising

Excerpts from articles written or remarks made by such physicians, usually of some prominence, without reference to the context are employed in this way without the consent of such physician and it is made thereby to appear that the particular person so advertising has the approval of such physician about the matter which is the subject of advertisement

In this way a fraud is worked against the physician, his professional standing is lowered and the public deceived

## AN ACT

To amend Section 421 of the Penal Law

The people of the State of New York, represented in Senate and Assembly, do enact as follows

Section 1 Section four hundred and twenty-

one of chapter eighty-eight of the Laws of 1909, entitled "An act providing for the punishment of crime, constituting chapter forty of the Consolidated Laws and known as the Penal Law," is hereby amended to read as follows

421 Untrue and misleading advertisements  
If any person, firm, corporation or association, or agent or employee thereof, with intent to sell or in any wise dispose of merchandise, real estate, service, or anything offered by such person, firm, corporation, or association, or agent or employee thereof, directly or indirectly, to the public for sale or distribution, or with intent to increase the consumption thereof, or to induce the public in any manner to enter into any obligation relating thereto, or to acquire title thereto, or an interest therein, knowingly makes, publishes disseminates, circulates, or places before the public, or causes, directly or indirectly, to be made, published, disseminated, circulated or placed before the public, in this state, in a newspaper, magazine, or other publication, or in the form of a book, notice, circular, pamphlet, letter, handbill, poster, bill, sign, placard, card, label, or tag, or in any other way, an advertisement, announcement or statement of any sort regarding merchandise, service or anything so offered to the public which contains any assertion, representation or statement of fact that is untrue, deceptive or misleading, or that amounts to an offer to sell, barter or exchange real estate, by means of prizes, rewards, distinctions, or puzzle methods, or *which contains or employs the name of any physician without his consent*, such person, corporation or association or the members of such firm, or the agent of such person, corporation, association or firm, shall be guilty of a misdemeanor, punishable by a fine of not less than twenty-five dollars, nor more than one hundred dollars, or by imprisonment for not more than one year, or by both such fine and imprisonment

2 This act shall take effect immediately



### AN ACT

To amend section 216 of Chapter 928 of the Laws of 1920 of the Surrogate's Court Act

The people of the State of New York, represented in Senate and Assembly, do enact as follows

Section 1 Section two hundred and sixteen of chapter nine hundred and twenty-eight of the Laws of 1920 is amended, entitled, 'An act in relation to surrogates and the practice and procedure in surrogate courts' is hereby amended to read as follows

216 Proceeding to compel payment of funeral or physicians expenses Every executor or administrator shall pay, out of the first moneys received, the reasonable funeral expenses of decedent and the reasonable charges of the physician or physicians attending the deceased in his last illness, and the same shall be preferred to all debts and claims against the deceased. If the same be not paid within sixty days after the grant of letters testamentary or of administration, the person having a claim for such funeral expenses or physicians charges may present to the surrogate's court a petition praying that the executor or administrator may be cited to show cause why he should not be required to make such payment. If upon the return of the citation it shall appear that the executor or administrator has received moneys belonging to the estate which are applicable to the payment of the claims for funeral expenses or physicians charges, and that the executor or administrator admits the validity of the claim or claims and the reasonableness of the amount thereof, the surrogate shall make an order directing the payment of the same, or of such part thereof as he may specify, within ten days thereafter. If the executor or administrator files an answer setting forth the facts, and therein disputes the validity of the claim or claims or the reasonableness of the amounts thereof the surrogate shall direct that the claim or claims so disputed be heard upon the judicial settlement of the accounts of such executor or administrator. If it shall appear that no money has come in the hands of the executor or administrator the proceeding shall be dismissed without costs and without prejudice to a further application or applications showing that since such dismissal the executor or administrator has received money belong to the estate. At any time after three months from the date of the former order if no answer was filed disputing such claim a further application may be made by petition stating the facts upon which the belief of the petitioner that there are moneys in the hands of such executor or administrator applicable to the payment of his claim, is based. Upon such further application the issuance of the cita-

tion shall be in the discretion of the surrogate. If upon any accounting it shall appear that an executor or administrator has failed to pay a claim for funeral expenses or physicians charges the amount of which has been fixed and determined by the surrogate, as above set forth, or upon such accounting, he shall not be allowed for the payment of any debt or claim against the decedent until said claim has been discharged in full, but such claim shall not be paid before expenses of administration are paid.

§ 2 This act shall take effect immediately

### AN ACT

To amend section thirteen of the Workmen's Compensation Act

The people of the State of New York, represented in Senate and Assembly, do enact as follows

Section 1 Section thirteen of chapter six hundred fifteen of the laws of nineteen hundred twenty-two entitled 'An act to amend the workmen's compensation law, generally,' is hereby amended to read as follows

§ 13 Treatment and care of injured employees [The employer shall promptly provide for] [in] An injured employee may, at the expense of the employer, employ or engage such medical surgical or other attendance or treatment, nurse and hospital service medicine, crutches and apparatus for such period as the nature of the injury or the process of recovery may require. [If the employer fail to provide the same after request by the injured employee such injured employee may do so at the expense of the employer.] The employee shall [not] be entitled to recover any amount expended by him for such treatment or services [unless he shall have requested the employer to furnish the same and the employer shall have refused or neglected to do so, or unless the nature of the injury required such treatment and services and the employer or his superintendent or foreman having knowledge of such injury shall have neglected to provide the same, nor shall] No [any] claim for medical or surgical treatment shall be valid and enforceable, as against such employer, unless within twenty days following the first treatment, the physician giving such treatment, furnish to the employer and the industrial commissioner a report of such injury and treatment, on a form prescribed by the industrial commissioner. All fees and other charges for such treatment and services shall be subject to regulation by the commissioner as provided in section twenty-four of this chapter, and shall be limited to such charges as prevail in the same community for similar treatment of injured persons of a like standard of living

§ 2 This act shall take effect immediately



## OPINIONS FROM SEVERAL SECTIONS OF NEW YORK STATE

From Nassau County—Real live work must be done this year by each County Society. The recent exposures in Connecticut and others in New York have served as an incentive to each County Society and to the State Society to more strenuous work than ever to the securing this year of a Medical Practice Act. Now is the opportune time to insist that the State Legislature pass a law which will prevent the re-enactment in New York State of the disgraceful occurrence in Connecticut.

Let each County Society keep in close touch with its legislators, ask them to the meetings of the Society, and take every opportunity to keep them informed as to medical progress and also of the wants and wishes of the medical profession. What was done in Queens County last year can be done in any County in the State. It appears that the introducer of the Chiropractic Bill last year wanted a renomination. He had already served seven terms. The president of the County Society told the powers that be that this man would not be acceptable to the medical profession of the County, and that if he was nominated, the medical profession would vote against him. Needless to say, he was not renominated.

A well-known politician said recently, "You doctors must get in politics if you want to get anywhere, and you must play the game as it is played by the politicians if you want to gain your ends. Don't sit and talk it over in the society meetings, and then let it drop, but go out from the meetings and do as the other fellow does and you will succeed."

A D JACQUES

From St Lawrence County—The whole country has been shocked and horrified by the discovery of the existence of numbers of bogus diplomas, and the officials of Connecticut have started a vigorous campaign to rid their State of such a dangerous situation.

The man with fraudulent credentials is without honor and little or no medical knowledge, and it is self-evident that he is a menace to the health of the community, but he is no more dangerous than chiropractors, and others of like ilk, who deny the great discoveries of scientific medicine and even the existence of contagious diseases, and trace virtually all morbid symptoms to an imaginary condition of the spine. Yet these men are virtually allowed to practice wherever they wish, are legalized in many States, and brazenly advertise their false doctrines everywhere.

Since we have so often failed in securing the passage of laws to protect the people, our chief hope lies in teaching them by the aid of intelligent statesmen and leading citizens to protect their own health and lives and to insist on a proper Medical Practice Act.

At the present time there is a strong ray of hope coming from the executive mansion in Albany, and there is promise of a brighter dawn when men like Chas W Eliot, ex-President of Harvard University, James R Angell, President Yale University, Right Rev Alexander Mann, Bishop of Pittsburgh, Cardinal O'Connell of Boston, Ellen F Pendleton, President of Wellesly College, and Chas E Hughes, Secretary of State, have organized a Society to fight false propaganda, and secure for the people the blessings of modern scientific medicine.

W B HANBIDGE

In Reference to the Workmen's Compensation Law—When any section of the Workmen's Compensation Law is erroneously or arbitrarily administered, it works an injustice to the manufacturing industry of the State, and the manufacturers suffer the consequences of increased cost production which in the last analysis the consumer pays. Having studied the workings of the Workingmen's Compensation Law as applied to eye injuries for several years, we are convinced that many of the awards made for such injuries are unjust to the manufacturer, and some means should be found for correcting this error which would ultimately reflect to the benefit of every consumer of manufactured products. After analyzing the question, we are convinced that the whole problem hinges on the fact that the Compensation Commission has never accepted or adopted a standard of measure for such injuries, and many of the awards are made based on direct or central vision alone, which is manifestly unfair to the employers, for it gives the injured an abnormally high percentage loss. So far it has been impossible to get the Commission to recognize the fact that sight is made up of three factors instead of one, viz Central, field, and stereoscopic vision, which bear a certain definite ratio to each other in visual economics, and therefore should be considered in making awards. Let the Legislature or the Commission correct this error that justice may be done to the manufacturing interests.

J F MCCAW

From Erie County—We need a Medical Practice Act with sharp enough teeth in it and strong enough jaw muscles to sink those teeth into the lawbreakers. We believe that a citizen who holds from the State of New York a license to practice a profession under the laws of that State has every right to demand and receive full protection against illegal practitioners of his profession. It should not be necessary for the doctor to expend time and energy in detective work to secure the prosecution of such offenders. Such burdens should logically rest upon the legal au-



thorities of the State, upon whom it should be mandatory to investigate fully and prosecute to the limit, every violation of the law brought to their attention from whatever source. Possibly the State Educational authorities should investigate and the Attorney General prosecute.

But picking up illegal practitioners of medicine only through casual complaints now and then will hardly serve to clean up the situation as it now exists. Some official dragnet must be cast to bring in possibly large numbers of such impostors who have gradually and insidiously established themselves in their illegal practice. For this purpose it would seem that a general registration would be advisable. I think it likely that the majority of the men in this end of the State would be in favor of such registration provided they were not compelled to repeat such registration annually with all of its attending affidavits etc. Possibly every three to five years would be satisfactory to the majority, but I suspect they would feel deeply aggrieved to be compelled to register annually, having in their possession the license of the State of New York establishing their status for life as a medical practitioner.

A burning question in legislation with us is what to do with chiropractic. Buffalo seems to offer a special welcome and protection to this particular variety of charlatan. Some of them advertise and accentuate the fact that they are graduates of this or that school of chiropractic—evidently thereby recognizing the fact that many of their colleagues in charlatanism have not even a three months' course in a so-called college to recommend their ability to the public. Suppose the State of New York should now legislate to license chiropractors on the basis of three or four years' thorough training in the fundamentals of medical science and suppose we as a profession support such legislation as a measure of protection to the public against ill trained, ignorant practitioners of healing, what attitude must we take toward this large list of ex-grocery clerks, delivery boys, and the like who will clamor for recognition as *de facto* practitioners entitled to licensure in their present state of ignorance and incompetency? While there is precedent in their favor for such recognition, I believe that we must take a firm stand in demanding that only those practitioners should be licensed under any such law who can furnish evidence of training for their work in an institution possessing some claims for recognition.

Dr. Vander Veer called the attention of the profession last month to the individual responsibility of the members of the Society in legislative matters. We at this end of the State are ready to say amen to this argument, but there is the reverse of the proposition which I want to emphasize for a moment.

Granted that the Society exists for advancing

the interests and welfare of its members and rightly demands the support and backing of every individual member is the Society on its part doing its whole duty or rendering the fullest possible measure of service to its members? I believe there is a chance for a radical change in the actions and reactions between the Society and its members. I mean by this, that if the Society should adopt a more aggressive policy in educating its members as to their duties to the Society, that the reaction would be proportionately better.

Specifically, what could the Society do? First, raise the dues. Second, spend some of this money from increased dues to full time secretaries. Third spend another portion of the money from increased dues in financing a systematic campaign of education on legislative matters throughout the State by these Secretaries. Fourth in addition to such field secretary work, let one or both of them be our official representatives in the matter of contact with our legislators.

Regarding the first point, the doctor now pays a paltry \$5.00 a year to his County Society treasurer and expects for this sum an insurance policy against illegal practitioners and all sorts of vicious legislation. Contrast with this small amount the larger and regular dues paid by members of labor unions, chiropractor associations, etc. Talk as we please about the dignity and high standard of the profession, we cannot expect to get results in our fight for protection without some sinews of war.

As to the second and third points, you can circularize, write editorials, hold meetings and what not, without a great deal of response from the average doctor. With a systematic personal campaign by a salaried employee familiar with all the complexities of the political and legislative situation, the members of the Society throughout the State could be reached and enlightened as in no other way.

Physicians do not realize the latent influence which they possess. At a moderate estimate each physician in this State could personally influence the opinion of twenty-five citizens among his clientele. By an intensive campaign along any given lines by the state field secretaries before suggested the profession could be wheeled into action in an unbroken front. The effect of such mass action on our part would be incalculable and of tremendously greater value in moving legislators than the official communications of our legislative committees, both State and County, not that the latter would not be needed, but their official vote would serve as the officer's command of "Forward."

G. R. CRITCHLOW





# LEGAL



By GEORGE W WHITESIDE, ESQ

"No one," said Mr Justice Field, of the United States Supreme Court, "has a right to practice medicine without having the necessary qualifications of learning and skill, and the statute only requires that whoever assumes by offering to the community his services as a physician that he possesses such learning and skill, shall present evidence of it by a certificate or license from a body designated by the State as competent to judge of his qualifications."

Every bill for the licensing of chiropractors in this State sponsored by the chiropractors has provided for the licensing without examination of those who have for a certain time been engaged in this State in the practice of chiropractic. Such a license would be a representation by the State to the public that the holder possessed the necessary learning and skill and was safe for the public to trust. The public have small opportunity of knowing the qualifications of practitioners and must rely upon the State's certification of the practitioner's learning and skill appearing upon the face of his license. If, under a waiver clause, chiropractors are to receive, by wholesale, licenses to practice chiropractic and such persons are not judged of their qualifications by anybody designated by the State, then the State will be a party to false representation to the public. Such an act cannot be called an act for the regulation of chiropractic without doing violence to the truth—it would be an act for the granting of immunity to present lawbreakers by conferring upon them a right of license based upon past wrongful conduct.

If Judge Field was right when he said that a license to practice was evidence of learning and skill from a body designated by the State as competent to judge, then a license granted by the State under such a waiver clause without any test of the qualification of the applicant is false evidence and a fraud upon those who rely upon the views expressed by our highest court. To grant a special privilege to a select few by legislative act offends our sense of justice, but in so doing to make a false representation of the competency of that privileged class without test or examination does violence to the conscience.

The chiropractor continues to say that he does not practice medicine as that term is defined by statute. Let us take a few quotations from a text-book published by the Palmer School of Chiropractic, being a compilation of the writings of the founder and edited by his son in 1921. This was written for chiropractic students to prepare them for their practice.

The Palmers say

"Our business, as chiropractors, shall be to relieve human suffering, no matter whether it comes from a corn or cancer. The relief given bunions and corns by adjusting is proof positive that subluxated joints do cause disease."

"To remove the direct cause of typhoid fever, local inflammation, replace the displaced dorsal vertebrae, remove the pressure on nerves thereby allowing them to perform their normal amount of function."

"We, as chiropractors, should know just where to adjust for acute as well as chronic diseases. Acute ailments should be relieved by one specific adjustment, while chronic diseases may take weeks or months."

"Recently, a graduate chiropractor had an opportunity to show his skill in a family of smallpox patients."

"I found in this case (diphtheria), as I have always found, a displaced dorsal vertebra and emanating from the occluded foramen a sensitive nerve which covered the membrane of the throat with its branches."

"I knew throat diseases have their origin in the dorsal vertebrae and that nerves may be inflamed and express too much heat."

"For ingrowing toe nails adjust the last lumbar. Only last evening I relieved a bad case of ingrowing toe nails by one adjustment."

"A chiropractor repairs by adjusting, fixing and replacing."

Speaking of typhoid fever, this author says.

"Others as well as myself have relieved typhoid fever by one adjustment at center dorsal."

Speaking of poisoning, this founder of the chiropractic cult says

"A few years ago I was called to the infirmary to attend one of the students who was suddenly ill with stomach and throat trouble. One adjustment at SP gave immediate relief. The next day I was called to the same man with the same ailment with the same result. The following day was Sunday. I was absent from home until sundown. Upon my return I found him in convulsions. I then saw he had taken poison. An examination of his room disclosed the fact that he had sought to take his life by corrosive sublimate."

Citing further a case of his wife having been poisoned by veal sausage, the author continues thus

"These are the only cases of accidental poisoning I can cite the reader to where chiropractic has been used with success. Without further experience I would advise the chiropractor to adjust immediately and send for a physician. If the patient is relieved by the time the physician has arrived, well and good. If not, then you have complied with public educated demands."

The author at one point in his book states the type of adjustment for a long list of diseases, alphabetically arranged. Fifty-seven pages are devoted to reciting the adjustment for each disease mentioned.

"I have on two occasions caused plenty of hair to grow on bald heads and on two heads have changed gray hair to black by adjusting the 6th dorsal towards the right shoulder."



"For Barber's Itch adjust the 5th dorsal"

"For cataract of the eye, stand on the right side and adjust the 6th dorsal towards the left shoulder"

"For chicken pox adjust the 5th cervical. I have always been successful in relieving either chicken pox or smallpox by one adjustment"

"Consumption, a wasting disease of the lungs or bowels, adjust accordingly"

Diphtheria Adjust 5th dorsal for any of these throat affections standing on the right side and throwing the vertebrae in the direction of the left shoulder

Endocarditis Inflammation of the endocardium the lining membrane of the heart usually associated with rheumatism Adjust the 4th dorsal

"Gangrene. Local death of a part. When the lifeless part has become black with no feeling or circulation in it, mortification has set in. Adjust the patient into the hands of another practitioner"

"Gonorrhea. I have been successful in adjusting for gonorrhea and gleet Adjust 2nd lumbar

"Insanity Adjust 4th or 3rd cervical"

"Lead Poisoning. A disease largely confined to plumbers. This disease with general symptoms calls for adjustment at 6th dorsal."

"Organic Diseases of the Heart Adjust for either functional or organic diseases of the heart at the 4th dorsal"

"Pneumonia Pneumonia should be relieved by one adjustment in the upper dorsal region

"Tapeworm Improve digestion by adjusting the 5th dorsal to the right."

Typhoid Fever Adjust the 6th dorsal and no other

Typhus Fever Adjust 6th dorsal

Let us now return from the chiropractic schoolroom, where diplomas are given to these hand magicians to treat the diseases specified above to the court room

Does the chiropractor in treating or rather maltreating patients by the formulas above practice medicine as it is defined by law? The Appellate Division in the case of *People v. Ellis* (162 App Div 288), said in 1912

"Appellant's office sign, his circular and professional card, as well as his own frank admissions as a witness, all show that he holds himself out as able to diagnose and prescribe for pain disease and injury. Rubbing and pressure on the human joints are old therapeutic agents. When accompanied by such attempts at diagnosis as the statement that a patient's pains in the ankle were from the spine having come out of alignment through displaced vertebrae appellant acts come within the statutory definition of the practice of medicine."

"He, therefore, was guilty of the misdemeanor of practicing medicine without a license or being registered under the Public Health Law"

In 1910 in the Mulford case, the Appellate

Division affirmed a conviction where it appeared from the evidence that the defendant had an office, where he received patients and treated them for physical ailments, and received compensation therefor, that he gave no medicine and prescribed none, that he performed no surgical operations and used no surgical instruments, that his entire treatment consisted of the laying on of hands and manipulation, breathing, rubbing his hands together, and that his treatment was beneficial to his patients. This man was held guilty of practicing medicine and his conviction affirmed by the highest court.

Numerous cases under these authorities have been prosecuted against chiropractors in the lower courts and the defendants convicted and fined. It needs no argument to prove the falsehood of the chiropractor's claim that he does not practice medicine. The records of our courts to the highest court in the State during the last thirteen years show conclusively that he does practice medicine in violation of law. His present claim to registration and license without examination rests upon a long-continued career as a lawbreaker with knowledge that he is such and apparent pride in the fact.

If any form of licensure is to be granted to chiropractors in this State, the State will be a party to permitting the chiropractor to practice a thoroughly scientifically unsound cult and, as stated in the Mulford case by Judge Williams, 'impose upon the unfortunate sufferers, who like the poor, are always with us and many of whom need the protection of the State against quacks in and out of the profession of medicine."

Chiropractic is scientifically unsound and should be fought as a plague—its practice here is a crime which no political expediency can condone. Legislation that makes past lawbreakers a privileged class and represents as scientific what is foolish nonsense and dangerous to the public health is not a proper exercise of the State's power—for to return to the words of Mr. Justice Field "The powers of the State to provide for the general welfare of its people authorizes it to prescribe all such regulations as, in its judgment will secure or tend to secure them against the consequences of ignorance and incapacity as well as of deception and fraud" G. W. W.

## MORPHINE POISONING ALLEGED AS CAUSE OF DEATH OF INFANT

After more than thirty years of practice as a general practitioner, a physician was recently subjected to the trial of an action where the plaintiff sought to charge him with negligence in having wrongfully prescribed for the plaintiff's intestate, a child of two years and eight months of age and having caused the death of said child by an overdose of morphine. The physician had

never attended the said child or his family before and received a hurry call one afternoon. On arrival he found the child markedly cyanotic with labored breathing and wheezing, accompanied by a rapid pulse the child having been in this condition since the preceding night. By the child's parents the physician was given a history of pneumonia about a year previous and



frequent attacks of bronchitis and asthma, and that the child had been attended by various physicians

To relieve the acute asthmatic attack from which the child was then suffering a hypodermic of 5 mm solution of adrenalin chloride 1/1000 was administered. After a wait of about fifteen minutes, and this medication having no effect upon the child, a hypodermic of atropine sulphate gr 1/300 was administered, which likewise did not relieve the asthmatic spasm, and within about half an hour he hypodermically administered gr 1/32 morphine combined with 1/800 gr of atropine sulphate. Shortly after this the breathing became normal and the wheezing stopped and the cyanotic condition disappeared.

After being with the child for an hour and a half or more, he left at about 5 30 P M, instructing the parents to notify him at about 7 30 P M the condition of the child. No further word was received by this physician from the parents of the child until he was served with a summons and complaint in an action seeking to hold him responsible for the death of the child.

It appeared that after the defendant physician had left the home of the patient, the child's condition grew worse and the parents did not call the defendant but brought in another physician, who found the child generally cyanotic, with spasmodic breathing at a rate of about three a minute. An examination by this physician of the child disclosed pinpoint pupils, no obstruction to respiration, and physical stimulation caused an increase in respiration and caused the child to open its eyes. Upon the advice of this physician the child was taken to the hospital, a tentative diagnosis having been made of opium or morphine poisoning. At the time the child was received at the hospital he was pulseless, the lips cyanotic and barely breathing, with pupils very small and all reflexes abolished. Hypodermic injections of caffeine were given, a stomach lavage and also colon irrigation and coffee enema. A drop of croton oil was given into the stomach and hot water bags placed about the child. The child's color and respiration improved until the respirations reached about fourteen per minute. The carotid pulse became palpable and later the radial pulse was palpable. About two hours after the child had been received at the hospital he suddenly stopped breathing and could not be resuscitated.

At the hospital a diagnosis of acute poisoning by morphine was made. An autopsy was performed upon the child, which showed that the lungs were congested, and likewise the liver was somewhat congested. The stomach was found to contain an ounce or two of grayish food content. The intestines contained fluid yellowish fecal content and the lymph node and follicles

of the intestines were large. The larynx and trachea contained a thick muco pus, yellowish in color, which extended down into the finer ramifications of the bronchi. The thymus showed lymph tissues present and weighed about 20 grammes. An anatomical diagnosis of acute muco purulent bronchitis with marked congestion of viscera was made and the cause of death was given as acute muco purulent bronchitis—acute morphine poisoning. A pathological examination of the brain and liver showed a very faint trace of morphine and a very small amount of caffeine.

Upon the trial the parents testified that the child was not ill when they called the defendant, but that there had been cases of diphtheria in the house in which they lived and the defendant was called solely out of precaution, and that when the defendant arrived at the house the child was playing upon the floor. They further testified that the child had been previously ill, but on cross-examination it was shown that the child had had pneumonia, had also had its tonsils and adenoids removed and at times had been under the care of other physicians.

To sustain the cause of action the plaintiff called a physician as an expert witness, who in answer to a hypothetical question testified that the administration of the morphine by the defendant was not the proper and approved practice and caused the child's death from morphine poisoning.

Under cross-examination of this expert it was shown that he had never in his practice administered morphine to a child of this age and that he had no personal knowledge of the effects of morphine upon such a child, that he attempted to justify his conclusions by reference to a book on children's diseases which was written more than twenty years ago. He further testified that the abnormal size of the thymus was not a contributing cause to the death of the child and that the child did not die of status lymphaticus.

In behalf of the defendant there testified as experts two physicians specializing in pediatrics of eminence and unquestioned standing, and who in their testimony stated that they had many times administered similar doses of morphine to children of the age of the deceased suffering from bronchitis and asthma, and that it was a recognized procedure among physicians. They further testified from their own experience and from research that the thymus of this child was about four or five times the normal size and was sufficient to cause the death of the child from status lymphaticus.

After three and one-half days of trial, the court held that the physician produced by the plaintiff did not possess sufficient qualifications to enable him to express an expert opinion in the case, and therefore the court dismissed the plaintiff's complaint.





# CORRESPONDENCE



We are pleased to print the following open letter from Dr John J A O'Reilly together with the reply of Dr Vander Veer

Brooklyn N Y, December 24 1923

Hon Alfred L. Smith, Governor  
Hon Daniel F. Farrell, Senator  
Hon Michael J. Reilly, Assemblyman

I wish to place before you, in anticipation of the opening of the 1924 Legislature some facts with relation to the probable introduction of a Medical Practice (Annual) Re Registration Bill which the expose of the St. Louis Medical Diploma Mill forecasts

In this County of Kings, when the Compulsory Health Insurance Bill of 1919 was being exploited a threat was made by its proponents

If you refuse to help make operative Compulsory Health Insurance, if passed, your licenses to practice Medicine will be taken from you under the Police Power of the State

That threat cannot be made good until and unless the Statutes are changed so as to amplify the Police Power by investing somebody or some bureau with plenary discretionary power to grant or deny re-registration to any Doctor which would make such person or Bureau independent of the Executive and Legislative branches of the State Government and beyond the control of the Judiciary under the controlling decision on the Police Power of the State as applied to a license (*Dr Dent v State of West Virginia*, 129 U S Sup Ct Rep, p 114)

The 1920 (Kenyon) Bill No 840 and the 1922 (Bloomfield) Bill No 536 provided just this type of power which would insure the fulfillment of that threat. Efforts were made by me and others to induce the proponents to change the discretionary word *may* to the mandatory word *shall* so that a Doctor who might be denied re-registration would have his day in Court and the merits of such denial determined and the denial affirmed if just and reasonable cause existed or if the Petitioner failed to show compliance with the fundamental requirements for licensure, but the proponents and propagandists persistently and consistently refused to make such change

You will please understand that this alteration from the word *may* to the word *shall* was suggested without any surrender of my publicly stated position that the Practice of Medicine has been kept clean by the blood of its martyrs throughout the ages and that we need a Re-Registration (annual or otherwise) just as much as a cat needs two tails and that law and precedent exists and has existed for the designation by the Attorney General of a Special Deputy Attor-

ney General to act in concert with a District Attorney in sympathy with the enforcement of the Medical Practice Act or to supersede one who might be derelict in his duty

I wish to request my Senator and Member of Assembly to see to it that I am kept in closest touch with such Re-Registration bills as may be introduced and that copies be sent me and that I shall look to them to not only vote but work against any measure that will tend to the fulfillment of the above recited threat and the *panelization* of the Profession of Medicine as evidence of their good faith to me and the People of this District County, and State who have a right to protection from the plans of those who parade under the cloak of the Brotherhood of Man

Very truly yours,

JOHN J A O'REILLY, M D,

MY DEAR DR. O'REILLY

Thank you exceedingly for your letter of December 24th, which reached me yesterday—owing to our backward mail system at this season of the year

The situation as it has been brought forth in the State of Connecticut, and in our own State as regards some professional conditions, seems to warrant that efforts be made to help the medical profession, and as the Governor now is in accord with our thoughts to a degree, I am in favor of some type of re registration such as you will see appearing in the next issue of the JOURNAL

Under the circumstances it will naturally mean much work to keep the bill within limits, so that there will be no question as to the physicians being denied the right to obtain their credentials for practice in other States or their continuing to practice in this State, provided they simply register and the matter of the fee is only a question of how much the physicians shall contribute toward the State funds to protect themselves and aid in protecting the public

I have forwarded your letter to the Editor of the JOURNAL, and I think there will be no question about its publication, as the columns of the JOURNAL have been opened wider than ever before to the reasonable comments offered by the members of the Society "for" or "against" any proposed measures

Very sincerely yours,

JAMES N VANDER VEER,

Chairman Committee on Legislation,  
Medical Society of the State of New York



## THE PHYSICIANS' HOME IN CANAEDAEA

The Physicians' Home was established in 1921, for the care of aged physicians who were in destitute circumstances. Dr Robert T Morris was the leader of its founders and through his influence the House of Delegates of the Medical Society of the State of New York approved the Home in 1920.—THE EDITOR.

The Home is located on a high plateau overlooking the historic Genessee, far-famed for its scenic beauty. The physical features of the Home include a fertile farm of 186 acres, well-filled barns and silos that provide feed for a dairy of twenty-five cattle. The housing quarters for the physicians, who are fortunate enough to be here, is a commodious structure, modern in every particular, having its own electric lighting plant, vapor heating system, bathrooms with hot and cold water. An annex, consisting of six large bedrooms with large closets in each, and two assembly halls, is now practically completed. With these additional facilities others of the profession may be accommodated.

I intimated in the outstart of this article that I was pleased with the spirit that prevailed at the Home during the holidays. I know from actual experience that the atmosphere about this Haven of Rest is always inviting and peaceful. It is this aspect of the Home that I desire more particularly to dwell upon.

The first thing that impressed me very much was the individual attention given every physician in the Home. I have made a number of surveys of various institutions in New York City, but in not a single instance have I observed such devotion and self-sacrifice on the part of those in authority.

The superintendent of the Home, Mr. Carl Fritz, and the matron, Mrs. Carl Fritz, are unusually capable, conscientious and painstaking in their efforts to please all concerned. Since they took charge of the Home it has improved and prospered beyond words to describe.

Everything connected with the place is being systematized. Efficiency seems to be the keynote at all times, this coupled with an intense interest in the good cause for which the Home exists, secures the maximum service for all the guests at this Unit of The Physicians' Home.

The dawn of Christmas found the exterior environment of the Home covered with a blanket of white as far as the eye could see. The forests primeval presented a scene, rather a feast long to be remembered.

The interior of the Home was not that of an institution, but rather that of a home in the true

sense of the word. In the spacious drawing room stood a large Christmas tree, all gay with trimmings galore. At its base were piled gifts for all. Surely the Spirit of Christ prevailed.

The Christmas dinner—Oh, My! only a New Yorker could fully appreciate the bounteous repast. The menu included roast turkey à la Mountain style, with all the usual garnishings, mashed potatoes, pickles, two kinds of fruit salad à la Fritz, brown gravy, cranberry sauce, celery, plum pudding with sauce, coffee, candy and nuts.

A high power, four tube, Grebe Radio with a large Western Electric loud speaker, provided ample musical entertainment direct from Pittsburgh, Schenectady, Buffalo, Rochester and Chicago. The Radio, in fact, is a valuable asset to the Home, for practically every night it entertains by means of lectures, plays, sermons, concerts, vocal and instrumental solos, weather and trade reports, sport talks, etc.

Summarizing—This Unit of The Physicians' Home is complete in itself, equipped in a manner conducive to the welfare and comfort of its guests. The intellectual welfare of its occupants is taken care of by means of a well-selected library, current reading matter, such as the *Literary Digest*, *The Atlantic Monthly*, *The Living Age*, *New York State Medical Journal*, *American Medical Association Journal* and several of the Metropolitan dailies, including the *New York Times*, are daily received at the Home.

The physical welfare of its guests are met by an altitude of about 1900 feet, large, warm, well-ventilated private bedrooms, two large sunny drawing rooms, a long veranda, baths and last, but not least, the very best of food. The dairy mentioned above supplies real cream for the coffee and other beverages. Everyone may have plenty of pure, wholesome milk at all times. Substantial cuts of meat are supplied every day. Plenty of apples, squash, potatoes, etc., are grown on the farm, not for sale, but for the health of its guests. Fresh eggs, not cold storage eggs, are always on hand. This, certainly, is enough to make a New Yorker, even if "It is Great to be a New Yorker," green with envy.

Suffice to say that even a casual observer could not help but realize that The Physicians' Home at Canaedeaa is more than an institution; it is a Home destined in the near future to serve a large number of the Medical profession, who may be through various reasons incapacitated and unable to continue active service.

Sincerely submitted,

J E WARDLE





## NEWS NOTES



### GOLDEN ANNIVERSARY

Dr J H LaRocque of Plattsburgh celebrated his seventy-fifth birthday on December 3d. On this occasion he was tendered a banquet by the entire medical profession of Clinton County. A beautiful souvenir program with the Doctor's picture on it was prepared, and at the conclusion of the banquet Dr W P Taylor of Mooers, the next oldest practicing physician in the county, presented a loving cup. During the evening letters of congratulation were read from Governor Smith, Health Commissioner Nichol, and various other State and local officials expressing their congratulations. Dr LaRocque has been over fifty years in practice, most of that time in Plattsburgh and for over twenty-five years has been Health Officer of Plattsburgh.

### THE AMERICAN CONGRESS ON INTERNAL MEDICINE—ANNOUNCEMENT

The Eighth Annual Clinical Session of The American Congress on Internal Medicine will be held in the Amphitheatres, Wards, and Laboratories of the various institutions concerned with medical teaching at St Louis, Mo., beginning Monday, February 18th, 1924.

Practitioners and laboratory workers interested in the progress of scientific clinical and research medicine are invited to take advantage of the opportunities afforded by this session.

Address enquiries to the Secretary General Frank Smithues, Chicago, Ill.

### AN ADVANCEMENT

The position of Busch Professor of Medicine in Washington University, St Louis has been given to Dr David P Barr, who has been Assistant Professor of Medicine in the Cornell University Medical College. Dr Barr is an Assistant Visiting Physician at Bellevue Hospital, New York City, and is one of the younger group of physicians who are following in the footsteps of illustrious predecessors, such as Dr Austin Flint, Francis Delafield, Edward G Janeway, William H Welch and William K. Polk.

### NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL

The following Friday Afternoon Lectures will be given at 5 o'clock at the New York Post-Graduate Medical School and Hospital during the month of February.

February, 1st—Recent Advances in Diagnosis

and Treatment of Patients with Diseases of the Heart Medical and Surgical Aspects (With lantern slides) Dr Robert H Halsey.

February 8th—The Symptoms and Treatment of Injuries to the Skull and the Vertebrae. Dr Charles E. Elsberg.

February, 15th—Laboratory Aids in the Diagnosis and Treatment of Syphilis. Dr Ward J MacNeal.

February 29th—Cleft Palate. Dr Harold S Vaughan.

### TYPHOID CARRIER'S SUIT AGAINST JAMESTOWN

A damage suit was recently entered against the City of Jamestown as the result of the discovery of a typhoid carrier on a dairy farm near that city, where nineteen cases of typhoid fever occurred during the past summer.

Dr Mahoney, District State Health Officer, early determined that the epidemic was milk-borne, and after examination reported that the dairymans wife who occasionally washed cans milking machine, etc., was a carrier, although a positive history of the disease could not be secured.

The most interesting item in connection with this case occurred this fall when the laboratory of the State Department of Health reported to Dr Mahoney that several specimens of feces containing typhoid bacilli had been submitted from four members of a household who had never been reported as typhoid cases in a nearby village. Upon investigation Dr Mahoney discovered that the doctor who sent the specimens to the laboratory had "faked" all the names and addresses, and that these four specimens were from three individuals residing upon the dairy farm which had previously been under investigation. Furthermore by this attempted underhandedness upon the part of the physician, a second carrier was discovered upon the farm. It is understood that the suit has been withdrawn.

The majority of outbreaks of typhoid fever which have been investigated by the State Department of Health are the result of food handling—especially of milk—by typhoid carriers. The discovery of the carriers is nearly always difficult and is frequently followed by threats of suits for damages for loss of revenue. Yet the restrictions imposed by the Health Department are seldom burdensome and if they were followed conscientiously there need be no financial loss to the carrier, or the employer.



## MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The final meeting for this year was held at the County Court House at 8 45 P M on Tuesday, December 11th, 1923, with the president, Dr Fromm, in the chair, sixty-five members were present Drs Lawrence J Early, Marion Collins, and Harold Rypins were elected to membership, and Drs G W Timmers and John C McGarrahan were accepted by transfer from the Rensselaer County Medical Society

Communications regarding the Harding and the Gorgas memorials were referred to the incoming administration

The Society appropriated one hundred dollars to aid German Medical scientists

The following officers were elected for 1924 President, Edgar A Vander Veer, Vice-President Harry L K Shaw, Secretary Louis J De Russo, Treasurer, John Phelan, Censors Frederic Curtis, Joseph Cox, Alvah H Traver, Joseph P O'Brien, and Nelson K Fromm Delegates to State Society William P Howard, Arthur M Dickinson, and Clinton Hawn Alternates

Thomas W Jenkins, Tiffany Lawyer, and H M Grogan

Dr Vander Veer reported on some prospective medical legislation and especially on the re-registration bill which is being placed for the Governor's consideration It was carried that this Society go on record as approving the tentative re-registration bill, that we urge our legislative committee to aid in its passage, and that the Secretary send a copy of our action immediately to the Secretary of the Medical Society of the State of New York Motion carried

Dr Wiltse, the City Health Officer, then informed the Society of the exact situation regarding Smallpox cases in Albany He said that the situation was well in hand, and that there were 17 cases in total He also advised physicians to vaccinate at large in their judgment and to help dispel false rumors to the public A unanimous vote of confidence was given Dr Wiltse, and he was commended on his efficiency in handling the situation, and was also pledged the co-operation of all the members

## BRONX COUNTY MEDICAL SOCIETY

The annual meeting of the Bronx County Medical Society, held at Concourse Plaza on December 19th, 1923, was called to order at 8 50 P M, the First Vice-President, Dr Podvin, in the chair

The following applicants were elected to membership Sigmund Dreiblatt, Harris Feinberg, Harold Goldstein, Abraham R Harber, Abraham Jucovy, Isidor N Kahn, Mark G Kantor, Samuel Kastenbaum, Israel Kibel, Max Pollock, Saul Rutstein, Henry D Sherman, Israel Shmelkin

The Reports for the year 1923 of the Officers and Committees were presented

Dr Heller moved that the Annual Reports be accepted and be made a part of the minutes of our meeting This motion was carried

Under New Business, Dr Rost moved that the annual dues of The Bronx County Medical Society shall be increased to \$5 00 This motion was seconded and carried

Dr Landsman introduced the following resolutions

"WHEREAS, The Bronx County Medical Society has sustained a severe loss in the death of its honored associate, J Kent Worthington, M D

"Resolved, That The Bronx County Medical Society record the sense of its loss in the death of Dr Worthington and that a minute hereof be placed on the records of the Society, and be it further

"Resolved, That a copy of these Resolutions

be transmitted to the family of our departed member "

Dr Landsman also introduced the following Resolutions

"WHEREAS, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Edward F Brennan, M D, a Charter Member and a Member of the Board of Censors during the years 1919 and 1920,

"Resolved, That The Bronx County Medical Society record the sense of its loss in the death of Dr Brennan and that a minute thereof be placed on the records of the Society, and be it further

"Resolved, That a copy of these Resolutions be transmitted to the family of our departed member "

Dr Rost moved that the above Resolutions be adopted This motion was seconded and carried

Dr Van Etten reported for the Decennial Dinner Committee

Dr Amster moved that a letter be sent to Governor Smith commending him for the appointment of a Commission to investigate illegal practitioners in the State of New York This motion was carried

Dr Gitlow moved that a vote of thanks be extended to the Chairman of the Committee on Legislation, Dr Cuniffe, for his splendid work during the year This motion was carried



Election of Officers, Censors, and Delegates for the year 1924 being in order, the President declared the polls open at 9 30 P M Drs Ide Keller, and Landy were appointed as Tellers

A fifteen-minute recess was ordered

The Chairman declared the polls closed at 10 30 P M The Tellers subsequently presented the following report

Total number of ballots cast 163  
Void ballots 2

The following officers were elected for 1924 President Edward C Podvin, First Vice President Simon M Jacobs, Second Vice-President Edward R Cunniffe Secretary, J J Landsman Treasurer, J Adlin Keller Board of Censors Sidney Colin and Samuel Gitlow Delegates

Harry Arnow, Edward R Cunniffe, Norman Roth and Nathan B Van Etten Alternates Martin J Loeb, Arthur J O'Leary, and Samuel Rosenzweig

The Scientific program then proceeded as follows Case Report Case of Congenital Heart Disease with Interesting Complications, J S Fisher

Papers

1 Peritonissilar Abscess and Its Treatment, I M Heller

Discussed by Drs Jacobson, J J Goldstein S M Jacobs Rosenzweig and Lobell

2 A Clinical Study of Sterility in the Male Maximilian Zigler

Discussed by Drs Joseph Roth and Nagorsky

## THE MEDICAL SOCIETY OF THE COUNTY OF CAYUGA

The annual meeting was held in the Osborne House, Auburn, November 27th, 1923 The meeting was called to order by the President, George H Beers, M D, at 7 P M, and the polls were declared open for the election of officers

The feature of the evening was a social supper, given to the physicians and their wives The company was entertained with selections by a quartette under the leadership of Dr Bull

Dr Gibson B Mick of Auburn, spoke on his recent trip to Europe

Dr Beers gave a practical paper on deafness, which was interesting to the ladies as well as to their medical husbands

The attendance at the meeting and supper was seventy-five, including the wives of the members

It would seem that Cayuga County is a close second to Rockland in the attendance of its members, and excels Rockland, in that it included the wives at its function.

The following officers were unanimously elected for 1924 President, Seth N Thomas, Vice-President, Asel James Bennett, Secretary, John W Copeland, Treasurer, F A Lewis Censors Chairman, George H Beers, Clinton E Goodwin, Raymond C Almy, Cornelius F McCarthy, Milo LeRoy Seconib Delegate to the State Society, Harry S Bull Alternates John W Copeland, Asel James Bennett Dunlap Snow Augustus B Chidester and Earl J Kempton were elected to membership and Arthur K Bates and G Perry Ross were accepted on transfer

## MEDICAL SOCIETY OF THE COUNTY OF ROCKLAND

The members of the Medical Society of the County of Rockland met at the County Seat New City, on the afternoon of December 5th for their annual meeting and dinner A serious after-dinner speech was made by Dr Orrin S Wightman, President of the New York State Medical Society outlining the new lines of work which the State Society is undertaking Speeches of a less serious nature were made by Dr Daniel S Dougherty, Secretary of the New York County Medical Society, Dr Frank Overton, District State Health Officer, and Drs J C Dingman and George Leitner of the local Society

The former officers were re-elected as follows President R O Clock Pearl River, Vice President Royal F Sengstacken, Suffern, Secretary, Robert R Felter, Pearl River, Treasurer Dean Miltimore Nyack Censor Robert R Felter, Merton J Sanford Ralph De Baun M J Sullivan John Sengstacken Delegate to the State Society for two years

George A Leitner Alternate Charles D Kline The President appointed the following committees Legislative George A Leitner, Chairman, Charles D Kline, John Sengstacken, Public Health Committee, John Dingman, Chairman, M J Sullivan, William R. Sittler

Harold E Bogart, of Suffern, was elected to membership, and Robert W Reid, of Nyack, was accepted by transfer from the Medical Society of the County of New York

The dinner is an annual affair, and is a great promoter of morale and of co operation among the doctors of Rockland County About forty practising physicians are listed in the directory of Rockland County, thirty-nine of whom are members of the County Society and thirty eight had paid their dues at the time of the annual meeting Forty-one doctors attended the dinner

It would seem that Rockland County holds the State record for proportion of membership to the practitioners of the county Let us hear the records from other counties





# PRUNES



The patter of tiny feet was heard from the head of the stairs Mrs. Beaconstreet raised her hand, warning her visitors to silence "Hush!" she softly said "The children are going to deliver their good-night message. It always gives me a feeling of reverence to hear them—they are so much nearer the Creator than we are, and they speak the love that is in their little hearts never so fully as when the dark has come. Listen!"

There was a moment of tense silence, then, "Mamma! mamma!" came the message in a shrill whisper "Wentworth has apprehended a cimex lectularius\*!"

\* nocturnal hemophage yecept the "crimson rambler"

## STEP ON THE GAS

A handy little accessory appeared at the Motor Show in the form of a case containing a complete first-aid outfit. This happy idea dispenses with any irritating need for caution while driving—*The Passing Show* (London)

## SHE WAS ALL RIGHT

Doctor No. 1—Did you hold the mirror to her face to see if she was still breathing?

Doctor No. 2—Yes, and she opened one eye, gasped, and reached for her powder puff

## HELEN

Often  
Men say that beauty is marred  
By intellect.  
Yours is not marred so,  
For if you had within you  
One glimmer of brain—  
No matter how you used it—  
I might perhaps forgive you  
For being  
Homely as Hell

## THE WAY IT FELT

Little Johnnie, aged six, had been to church, and had displayed more than usual interest in the sermon, in which the origin of Eve had been dwelt on at some length.

On his return from service, there being guests at dinner he had also displayed a good deal of interest in the eatables, especially the pie and cakes.

Some time afterwards, being missed, he was found sitting quietly in a corner with his hands pressed tightly over his ribs, and an expression of awful anxiety on his face.

"Why, what on earth is the matter?" asked his mother in alarm.

"Mamma, I'm afraid I'm going to have a wife," little Johnnie replied—*Brisbane Mail*

Alice for the first time saw a cat carrying her kitten by the nape of the neck. "You ain't fit to be a mother," she cried, scathingly. "You ain't hardly fit to be a father!"—*Youth's Companion*

## FAVORS NEW TYPE OF RUM CHASER

—Headline

For our part we have met every type of rum chaser there is and we are in favor of abolishing some of them, rather than bringing new types into existence.

All too well do we know the type that drops into one's office toward closing time, turns the conversation to prohibition and leads it deftly from there to the idea of an immediate drink to be provided by his host. He is one we could get along without. And we could spare the egg who hangs around the entrance to the club locker room waiting for an acquaintance to come in for a nip.

We feel perfectly sure that there are some men who spend fifteen hours a day at this more or less productive occupation. They have cost us a pretty penny for entertainment.

The others are innumerable, the boys who carry corkscrews always turn up just when some one is trying pounding a bottle against the wall. There must be thousands and thousands of corkscrews sold to men who never do a dollar's worth of business with a bootlegger.

Every time we read about Poison Rum Taking Its Toll we pray that some of the charity patients have had their tastes of the treacherous stuff.

—EDWARD HOFF *N Y Tribune*

## HIS KIND INVITATION

Professor (after trying first-hour class)—"Some time ago my doctor told me to exercise early every morning with dumb-bells. Will the class please join me tomorrow before breakfast?"—*The Watchman-Examiner*

## PATERNAL STYLE

"Now, my little man," said the barber to a youngster in the barber's chair, "how do you want your hair cut?"

"With a hole in the top like dad's," was the reply.  
—*Pittsburgh Sun*

## RUSH HOUR

Lady, copious and dull  
Balanced blithely on my toes  
While your weight each second grows  
As the swaying subway goes  
Might it penetrate your skull  
That, one inch to right or left,  
There's a spot of floor space left?

Little man of ample girth  
Leaned against my aching back,  
(Hear the bones and muscles crack!)  
Swayed by all the panting pack  
Moved at times to fiendish mirth  
Can't you, as the blocks fly by,  
Lean against some other guy?

Lord! Another surging crowd,  
Panting, pushing, struggling in,  
Fighting thru infernal din,  
Holding on by teeth and chin,  
Faces twisted, strained and cowed  
Every second takes its toll,  
What an aid for birth control!

—GEORGE O. SCHOONHAVER



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## RESULTS OF ACTIVE IMMUNIZATION WITH THE NEW MIXTURE (1/10 L +) OF TOXIN-ANTITOXIN IN THE PUBLIC SCHOOLS OF NEW YORK CITY (MANHATTAN AND THE BRONX)\*

By ABRAHAM ZINGHER, M.D. Dr. P.H.  
NEW YORK CITY

THE extensive work in active immunization with diphtheria toxin-antitoxin which was carried on during the past three years in the schools and baby health stations of this City has enabled us to make a number of interesting observations and has led to certain conclusions as to the type of mixture of toxin-antitoxin that would have to be used before we could hope for a wide acceptance of this form of protection against diphtheria.

Until a short time ago we had used quite extensively mixtures of toxin-antitoxin that contained from 3 to 6 L + doses of toxin per c.c. These mixtures were prepared from strong toxins which were only slightly diluted before the addition of the antitoxin. They contained relatively large amounts of different proteins which gave rise to the disagreeable local and constitutional symptoms associated with toxin antitoxin immunization. Chief among these reacting substances is the autolyzed protein of the diphtheria bacillus, which is contained in the diphtheria toxin broth culture.

One of the important questions that had to be

Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 22 1923

decided was whether a mixture of toxin antitoxin with a larger number of L + doses per c.c. would give better immunity results than one with a smaller number of L + doses. We therefore used different mixtures in the schools, containing between 3 and 6 L + doses per c.c. We found that mixtures with the larger number of L + doses were not more efficient than those with the smaller number of L + doses as long as the mixtures were equally toxic (underneutralized). In fact we noted that mixtures with the smaller number of L + doses per c.c. but showing greater toxicity for the guinea-pig, gave better immunity results than those with the larger number, which were more neutralized. Table I illustrates this point.

On the basis of these data Dr. Park asked Dr. Banzhaf to prepare mixtures of toxin antitoxin, which contained only a fraction of an L + dose of toxin per c.c. These mixtures were to be balanced however, in such a way (see Fig. 1) that the toxic or underneutralized fraction of the toxin antitoxin was similar to that of mixtures containing from 3 to 6 L + doses of toxin per c.c., which had been found to give an active immunity in a large percentage of children. By

TABLE I—COMPARISON BETWEEN DIFFERENT MIXTURES OF TOXIN ANTITOXIN VARYING IN TOXICITY AND NUMBER OF L + DOSES PER C.C.

Mixture	Composition of Toxin Antitoxin Mixture	Action on Guinea Pig		Results in Children				
		Amount Injected	Result	No. Doses	Amount of Each Dose	Total No. Schick Tested	Schick Negative	Per Cent Negative
41	6 L + doses of toxin and 7 units of antitoxin	10 c.c.	Partial paralysis in 16 days recovery	3	10 c.c.	985	570	57.8
		50 c.c.	Paralysis, death in 15 days					
42	5 L + doses of toxin and 5.8 units of antitoxin	0.5 c.c.	Paralysis death in 17 20 days	3	10 c.c.	3,846	3,356	87.2
		10 c.c.	Paralysis death in 17 days					
		50 c.c.	Acute death in 3 days					
43	3 L + doses of toxin and 35 units of antitoxin	10 c.c.	Paralysis in 16 days recovery	3	10 c.c.	142	137	95.9
		30 c.c.	Acute death in 4 days					
		50 c.c.	Acute death in 3 days					







Mixture 53 was the most toxic preparation. For this reason we decided to inject 0.25 to 0.5 c.c. with each dose. The local reactions at the site of injection were quite marked and associated in some of the children with superficial necrosis.

It is interesting to note that by giving three doses of 0.25 c.c., 24 out of 31 children or 77.4 per cent, became successfully immunized. With three doses of 0.5 c.c., 24 out of 28 children, or 85.7 per cent, became immune. 0.25 c.c. of mixture 53 (1/10 L +) corresponds to 1/40 L + or 1 M L D of our toxin, and 0.5 c.c. to 1/20 L + or 2 M L D of toxin. By diminishing the total amount of toxin to 1/40 L + per c.c. we begin to lower the immunizing efficiency of the mixture.

Mixture 56, containing 1/20 L + per c.c. was less toxic than mixture 53. Three doses of this mixture immunized only 97 out of 165 children, or 59.4 per cent.

In estimating the immunity results obtained with mixtures of toxin-antitoxin it is important to remember, as we brought out in a previous communication (1) that the immunity response to the same mixture of toxin-antitoxin may vary greatly in different groups of Schick positive children, depending to a large extent upon the previous repeated exposure of these children to infection with the diphtheria bacillus. Children in the poorer sections of the city, who have been thus exposed and whose tissue cells as a result have already been slightly stimulated, will show a much larger percentage of immunes than those who have not had a similar previous exposure to the Klebs-Loeffler bacillus.

#### IMMUNITY RESULTS WITH DILUTED DIPHTHERIA TOXIN

The results given in Table III indicate that the toxicity or degree of underneutralization of the mixture is the most important factor in determining the value of a preparation of toxin-antitoxin. Owing to the possibility of local necrosis the toxicity of the mixture has to remain within certain limits. A second factor of importance, however, is the total amount of toxin represented by the free and neutralized fractions of the mixture.

We felt that it would be important to determine whether three injections of small amounts of diphtheria toxin would be efficient in producing an active immunity in a large percentage of injected children. Schroeder and Park had reported before the American Association of Pathologists and Bacteriologists (Boston, 1923) that three doses of a freshly diluted toxin immunized 41 per cent of children, while three doses of a dilution of an old, deteriorated toxin, of which 10 c.c. caused paralysis in the guinea pig immunized 70 per cent of children.

Table IV shows that 1/10 M L D of freshly diluted toxin, which is about the maximum amount of toxin that can be injected without causing local necrosis in a positive Schick reactor, only immunized 10 out of 30 children, or 33.3 per cent. 1/10 M L D corresponds approximately to the free or underneutralized fraction of toxin in a toxin-antitoxin mixture which produces immunity in 90-95 per cent of positive Schick reactions. We must assume therefore that the toxin-antitoxin mixture contains not only a certain amount of free toxin, but also free toxoid, which is apparently also effective as an antigenic agent in stimulating the production of antitoxin.

From the results given in Table III it would appear that not less than 1/10 L + of toxin should be present in each cubic centimeter of toxin-antitoxin.

In the institution shown in Table IV, we also injected for purposes of control 35 children with an old type mixture of toxin-antitoxin (3 L + per c.c.). Of these children 34, or 95.0 per cent, became immune.

#### SUMMARY AND CONCLUSIONS

(1) The new mixture of toxin-antitoxin, containing 1/10 L + per c.c. gives excellent immunity results, if it is underneutralized and prepared so as to correspond in its toxicity to a given standard.

(2) This standard of toxicity should be such, that 50 c.c. will cause acute death of a guinea-pig in five to six days, 30 c.c. will cause death in six to ten days and 10 c.c. paralysis in fifteen

IV—COMPARISON OF RESULTS OBTAINED WITH DILUTED DIPHTHERIA TOXIN WITH TOXIN ANTITOXIN AT THE NEW YORK JUVENILE ASYLUM DOBBS FERRY N. Y.

Toxin used for immunization	N 1-1 in each C.C.	No M L D in each C.C.	Amount injected	No doses	Retest months after injections	Results of Schick Retest		
						Total retested	Schick negative	Per cent negative
Diphtheria Toxin		0.1	10 c.c.	3	4.5	30	10	33.3
Toxin Anti 43	3	120	10 c.c.	3	4.5	35	34	95.0



on standing and appeared almost neutralized in the guinea-pig test. The slight excess of free toxin being changed into toxoid, *these favorable immunity results indicate that toxoid can give rise to antitoxin antibodies and that it is probably an important factor in active immunization.* We are giving three injections of diluted diphtheria toxoid at the present time to determine its value in producing an active immunity against diphtheria. A similar method has been suggested by Glenny and Hopkins.

The question arises whether the new type mixtures will remain equally effective after standing for several months and losing most of their toxicity. The answer is important as it would indicate how long such mixtures could be left with safety on the market. We have injected the children in a number of schools with several of these new type mixtures, that have been allowed to remain at ice-box temperature for a number of months. The results of the Schick retests indicate that many of the new type mixtures of toxin-antitoxin are not as effective in their immunizing properties as some of the old type preparations after standing for more than three months.

#### DOSAGE AND METHOD OF ADMINISTRATION

The dose of the new type mixture is 10 c.c., repeated three times at intervals of seven to ten days. The amount is the same for young children as for adults. The injections are preferably intramuscularly, the middle of the outer side of the arm being chosen for this purpose. The injections are given alternately first into one arm, then into the other. By injecting

into the muscle there is less local reaction and we avoid the discoloration of the skin and the induration of the superficial tissues, that are seen sometimes when the more toxic mixtures are injected subcutaneously.

#### IMMUNITY RESULTS WITH THE MIXTURES IN SCHOOLS

Six mixtures of toxin-antitoxin containing 1/10 L + per c.c. and one mixture containing 1/20 L + per c.c. were used in twenty-four schools.

Table III shows the mixtures used, the effect on guinea-pigs of varying doses and the immunity results in children. The dose was 10 c.c. except with mixture 53, which was quite toxic and of which only 0.25 c.c. to 0.5 c.c. was injected with each dose.

It is interesting to note the high percentage of children who became immune with mixtures 69 and 65. The number of retested children is sufficiently large to be representative and thus avoid the error so frequently associated with small numbers in diphtheria immunity work.

From 94.0 to 96.4 per cent of successfully immunized children are excellent results and about as good as we could hope to achieve with the old type mixture of toxin-antitoxin. The results with mixture 67 which was apparently more toxic than the previous two mixtures, are probably not conclusive on account of the small number of retested children. The immunity response to mixtures 52 and 70 which were less toxic than the others was 89 and 87 per cent respectively.

TABLE III—COMPARISON OF RESULTS WITH DIFFERENT MIXTURES OF TOXIN-ANTITOXIN CONTAINING 1/10-1/20 L + PER C C RELATION BETWEEN ACTION ON GUINEA-PIG AND IMMUNIZING EFFICIENCY IN CHILDREN

Mixture	No L+ in each C.C.	No M.L.D. in each C.C.	Action on Guinea Pig		Results in Children				
			Amount injected	Result	No Doses	Amount	Total No Schick Retested	Schick Negative	Per Cent Negative
69	1/10	4	10 c.c.	Partial paralysis, recovery	3	10 c.c.	221	213	96.4
			30 c.c.	Paralysis, death in 25 days					
			50 c.c.	Acute death in 4 days					
65	1/10	4	10 c.c.	Death in 8 days	3	10 c.c.	900	814	94.0
			50 c.c.	Acute death in 6 days					
67	1/10	4	10 c.c.	Paralysis, death in 22 days	3	10 c.c.	61	53	86.9
			30 c.c.	Acute death in 9 days					
			50 c.c.	Acute death in 3 days					
52	1/10	4	20 c.c.	Paralysis in 21 days, recovery	3	10 c.c.	384	342	89.0
			30 c.c.	Paralysis in 17 days, recovery					
			50 c.c.	Paralysis in 17 days, recovery					
70	1/10	4	10 c.c.	Partial paralysis, recovery	3	10 c.c.	55	48	87.4
			30 c.c.	Paralysis, recovery					
			50 c.c.	Paralysis, death in 21 days					
53	1/10	4	10 c.c.	Paralysis, death in 21 days	3	0.5 c.c.	28	24	85.7
			30 c.c.	Acute death in 3-5 days	3	0.25 c.c.	31	24	77.4
			50 c.c.	Acute death in 3-5 days					
56	1/20	2	10 c.c.	No local effect, no paralysis, recovery	3	10 c.c.	165	97	59.4
			30 c.c.	Paralysis in 21 days, death in 35 days					



Mixture 53 was the most toxic preparation. For this reason we decided to inject 0.25 to 0.5 c.c. with each dose. The local reactions at the site of injection were quite marked and associated in some of the children with superficial necrosis.

It is interesting to note that by giving three doses of 0.25 c.c., 24 out of 31 children or 77.4 per cent, became successfully immunized. With three doses of 0.5 c.c., 24 out of 28 children, or 85.7 per cent, became immune. 0.25 c.c. of mixture 53 (1/10 L +) corresponds to 1/40 L + or 1 M L D of our toxin, and 0.5 c.c. to 1/20 L + or 2 M L D of toxin. By diminishing the total amount of toxin to 1/40 L + per c.c. we begin to lower the immunizing efficiency of the mixture.

Mixture 56, containing 1/20 L + per c.c. was less toxic than mixture 53. Three doses of this mixture immunized only 97 out of 165 children, or 59.4 per cent.

In estimating the immunity results obtained with mixtures of toxin antitoxin it is important to remember, as we brought out in a previous communication (1) that the immunity response to the same mixture of toxin antitoxin may vary greatly in different groups of Schick positive children, depending to a large extent upon the previous repeated exposure of these children to infection with the diphtheria bacillus. Children in the poorer sections of the city, who have been thus exposed and whose tissue cells as a result have already been slightly stimulated, will show a much larger percentage of immunes than those who have not had a similar previous exposure to the Klebs-Loeffler bacillus.

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We felt that it would be important to determine whether three injections of small amounts of diphtheria toxin would be efficient in producing an active immunity in a large percentage of injected children. Schroeder and Park had reported before the American Association of Pathologists and Bacteriologists (Boston, 1923) that three doses of a freshly diluted toxin immunized 41 per cent of children, while three doses of a dilution of an old, deteriorated toxin, of which 10 c.c. caused paralysis in the guinea pig, immunized 70 per cent of children.

Table IV shows that 1/10 M L D of freshly diluted toxin, which is about the maximum amount of toxin that can be injected without causing local necrosis in a positive Schick reactor only immunized 10 out of 30 children or 33.3 per cent. 1/10 M L D corresponds approximately to the free or underneutralized fraction of toxin in a toxin-antitoxin mixture which produces immunity in 90-95 per cent of positive Schick reactions. We must assume, therefore, that the toxin antitoxin mixture contains not only a certain amount of free toxin, but also free toxoid, which is apparently also effective as an antigenic agent in stimulating the production of antitoxin.

From the results given in Table III it would appear that not less than 1/10 L + of toxin should be present in each cubic centimeter of toxin antitoxin.

In the institution shown in Table IV, we also injected for purposes of control 35 children with an old type mixture of toxin-antitoxin (3 L + per c.c.). Of these children 34, or 95.0 per cent, became immune.

#### SUMMARY AND CONCLUSIONS

(1) The new mixture of toxin-antitoxin containing 1/10 L + per c.c. gives excellent immunity results, if it is underneutralized and prepared so as to correspond in its toxicity to a standard.

(2) This standard of toxicity shows that 50 c.c. will cause acute death of a guinea pig in five to six days, 30 c.c. will cause death in six to ten days and 10 c.c. will cause death in ten to twelve days.

TABLE IV—COMPARISON OF RESULTS OBTAINED WITH DILUTED DIPHTHERIA TOXIN AND WITH TOXIN-ANTITOXIN AT THE NEW YORK JUVENILE ASYLUM, FERRY, N. Y.

Material used for immunization	No. in each c.c.	No. M L D in each c.c.	Amount injected	No. doses	Refract. month after injection	Immune	Not immune	Total
Diluted Diphtheria Toxin	3	01	10 c.c.	3	25	10	15	25
Mixture Toxin Antitoxin No. 43	3	120	10 c.c.	3	25	24	1	25



to eighteen days and death in eighteen to twenty-five days

(3) The local and constitutional reactions with the new type mixture (1/10 L +) are only slight and compare favorably with those noted with the old type mixtures (3 to 5 L +). The new type mixture can be given even to older children and adults without the fear of causing any marked local disturbance

(4) Three doses of 10 c.c. each are given at intervals of seven to ten days. The intramuscular is preferable to the subcutaneous injection and is usually given in the arm

(5) Freshly diluted toxin in three doses of 1/10 M L D each gave much poorer immunity results than were obtained even with the less toxic mixtures of toxin-antitoxin

(6) There should not be less than 1/10  $\overline{L+}$  of toxin in each c.c. of the new type mixture of toxin-antitoxin

(7) The results show that toxoid can give rise to antitoxic antibodies and that it is probably an important factor in active immunization

#### LITERATURE

(1) Abraham Zingher "Results of Active Immunization with Diphtheria Toxin-Antitoxin in the Public Schools of New York City" (Manhattan and the Bronx). *The Journal A M A*, Vol 78, 1945-1951 (June 24, 1923)

#### Discussion

DR. CHARLES HERRMAN, New York City  
The work which Dr. Park and Dr. Zingher have done in the immunization against diphtheria, illustrates in a striking way what can be accomplished by concentration on one subject. For the past ten years they have been working on this problem. By means of addresses, papers, and circulars of information, they have made the benefits of the method known to physicians and public. Two years ago, I sent letters to the mothers of infants and young children who were under my care, advising immunization. Only 10% responded. A number of those who failed to come then, are coming now, for they have heard more about it. I believe a great deal more has been done in New York City than elsewhere. A short time ago, I had an opportunity of speaking to Prof. Schick. He told me that comparatively little had been done in Vienna, because the people were not fully alive to the dangers of diphtheria. Propaganda, the education of the public, is essential. Other cities will follow the example of New York. During the last few years the number of cases of diphtheria has not been reduced. The mortality is a little lower, but there are still from 800 to 900 deaths a year in this city. Antitoxin has done all that it is possible for it to do. The value of toxin-antitoxin mixtures is beyond question. Dr. Park has shown that in the 90,000 school children immunized there were less than

one-fourth the number of cases of diphtheria than in 90,000 controls not immunized. In order to control diseases which are highly communicable or in which carriers play an important part, it is necessary to immunize all or nearly all infants. Seventy per cent of the deaths from diphtheria occur in children under five years of age, therefore they must be immunized before that time. The private physician under whose care the infant is from birth, is in the best position to advise immunization, just as he advises vaccination. The initial Schick test is unnecessary. I have given it up in private work, this saves time, and simplifies the method. The people are gradually being made aware of the value of preventive treatment, and will be willing to pay for health insurance, just as they do for insurance against accident, fire, and theft. It also pays. If a child contracts diphtheria the expense entailed by treatment for a week or more is certainly greater than that of immunization. The immunization of over 150,000 school children has already shown some results. During the first four months of this year the number of cases of diphtheria in New York City was much less than in the corresponding months of last year, but a marked and permanent reduction in morbidity and mortality will require compulsory immunization. The value of vaccination against smallpox has been proved to anyone who is willing to be convinced. Notwithstanding this there are still communities in which vaccination is not compulsory, and in these, outbreaks of smallpox still occur. We shall always have some conscientious objectors among us. I have had a number of mothers tell me that they did not believe in vaccination, but they had it done, because their child could not be admitted to school without a certificate. The Board of Education has always co-operated with the Department of Health in the immunization against diphtheria, so that it is not unlikely that at some future date, certificates will be required. At first there will be some opposition, but eventually it will become the custom to immunize against diphtheria just as it is now the custom to vaccinate against smallpox.

DR. WILLIAM A. HANNIG, Examiner, Department of Education, New York City. No one can have followed the history of the vast experiment which Dr. Zingher and those associated with him are carrying forward in connection with the prevention of diphtheria among the children of this city without an unusual sense of the convincingness of his results and conclusions. The large scale on which this enormous experiment has been undertaken, the eager readiness with which hundreds of principals, thousands of teachers, and hundreds of thousands of children and their parents have co-operated and submitted to this experiment, and the close approximation of its proven results to the most



sanguine predictions, all these demonstrate that we have here an experiment whose present success and whose even greater future beneficence are unparalleled in the annals of pediatrics.

I run here to express publicly to Dr. Park, Dr. Zingher and Dr. Schroeder, the appreciation and regard of the Superintendent of Schools, Dr. William L. Ettinger, not only in his behalf, but in behalf of the entire teaching and supervisory staff, for the untiring labor, the broad vision and the profound scientific study, which have made this success possible. I venture also to allude to that unspoken volume of gratitude which must fill the hearts of many parents, who when they see the children of less fortunate or less far-sighted relatives, friends, and neighbors succumb to that dwindling scourge, diphtheria, can say with heartfelt content, "At least my children are safe from this suffering, here is a dread that I am spared."

The ready co-operation of the school authorities in this undertaking, the uncomplainingness with which they have broken into their school and class programs and upset their school organizations in order to give to the children the benefit of diphtheria protection, bear eloquent testimony to the extent to which new educational ideas have permeated the rank and file of superintendents, principals, and teachers. Instead of education being, as it is still supposed to be in backward sections and among unenlightened parents, a process of transferring so much information from the inside of books into the inside of brains, education is now recognized by the merest tyro from our training schools as anything that contributes to the individual happiness and social efficiency, present or future, of the boys and girls committed to our care. Any contribution to the conservation and enhancement of child life and child health therefore comes within the scope of education, and the school system, its staff of supervisors, teachers, doctors, and nurses, its buildings and equipment are the fitting agencies for the translation of this contribution into concrete terms.

But in quite another sense has this experiment been educational. Dr. Zingher realizes clearly that big as his undertaking has been it is only the beginning of his work. The greater part is yet to come, namely, the immunization of the large child population of pre-school age, which is so much more susceptible to diphtheria than the population of school age. To reach these children through their parents and to reach them at the earliest possible age, preferably during the second half of their first year, is indeed a herculean task. It would indeed be an impossible task even through the questionable means of legal compulsion, were it not for the fact that the work thus far done in the schools has proved to be a huge educational demonstration,

a vast publicity enterprise, which has paved the way for the extension of the work to younger children.

The school teachers and principals of this city possess to a remarkable degree the confidence of the parents. Only in this way can be explained the willingness of so many thousands of parents to be guided by the advice contained in the Schuck test circulars distributed by the schools and by the personal counsel of teachers and principals, and to submit the little bodies of their loved ones to a treatment which to them is new, doubtful, and possibly dangerous. Only in this way can be explained the ease with which was overcome the prejudice against immunization injections that was developed as a result of the lurid stories brought home by the men who had served in the army.

Then again, the war demonstrated that the schools form the most ready means available for giving publicity to any worthy cause and winning support therefor. The schools through the children reach into nearly every home, and time and time again in the home circle the wisdom coming from the mouth of babes is recognized when it would not be, coming from another source.

Thus, in the first place, Dr. Zingher's work has constituted a tremendous popular demonstration of the efficacy of the new method of combating diphtheria, and, in the second place, it has indicated the further utilization of the school system as one of the expeditionary bases for carrying the good work into the new domain of the children of pre-school age.

For the continuance of both these aspects of the work, I can assure Dr. Zingher and the medical profession generally that Superintendent Ettinger stands ready to pledge the continued co-operation of the public school system, and I convey his cordial wishes that the same success may crown the latter part of this great undertaking that has been thus far so notable.

DR. WILLIAM H. PARK, New York City. The original mixture of 36+ of toxin was used because it had been used in animal experimentation, in animals the protein reaction did not occur. While satisfied with the success we still learned to dread the annoyance of this protein reaction in the older children and so tried reducing the amount of toxin so as to diminish the basillus substance which causes the reaction.

If this toxin and antitoxin are mixed while in cold solutions the amount of toxin antitoxin is 1/10. Mixture will not deteriorate with any rapidity. We believe by immunizing the school child we prevent the children contracting diphtheria and so taking it home to the younger mem-



bers of the families. With a proper toxin-antitoxin mixture there should be neither a local toxin nor protein reaction.

DR I. H. GOLDBERGER, New York City. Any one unacquainted with the many difficulties—sometimes insurmountable—that confront us in administering new public health measures in New York City, can hardly conceive or appreciate the vast amount of work done by Doctor Zingher in placing the Schick test on a firm basis, and in standardizing the toxin-antitoxin treatment.

The medical profession is grateful to Doctor Park and Doctor Zingher for their endeavor to make this test and treatment safe, accurate, and reliable.

Doctor Zingher has been an indefatigable worker in popularizing the Schick test, and much credit is due him. As an illustration of his enthusiasm in this work, I can recall an occasion in the pioneer days of the Schick test when he came to an institution in this city, of which I am a member, and asked the house physician for permission to Schick-test three children. The three children were selected for Doctor Zingher, and at the end of an hour when the house physician returned to see if he could be of further assistance, he met Doctor Zingher coming down the stairs. Upon reaching the ward, our house physician discovered that not only had Doctor Zingher Schick-tested the three children, but that all the children in that ward and two adjoining wards had been tested also. I do not know whether or not Doctor Zingher has returned to that institution recently, but I do know that he would have had difficulty in gaining readmission after his first visit.

The man to whom we should also be deeply grateful, and to whom much of the success of the Schick testing in the schools is due, is Doctor William L. Ettinger, Superintendent of Schools of the City of New York, who back in 1921 saw the benefits that would accrue if the children of the New York City schools were to receive the Schick test and toxin-antitoxin.

It is exactly three years ago that I invited Doctor Park to come into the schools of this City and continue his work there. The convincing manner in which Doctor Park presented his conclusions of the preliminary work of the Schick tests, at a clinical conference meeting at

the Willard Parker hospital in April, 1920, prompted me to introduce this work into our public schools. At that time we started with 3,000 children in 33 schools. What has taken place in the interim is now history.

It is my opinion that if we are to make further progress in protecting children against diphtheria, it will be necessary to pass legislative measures requiring children to present certificates of immunization against diphtheria, in the same manner that certificates of vaccination are required of children who seek admission to our public schools. An act of this kind would soon influence parents to have their children immunized at an age when they are accustomed to have them vaccinated.

DR ZINGHER, in closing.

I wish to seize this opportunity to acknowledge the valuable assistance given us in our work by the personnel of the Department of Education, without whose help the Schick work could not possibly have been very successful in the schools. The Schick work in the schools will soon reach a point where it will be taken up as a routine measure for all incoming children of the Kindergarten 1-A classes. This work could probably be done by each medical inspector in his own schools. We must remember, however, one important fact in our diphtheria prevention efforts. The work in the schools is only a *preliminary* part in educating the parents and showing them that the Schick test and toxin-antitoxin immunization are harmless. The greater and in fact the most important field remains to be covered. I am referring to the immunization of children of pre-school age, in which group I am including all children between one and six years of age. The co-operation of the general practitioners is absolutely essential here, as the work would be too widely scattered to be undertaken by the Department of Health. *In this group the preliminary Schick test could be omitted with advantage*, the three injections of toxin-antitoxin being given by the private physicians as a routine to all young children in their practice. The final Schick test should not be omitted, however. It could be done by the private physicians, or by the school physician when the children are admitted to school. The main efforts of the Health Officer should be directed towards educating the parents to the value and necessity of having their young children protected against diphtheria.



## HISTAMIN IN THE DIAGNOSIS AND TREATMENT OF INTESTINAL INTOXICATIONS

By CLARENCE W. LIEB, A.M., M.D.  
NEW YORK CITY

THE role of histamin in producing systemic pathology is giving us new and valuable hints toward the correction of that much misunderstood condition which we term intestinal intoxication.

Histamin (Imumazolyethylamin) is an amine from the amino acid histidin whose toxic property was first brought out in literature by Barger and Dale (1). Mellanby and Twort (2) isolated a Gram negative organism capable of converting histidin into histamin. About the same time Berthelot and Bertrand (3) isolated an organism that had the power of decarboxylating histidin into histamin. Abel and Kuba (4) on experiment with guinea pigs have shown that this amine is toxic in strength 1/300 part of a grain and when injected intravenously with guinea pig produces death in from three to five minutes. Koessler and Hanke (5) reached the following conclusion in re *B. coli* and production of histamin:

"This apparently simple chemical process the decarboxylation of amino acids to exceedingly potent substances of amine structure, is of great theoretical and practical interest. The relation of this problem to the general nutrition of bacteria, to the metabolism of amino-acids in the mammalian organism, to the pathology and pharmacology of the smooth muscle fiber system, and to the chemical constitution of the products of the glands of internal secretions, mark it as a fundamental inquiry of biology."

Inchley (6) has shown that the constriction of venules is an important result of the action of histamin leading to capillary engorgement and consequent edema. He has further shown that histamin shock after a lethal toxic dose in the cat can be prevented by preliminary treatment with nitrites to dilate the veins.

Kellaway and Cowell (7) show that "when a normal cat is injected intravenously with a dose of 0.1 or 0.05 mg. histamin in 0.01% solution (in saline) there follows transient wide dilation of the pupils, inhibition of the heart, sweating of the pads, salivation and congestion of the mucous membranes. There is never dyspnea, nor is the circulatory failure so marked as to cause even the transient collapse of the animal. But when a similar injection is made into a cat suffering from adrenal insufficiency, the animal walks a few steps and after about thirty seconds falls over on its side with severe inhibition of the heart, pronounced dyspnea and sometimes with Cheyne-Stokes respirations. This collapse is sometimes attended with general convulsions, the

pupils are widely dilated and the animal looks as if it is about to die, but in about ten minutes it walks away apparently recovered. The symptoms produced by small doses of histamin in hypersensitive animals are usually profoundly modified by previous subcutaneous injections of adrenalin. Excess of adrenalin in the circulating blood antagonizes the histamin and prevents collapse probably by raising the blood pressure to such a level as to make collapse impossible."

Manwaring, Monaco, and Marino (8) believe that the anaphylactic shock in dogs is due partly to the sudden liberation of hepatic products, having histamin-like effects on the extra-hepatic blood vessels. Studying the effects of histamin in various isolated canine tissues they found that a histamin shock reaction in intact delapathized, and eviscerated dogs was followed by a sudden pronounced fall in arterial blood pressure. From their lists the authors conclude that the dominant reacting tissues in histamin shock is fairly evenly distributed throughout the body. The most striking reaction in blood free perfusions of isolated canine tissues is the explosive edema of all organs tested. The authors think that the increased perfusion resistance is largely due to increased tissue pressure from edema.

Evans (9) thinks that the etiology of arteriosclerosis and interstitial nephritis are largely the result of bacterial toxins in the circulation.

Ebbecke (10) has shown that wheals in urticaria and general shock correspond completely to one another. They do not simply represent a tissue injury as a result of introduced or endogenous toxin, but also signify a defense reaction to the extent that wherever products of catabolism with such an action occur in the tissue in unusual concentrations, these substances which are not very stable can be rendered harmless by dilution. But if they are distributed over too large areas, the reaction may become dangerous to life.

Carnot, Koskowski and Libert (11) used subcutaneous injections of 1.25 to 1.75 mg. of histamin in fourteen cases. Tabulated results show that from thirty three to fifty-five minutes after injections, and lasting for one to two hours the amount of gastric juice total and combined acidity and digestive power, estimated by the method of Mett, were decidedly, and at times greatly increased. The subcutaneous injection was promptly followed by more or less marked reddening of the face sometimes by headache and slight palpitation of the heart. The objective symptoms included reddening of the abdominal surface, the chest, the upper and lower ex-



tremities, and moderate increase in the rapidity of the heart beat

Pringle (12) states that the nature of the toxin causing death in intestinal obstruction has not been definitely settled. It is, however, generally accepted that it belongs to one of the groups of poisonous chemical substances produced by the disintegration of protein, *e g*, proteoses, amines, neurins, and cholins. The probability, however, seems to be that a whole series of the end-products of protein are present in the obstructed intestine, and are active in producing death.

Eppinger and Guttman (13) have shown that histamin, and Sollman and Pilcher (14) that other amines, when applied to the skin will cause an urticarial wheal, while Sieberg (15) has observed generalized urticaria after injections of histamin subcutaneously.

Longcope (16) states that "it seems highly probable, from all the evidence that can be collected, that proteoses or the toxic amines, such as histamin, may be absorbed from the intestine and cause disturbances not only of nitrogenous metabolism, but also, temporarily, of renal functions, but without anatomic lesions in the kidneys that can be demonstrated by our present methods." He (17) also showed that the effects of intravenous injection of histamin produced the same effects as the intravenous injection of 0.1 gm peptone per 100 gm body weight, namely, an immediate collapse of the animals with slow and difficult respirations. About ten minutes later the response became rapid while the paralysis and spasmodic convulsive movements continued.

Meakins and Harrington (18) found histamin in minute concentration in the cecum of four cases (cecostomy specimens) and in the transverse colon of two cases (colostomy specimens), all these patients having some type of intestinal pathology or symptoms. They failed to find histamin in fecal specimens of two other cases studied, one being a gastro-intestinal invalid and the other a case of chronic nephritis without intestinal symptoms.

They conclude that the formation of histamin is not dependent upon the existence of intestinal obstruction, since it occurs several weeks after the obstruction has been removed. They could not detect histamin in the feces whether there was intestinal obstruction or not, and state that this is probably due to the oxidation of this substance during the passage through the large intestine.

The fact that histamin is not usually found in rectal specimens but in cecal specimens and is only formed in the presence of acid, may explain their negative findings in stools.

From the foregoing it is obvious, that, experimentally, histamin plays an important rôle in the production of pathologic states. It is, therefore,

logical to conclude that the elimination of histamin and its cause would result in clinical cures.

Out of 320 stools examined during the past two years, 278 showed high histamin reactions. Most of the stools examined were from patients showing some form of chronic physical disability. 30% of the stools in which histamin was found showed red blood coloring matter in conspicuous amounts. 92% of these stools showed large amounts of mucous (after straining the stools through gauze).

Colon bacilli in minimal numbers was characteristic of these histamin stools.

Forty stools examined for indol and tryptophan showed positive indol in 24 stools and tryptophan in 18.

Koessler and Hanke (19) have shown that when *B. coli* are allowed to metabolize the amino-acid histidin, either alone or in the presence of nitrates or ammonium salts, the toxic amine histamin is not formed. They also showed that histamin is only formed in a highly acid environment, this acid being formic, and with an available source of carbon such as glycerol or glucose.

Parkes, Jollyman, Karczoy and Schiff (20) have shown that formic acid is rapidly decomposed by colon bacilli with the formation of sodium formate as the result. This in turn aided by bacterial action yields sodium carbonate with consequent faintly alkaline stool. It is only likely that the highly acid media of the cecum inhibits *B. coli* growth and thereby removes an important obstacle in the formation of histamin.

The following extracts from Hiss and Zinsser (21) are illuminating.

"Extensive investigations have been carried out to determine whether or not the constant presence of this microorganism (*B. coli*) in the intestinal tract is an indication of its possessing a definite physiological function of advantage to its host. Although insufficient work has been done upon this important question, and no definite statement can be made, it is more than likely that the function of the bacillus coli in the intestine is not inconsiderable if only because of its possible antagonism to certain putrefactive bacteria, a fact which has been demonstrated in interesting studies by Bienstock and others."

Herter (22) states that "While it is not unlikely, that under conditions of an excessive carbohydrate diet, colon bacilli may aggravate morbid processes by a voluminous formation of gas, they do not, of themselves, take part in actual putrefactive processes. It is likely, therefore, that in most of the intestinal diseases formerly attributed purely to bacilli of the colon group, these microorganisms play but a secondary part."

Langdon Brown (23) contends that *B. coli* by splitting indol from tryptophan activates the



glands of intestinal secretion Harries (24) has recently pointed to the fact that exophthalmic goitre is due to the excessive absorption of tryptophan from the intestine which in turn is traceable to the absence of the indol producers in the intestine.

The newer bacteriologic investigations as to the elaboration of toxic split products in the intestine leads to the conclusion that intestinal auto-intoxication is not a new bacteriological infection but a matter of bacterial activation with toxin formation.

Neuberg (25) has shown that nearly all reducing substances play the role of activators in the formation of yeast.

Von Wasserman and Picker (26) examined the effect of activating bodies on the production of toxic substances by intestinal bacteria. They found that in some instances the addition of activators increased the toxicity by 30 to 40% and that the filtrate is much more toxic than the complete culture. The authors assume that similar processes are at the back of intestinal intoxication.

Oxalic acid production in the colon has been demonstrated to be a bacterial process quantitatively determined by activators in the form of sugars reaching the lower bowel (Lieb) (27).

This newer knowledge as to toxæmia produced by activation rather than bacterial reinfection changes our entire conception of intestinal toxæmia. The problem resolves itself into a matter of keeping the contra-indicated sugars out of the diet, or at least from reaching the lower bowel. A high residue diet, by mechanically carrying sugars to the colon, hyperperistalsis by hastening the intestinal contents from stomach to colon, and hyperacidity, which inhibits starch digestion are factors which must be dealt with in the correction of intestinal toxæmia.

The writer has adhered to the following therapeutic regimen in dehistaminizing patients:

1 Gastro-intestinal rest. This is accomplished with a low residue diet, peristaltic inhibition by means of atropin or beozol benzoate, and gastro-intestinal alkalization with the following powder:

Calci Carbonatis }	ss
Calci Lactatis }	ss
Magnesi oxid, pond	gr X
Osmo-kaolin	ss

Sig. One powder, t.i.d.a.c. in one glass water

2 Colonic lavage, with a half of one percent monohydrated sodium carbonate to kill Gram negative organisms (28), these being the chief bacterial offenders in the colon, and a 2% kaolin suspension which has the property of making histamin inert (barium sulphate likewise having this property) rendering bacterial toxins harmless and changing the bacteria from a proteolytic

to an aciduric type (Braafladt) (29). Particular care must be taken to drain and alkalinize the cecum. The alkalization of the cecum may have an important bearing on the activation of the d'Herelle phenomenon.

3 *Bacillus coli* implantation with suspensions of known strains of high indol-producing *B. coli* in a dextrin solution implanted in the colon until thorough colonization is established.

Up to the present time 318 patients have been treated by these methods. Each patient, besides having a special stool examination one or more times, and a careful physical and clinical survey including Roentgenological gastro intestinal studies where the diagnosis was in doubt. Of the patients treated, 242 showed complete relief from the symptoms and signs disclosed by physical inventory before treatment, 56 found only partial relief, 20 showed practically no improvement.

# CASE HISTORIES

Case 1—A R S, male, age 48, business man

**Symptoms.** Asthenia, insomnia, headaches, constipation and gastric distension for one year. Patient gives a history of conjunctival hemorrhages at almost weekly intervals for a period of several years.

**Positive Findings.** Well developed but with tendency to obesity. Skin muddy, conjunctival hemorrhage involving entire right eye. B P 95/60. Fecal masses felt over colonic flexures and marked gastric distension. Total acidity of 95. Internal hemorrhoids. Proctoscopic examination showed hemachromatosis and dilated venules in the lower sigmoid region. Stool examination showed much mucus, red blood coloring matter, extra high histamin and high acidity. Few *B. coli*. After the first week of treatment patient's symptom showed improvement, and after three weeks from the beginning of treatment he felt like a new man. His whole appearance and attitude changed. His blood pressure went up to 125/80. Hemorrhoids disappeared and bowels became regular. For two years now he has had no conjunctival hemorrhages and the bowels have been perfectly regular. Patient has had a histamin check up every six months but a positive histamin was found only on one occasion since first seen. *B. coli* implantations have been prophylactically given once yearly.

Case 2—G A E., male, age 43, author

**Symptoms.** Constipation for twenty years, mental sluggishness for one year, irritability, lack of application, chronic eczema.

**History.** Dysentery in Philippines '99. Tropic liver and spleen, 1906. Three months jaundice, acute intestinal intoxication three years ago.



**Positive Findings** X-ray examination hyperactive stomach, normal gall bladder, sigmoid and rectal stasis, 72 hours, appendix retention. Overweight, head and thorax negative. Liver easily palpitated, spleen negative. Three-inch panniculus. Blood pressure 105/80. Constant tympany over cecum. Proctoscopic examination showed marked injection of mucosa with edematous patches just above Houston's valves. Skin three patches of eczema the size of the palm of the hand on the extremities. Blood and urine chemically normal. Gastric hyperacidity. Feces showed extra heavy histamin reactions, a highly acid stool, negative indol, and minimal number of *B. coli*.

After course of dietetic, colonic, and *B. coli* implantation treatment, the patient had complete relief from all mental symptoms and has taken a cathartic but once since treatment in early spring. His eczema practically disappeared after treatment, but at no time has it been entirely absent. Patient states that he has never felt so well in his life, and that his literary output has never been of such good quality and quantity.

Case 3—B J W, male, aged 68, banker

**Symptoms** Attacks of vertigo for 15 years which were getting more severe and frequent, "nervous indigestion," deafness in left ear, for five years. Bowels perfectly regular. One year ago patient had complete physical inventory made by one of the leading internists of the country who gave him a good physical rating for his years and attributed the vertigo to a chronic catarrhal otitis media. Three well known Aurists verified the aural findings and advised local treatment to middle ears.

**Positive Findings** Healthy appearing man. Special senses, excepting ears, negative. Almost total deafness in left ear. Blood pressure 185/95. Excrusted, indurated, and indolent skin eruption on right shoulder size of "greenback," which he had for ten years.

**Laboratory Findings** Blood nitrogen, blood sugar, carbon dioxide, combining power, normal. Urine—highly acid, sp. gr. 1026, trace of albumen, no casts. Feces, highly acid, high histamin and oxalic acid, much mucus.

After the intensive course of detoxication treatment patient's vertigo left and has not returned since April, 1923. His blood pressure hovers around 155/90. Feces and urine chemistry are normal, all epigastric symptoms have gone, and the skin lesion on the shoulder has entirely disappeared. There has been a very noticeable improvement in hearing. The interesting thing, but not at all unusual, about this case is that the intestinal toxæmia existed in the presence of perfect bowel functioning. Some

of the most intestinally toxic patients seen have had no symptoms referable to the gastro-intestinal tract.

Case 4—C E F, female, age 25

**Chief Complaint** Chronic headaches of typical migraine type, occurring at bi-weekly intervals. Patient states that both her father and grandmother were sufferers from the same type of headaches. Physical examination entirely negative. Laboratory examination normal, excepting for high fecal histamin.

Since taking intestinal treatments for two weeks, as outlined above, the patient has had only two minor attacks in the past year.

Case 5—M L, female, age 28

**Diagnosis** Chronic colitis and metrorrhagia. This patient had a typical chronic colitis of five years' duration, but had been constipated as long as she could remember. She had followed the orthodox drug treatment for the condition. In the past few months her constipation has been alternating with diarrhea.

Patient was of the typical gastro-intestinal invalid type. The most noticeable objective sign in her case was a marked hyperæmia involving her neck, chest, and shoulders, and a strikingly embossed dermatographia. X-ray studies showed no pathology with the exception of hyperstalsis and spasticity. Feces showed high histamin, quantities of mucus, and high acidity.

This patient made slow response to the treatment, but her condition improved steadily. After two months from the beginning of treatment her colitis symptoms had entirely disappeared, her skin condition became normal, and she gained over ten pounds in weight. She has had no menstrual difficulty since her intestinal toxæmia has been corrected. (A few drops of the filtrate from this stool induced menstruation in a female monkey in five hours). There is excellent evidence to indicate that histamin plays an important rôle in menstrual disorders, particularly dysmenorrhea and metrorrhagia.

Case 6—A W A, female, age 48

**Diagnosis** Epilepsy and urticaria. Duration 12 years. Attacks typically grand mal and of almost weekly occurrence. Physical examination elicited nothing noteworthy. Her health was perfect, and minor ills had disappeared since her menopause five years previously. Urticarial wheals appeared on her abdomen and thighs coincident with epileptic attacks. Basal metabolism within normal limits. Blood and urine chemistry normal. Feces showed a practically 100 percent gram negative flora, very acid, many undigested meat fibers, and a particularly high histamin.

This patient has had neither epileptic attacks nor urticaria since undergoing the dehistaminiz-



ing treatment two years ago, and in spite of continuous nervous strain due to financial loss and a parietic husband, she is in perfect health

### CONCLUSION

1 The toxicity of histamin has been definitely established

2 The elaboration of histamin in the colon is of frequent occurrence and is often associated with organic and functional pathologic states

3 The eradication of histamin by dietetic chemical, and B coli implantations frequently results in clinical cures

4 Increased histamin production in the colon with resulting systemic disturbances is one of activation by sugars, not a new bacteriological invasion

My grateful thanks are due J J Connellan for having interested me in the subject of histamin production in the colon and for his valuable suggestions in the preparation of this paper

### REFERENCES

- 1 Barger and Dale. Monograph, 1915
- 2 Mellanby and Twort. *J of Phar & Exper Ther* vol xiii, 1919
- 3 Berthelot and Bertrand *J of Phar & Exper Ther*, vol xiii, 1919
- 4 Abel and Kubec *J of Phar & Exper Ther* vol xiii, 1919
- 5 Koessler and Hanke. *J of Biol Chem*, vol xxxix, 1919
- 6 Inchley *British Med Jour* p 679 Ap 21, 1923
- 7 Kellaway and Cowell *J Physiol*, London, 57.82 Dec. 22 1922

- 8 Manwaring Monaco and Marino *J Immunol*, 8.217, May, 1923
- 9 Geoffrey Evans. *Lancet* London, 204 579, Mar 24 1923 Also *Brit Med Jour* London, p 454.502 Mar 17, 24 1923
- 10 Ebbecke. *Klin Wchnschr* Berlin, 2 1725, Sept. 17, 1923
- 11 Carnot, Koskowsky and Libert. *Polska Gazeta Lekarska* Lemberg p 531 June 25, 1922 1, No 26.
- 12 Seton Pringle. (Royal Acad., Ireland, Mar 9, 1923 From the *Lancet*, July 14, 1923
- 13 Eppinger and Guttman. *Ztschr of klin Med*, 78.399, 1913
- 14 Sollman and Pilcher *J Phar & Exper Ther*, 9 309, March, 391, Apr, 1917
- 15 Sieberg *E Deutsch Med. Wchnschr*, 40.2038, 1914
- 16 Longcope. *J A M A* Nov 2, 1921, vol. lxxvii p 1535-41
- 17 Longcope. *J Exper Med*, 36.627, Dec. 1 1922
- 18 Mealan and Harrington. *Jour Phar & Exper Ther* 18 1921, p 465
- 19 Koessler and Hanke. *J Biol Chem*, vol. xxxix, Oct. 1919
- 20 Parkes Jollyman, Karczy and Schiff Quotation from Koessler *Ibid*
- 21 Hiss and Zinsser Fifth Edition, Textbook on Bacteriology
- 22 Hertel *N Y Med Jour* 1907
- 23 Langdon Brown. *Brit Med Jour* Nov 23 1921.
- 24 Harries *Brit Med Jour* March 31, 1923.
- 25 Neuberg *Klin Wchnschr*, Berlin, June 3 1922.
- 26 Von Wasserman and Ficker *Klin. Wchnschr*, Berlin, June 3 1922.
- 27 Lieb *N Y Med Jour* and *Med Record* June 6 1923.
- 28 Homer W Smith *Am J Hyg* 2 607 Nov., 1922
- 29 Braafladt *J Infect Dis* 33 434, Nov 1923.

## IS HEROIN A NECESSARY DRUG?

By S DANA HUBBARD, M.D., Department of Health  
NEW YORK CITY

**S**HOULD the manufacture of heroin be interdicted?

It is our opinion that interdiction is indicated owing to the promiscuous and improper use of this drug by the addict and the rather infrequent use of this drug in general medical practice.

The Narcotic Clinic operated to study first-hand drug addiction by the Department of Health of New York City demonstrated that of 7,464 narcotic drug addicts over 90 per cent of them were addicted to the use of heroin.

In 69 per cent of the total clinic applicants, the drug habit had been acquired through evil associates. The vast proportion of these were all under thirty years of age

The A M A—House of Delegates—ex-

pressed the opinion of physicians throughout the United States, as follows

"That heroin be eliminated from all medical preparations

"That heroin should not be administered, prescribed or dispensed by physicians

"That the importation, manufacture and sale of heroin should be prohibited in the United States"

This resolution is now three years old and there has not been a single protesting resolution from any associated doctor or medical organization. It, therefore, must be the conclusion of the profession regarding this action

The recent report of Special Deputy Police Commissioner of New York City regarding three



years' experience in scrutinizing the "dope" evil is also corroborating, at least statistically

Of 9,637 persons arrested in the three past years 6,892 were addicted to heroin or cocaine, singly or combined

The average age of the addicts in 1921 was 25 years, while in 1923 it ranged between 27 and 28 years

This official, also a physician, also reports that only 2 per cent of those arrested can trace their addiction to medical treatment. The major causes were found to be "curiosity, morbidity, and criminal association"

Hence we may conclude that 98 per cent of nearly 10,000 drug addicts acquire their vice through curiosity, morbidity and criminal association and that 71 per cent of the total were users of heroin

#### *Public Service and Hospital Use Interdicted*

In the United States Army, the use of heroin has been interdicted by order of the Surgeon General

In the United States Navy, the use of heroin has been interdicted by order of the Surgeon General

In the United States Public Health Service, the use of heroin has been interdicted by order of the Surgeon General

The Health Commissioners of Chicago and New York City simultaneously expressed themselves, "Stop the use of heroin in all hospitals. It serves no purpose that other agents cannot accomplish as effectively, and without the attendant possibility of disaster"

Of 236 hospitals, institutions and sanatoria, more than 50 per cent have requested their medical staff to comply with the request of the Health Commissioner regarding heroin

Professor E G Janeway—Bellevue Hospital, 1892—advised his house staff against the use of heroin, particularly stating that heroin used in pneumonia was invariably followed by a fatal result

Professor Alfred Loomis—New York University, Professor of Medicine—taught his students to "beware of so insidious and baneful a drug which more often was a menace than a help"

Professor Thompson—New York University, Professor of Materia Medica—taught that "it was a dangerous and unnecessary drug"

Professor A A Smith—Bellevue, Professor of Materia Medica—informed his class of students that heroin was uncertain and not dependable and was more often a danger than a help

Professor James—Professor, Columbia University—informed the writer some years ago

that he had never had occasion to use the drug and was inclined to think it was superfluous and that being used as it was by addicts it was a menace

Professor Lambert—Bellevue Hospital, an expert of over a quarter of a century on habituation—is opposed to the therapeutic use of heroin

#### *The Grave Danger of Heroin*

The appalling feature of drug addiction is that heroin makes addicts quickly, that its victims are mere children in years and experience, that through insufflation, ingestion, or subcutaneous injection its effect is well-nigh instantaneous

The physiological effect of heroin is to benumb the inhibitors and make of moral cowards brutal, brainless men without fear and without conscience

Professor Lambert expresses the effect by stating that it "inflates the personality and exaggerates the ego"

There can be but one, or should be but one, answer to the question—*Heroin should be totally and absolutely abolished by all nations*

It will always be necessary to fight the use of opium and its derivatives in drug habituation, but this war will be made easier by the absolute annihilation of this baneful and useless drug

Heroin is the drug used by addicts of over 95 per cent of New York's underworld (criminal classes), according to the statistics of the police and prison statistics. And the unfortunate part of the situation is that less than 1 per cent of these miserable creatures acquire the habit through illnesses

Heroin is not a necessity in either medicine or art. All of its useful qualities can be easily and safely replaced by other alkaloids of opium

It is earnestly hoped that everyone will become interested in this effort to awaken the public—here and abroad—to the necessity of preventing the manufacture of heroin. This in the interests of social welfare and economic safety from criminal imposition

The *only way* to successfully fight this peril is through legislation, forbidding its manufacture; and by international agreement, with *all* nations participating, not only to forbid the manufacture, but to prevent importation from or exportation to any land

The heroin question is not a medical one, as heroin addicts spring from sin and crime. It is a social problem where the medical and pharmaceutical and allied professions can do much to aid in solving this serious problem

Society in general must protect itself from the influences of evil, and there is no greater peril than that of *heroin*



# EDITORIALS

The Medical Society of the State of New York is not responsible for views or statements outside of its own authoritative actions published in the Journal

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## HONESTY IN MEDICAL PROPAGANDA

The fundamental basis of the practice of medicine is honesty

The fundamental basis of the friendly association of one doctor with another is honesty

The fundamental basis of the appeal of doctors to the public for a higher standard of medical practice is honesty

Diagnostic ability cannot take the place of honesty

Skillful fingers cannot take the place of honesty

Glowing arguments cannot take the place of honesty

There may be varying degrees of knowledge and skill among doctors, but there is only one standard of honesty

Every person, even the most ignorant, knows what honesty is.

An honest man is sure of his facts, and is ready to defend his words with his actions. He is kind, and realizes that dishonest words and arguments "come home to roost" to plague him who puts them forth

The fundamental basis of the campaign for

better medical laws is honesty—honesty of one doctor with another, of the doctor with his patients, and of the medical leader with the public.

Doctors are very human, and it is not strange that they may sometimes doubt one another's motives and disagree publicly. If ninety-five per cent of the doctors of New York State are white and five per cent are streaked with black the whole profession appears to the public to be at least a little grayish. If one medical politician makes absurd or impossible claims, a cloud is cast on all medical leaders.

What is the object of these seeming platitudes? The few medical leaders who are setting the pace in the legislative workshop must have the honest, whole-souled support of the ten thousand physicians who will have the dominating influence with the members of the Legislature. Already the leaders have diagnosed threatening difficulties which have arisen largely because of suspicion—that mental twist which looks for a tinge of dishonesty in another's motives. We will call attention to some of the molehills which



may become impassable mountains of opposition unless they are honestly faced.

- 1 Ascribing improper motives to the leaders
  - 2 Doubting the word of the leaders (and also the editors' promises)
  - 3 Acting without considering all sides of a question (Something for county societies to think about)
  - 4 Quoting inaccurately in history as well as figures
  - 5 Letting George do it
  - 6 Staying out of the game on account of dislike of a leader
  - 7 The biggest difficulty of all—failing to practice the adopted standard of medical ethics in honesty to patients and to one another.
- Now is the time for every physician to be honest with himself and with his fellow-practition-

ers, to keep an open mind that is receptive to information and argument, and to speak forth on behalf of a high standard of medical practice

The columns of the NEW YORK STATE JOURNAL of MEDICINE will be open for all arguments, in fact the editors fear they will not receive word of the arguments that are put forth in opposition to those of the leaders. The editors promise recognition and an honest deal to all comers. The only thing that will be excluded is abuse—unless it can be put in the department of Prunes where it properly belongs, for abuse is always funny to those whom it does not hit.

The next quarter year will be one of tremendous opportunity for establishing a new standard of medical practice in New York State, and the physicians will meet it conscientiously and honestly

F O

### DEVELOP COUNTY SOCIETY ACTIVITIES

In our Medical Directory, of 1923, we have resumed publication of "The Alphabetical List of Physicians of the State of New York"

This list covers seventy-five pages and carries names of registered physicians, followed by their locations in towns, cities, or boroughs. Many of these physicians are not members of any medical society, and, inferentially, have few fraternal contacts. In most cases this is due to indifference, or personal diffidence, and also due to lack of interest among organization physicians who could measurably help this situation by just a little activity in their immediate neighborhoods. A very large number of physicians are content to sit back and complain of the invasions of their natural provinces by irregulars and fakirs, when just a little active cultivation of the field would produce a harvest of co-operative strength of real local influence.

County societies are always in a receptive attitude toward applicants, but seldom, even through specially appointed committees, are warmly and actively working to acquire them. The New York County organization is having remarkable success in recruiting, and the Bronx is determined to overtake Erie as rapidly as possible. Recent events have made it highly desirable, and important, for every practitioner in the State to be honorably enrolled, and every county society should make an earnest drive that would at least canvass every physician in the county.

As is usually the case, the protection of the public from injury by ignorant, unscrupulous, and criminal practitioners, is charged upon the medical profession, which is in turn accused of selfishness when protective legislation is asked for.

The Department of Education desires a com-

plete alphabetical list of all persons holding themselves out to practice healing arts, and the regular profession is expected to pay for it.

While it seems to us entirely up to the State, by the exercise of its police powers, to take care of law breakers, and of all offenders against the health of our citizens, and that the honest practitioners of medicine, dentistry, and law, or of any other legitimate art, are entitled to protection without a special tax levy upon them, we have no doubt that, generally, medical practitioners will be willing to add another fee to the list of impositions, providing any good to the people of the State results from it.

We believe that physicians will be willing to submit to a state-wide registration, if it will clean out the crooks who are practicing medicine under false credentials, but we also believe that the only way to prevent the people from supporting irregulars and fakirs who are now, every day, violating the law by practicing healing arts without licenses of any sort, will be through intensive general education. To this end we need to enlist the support of the lay press, for we gain little encouragement from such publicity as is given to Coué, or from the example of a great newspaper like the New York Times in publishing a column and more of obituary of Abrams, a proven impostor, immediately followed by a five-inch long obituary of one of the greatest pediatricians of our time, Dr. L. Emmett Holt.

If there can be inaugurated in 1924

- 1 Public health education in every county
- 2 Development of local hospital service in every county
- 3 Post graduate medical courses in every county



4 A drive for new members by every county society

5 Co-operation between physicians for better financial conditions affecting physicians

6 Material care of aged and unfortunate physicians by every county society, with or without insurance features.

7 A classified census, in every county, of every sort of medical practitioner for the purposes of complete identification.

If these activities can be carried on they will, in our opinion, be worth every dollar, and every ounce of effort spent upon them

N B V N

## THE MEDICAL PRACTICE ACT

The members of the Medical Society of the State of New York are deeply interested in the amendments proposed by the State Department of Education, which might be included under the title "Proposed amendments relative to the practice of medicine"

Your Committee on Legislation hoped to be able to print in this issue of the JOURNAL the full text of the proposed bill, but the Counsel for the State Society is making some changes in the text and therefore the bill cannot be published now, but as soon as it is in shape, we will publish it, first, to the County Legislative Chairmen, and then in the JOURNAL.

Some of the County Medical Societies have heard this bill read, have made comments and suggestions thereon, and in accordance with the bulletin sent to the County Legislative Chairmen on December 20th, 1923 have passed resolutions "for" or "against" the bill, and have so notified the Chairman of the Committee on Legislation of your State Society as a matter of record

At the time of going to press, the following County Medical Societies are on record, as,

*In favor of the proposed bill* Albany, Cayuga, Dutchess-Putnam, Greene, Jefferson, Montgomery, Oneida, Ontario, Richmond, Rockland, Schoharie, Schuyler, Seneca, Sullivan, Suffolk, Tompkins, Warren Westchester and Yates County Medical Societies

*In opposition to proposed bill* Broome Schenectady, Kings, Orange, Rensselaer, and Ulster County Medical Societies

*No vote taken but general attitude is favorable* Essex, Franklin, and Washington County Medical Societies

*No vote taken but general attitude is unfavorable* Oneida, and Nassau County Medical Societies

Clinton County Medical Society is reported as about evenly divided

"Genesee County Medical Society is radically opposed to the proposed bill and requests the enactment of a law under the approbation of the State Department of Education, State Department of Health, and State Legislative Committee which shall specify and standardize the requirements for the issuance of a license to practice medicine and surgery in the State of New York"

A day letter was sent to each County Medical Society Secretary on Saturday, January 19th, 1924, asking that he forward immediately to the Legislative Bureau the attitude of his County Medical Society, and it will be greatly appreciated if those County Societies who have not already taken action on the bill, will do so immediately, and forward their objections or suggestions for change, by wire or special delivery to the Chairman of your State Legislative Committee.

J N V V

## THE WEEKLY JOURNAL

This issue of the New York State Journal of Medicine is the first of a series which will be issued weekly on Fridays. It is unavoidably incomplete and unbalanced for we are printing 26 pages of proposed medical laws and lists of members of legislative committees. The principal law of all, the Medical Practice Act, is not yet ready for introduction, but we hope to print it in full in a week or two. While routine legislative matter dominates this week's issue, it will serve as a foundation leading up to interesting discussions on medical economies and legal medicine.

We expect to begin a series of arguments for and against the proposed Medical Practice Act. A number of doctors have called us up and asked us questions regarding the bill. We have asked

the inquirers to put their questions in writing, for we wish to know what doctors say about the bill and to hear all the arguments on both sides

We will continue to publish scientific articles but our supply will become exhausted before the next annual meeting of the State Society. We solicit contributions, especially papers which are brief and practical

We also ask for live news of the local medical societies, especially the county societies. We are subscribing to a clipping bureau and we note an abundance of medical items which should be reported in the State Journal. Send us these items and help to make the Journal newsy and interesting





# LEGAL



## CHIROPRACTORS PRACTICE MEDICINE

In last month's issue when we stated that chiropractors practice medicine we sustained our claim by citing a case in the Appellate courts and stated there were numerous cases in the lower courts of conviction of chiropractors on the charge of unlawfully practicing medicine. We have a few cases of interest to sustain in this statement.

In November, 1920, a chiropractor, who now maintains an office in one of the leading hotels in the city, treated an eight year old child who was suffering from pericarditis and pleuritis over a period of ten days. While under the treatment of the chiropractor the child died. The chiropractor in his own handwriting made out a death certificate which he delivered to the undertaker. The certificate was, of course, refused by the board of health and the case turned over to the medical examiner's office. The child had been previously treated in a hospital in the city and upon the recommendation of the chiropractor the parents removed the child from the hospital and undertook his chiropractic treatment. The parents were advised by the hospital doctors that the removal of the child under the circumstances would cause its death. Such was the faith of the parents in the representations made by the chiropractor that they took this risk. During the course of the treatment the chiropractor took the child off the careful diet that she had been under in the hospital and gave her apples to eat. The child died within ten days after the chiropractor started his treatment. This man was fined upon conviction in the sum of \$250

or thirty days in prison. He paid the fine and doubtless has made the fine many times over in his subsequent practice and today he is one of the men who under the form of bills sponsored by chiropractors would be one of the first to receive a license without examination and be rewarded for his previous conviction by being officially and legally designated a doctor of chiropractic.

In May, 1921, a chiropractor having an office in this city, who engaged during the daytime as a clerk in the baggage room of one of the local railroad depots, was found guilty of practicing medicine without a license and fined \$50. We have not yet been informed whether he continues to smash baggage by day and spines by night.

A lady in whose behalf prominent people interceded was practicing chiropractic in an exclusive neighborhood near the Waldorf-Astoria and maintained a half-page advertisement in the classified telephone directory. In January, 1921, she pleaded guilty to the charge of practicing medicine without a license and was fined \$50.

In commenting on the deterrent influence of this fine, it might be observed that this lady is still engaged in practicing chiropractic and has evidently found the occupation remunerative.

We likewise have the records of other chiropractors now practicing who apparently enjoy the distinction of a conviction under the Medical Practice Act and will probably be some of the representative chiropractors that will appear before the legislative committees to urge the passage of the chiropractic grab. G W W

## SEVERANCE OF ULNA NERVE WITH RESULTANT PARALYSIS

The plaintiff, a colored woman, while presumably exchanging fistic pleasantries with a relative, put her arm through a window pane, causing a deep laceration of the forearm. She called the defendant, a general practitioner, to attend her. Upon his arrival he found that she had bled profusely and that some large arteries had been severed. She was suffering from shock, her pulse was soft, weak and rapid, mucous membranes and skin anæmic, with extremities cold and her forehead damp with perspiration. The defendant after checking the hemorrhage probed the wound to determine if any fragments of glass were present and with aseptic precautions brought the lips of the wound together with strips of adhesive plaster and ap-

plied a dressing. Because of the extreme exsanguination and shock to the patient she was put to bed, covered warmly, and given light nourishment and stimulants. The wound healed promptly by primary union.

Upon the first day after the operation, defendant observed symptoms of paralysis of the hand and advised the plaintiff that the laceration had caused a severance of a nerve and that she would need an operation, which should be done at a hospital, and advised her to go to the hospital for this operation and have the same done by a surgeon. The plaintiff objected to going to the hospital and desired to be treated in a private institution. The defendant gave the plaintiff a note addressed to a well known sur-



geon and advised her to see the surgeon at once. That was the last that the defendant saw of the plaintiff until they met in court about two years later.

It appears that the plaintiff had not gone to the surgeon as advised and that she was suffering from a complete paralysis of the hand, wrist and fingers and her hand was utterly useless and

atrophied. After a two-day trial this issue was submitted to the jury to determine if the defendant was responsible for this bad result. The plaintiff had denied in the course of the trial that the defendant had given her the instructions to seek surgical aid for the severed nerve. The jury determined the issues in favor of the defendant and dismissed the plaintiff's complaint.

G W W

### BURN ON FACE FROM ADMINISTRATION OF ETHER ANAESTHESIA

The plaintiff in this matter, a young woman, at the time of the occurrence complained of, was about nineteen years of age and an appendectomy was performed upon her at one of the hospitals. The defendant administered the anaesthesia to the plaintiff at the time of the operation. He is a man of wide experience in this particular branch of medicine. It was claimed that in the administration of the anaesthesia the defendant permitted the anaesthetic to come into contact with the face of the plaintiff thereby causing her to be severely and seriously burned. The plaintiff testified that she entered the hospital for the performance of the operation and that an anaesthesia was administered to her, that after she had awakened from the effects of the anaesthesia, her face was extensively swollen.

During the course of the trial it was testified by the plaintiff that the defendant on the third day after the operation came to her room at the hospital where there was also present another physician who had assisted at the operation, and that the defendant stated to her that he was sorry he had burned her face, but that it was not entirely his fault as it would not have happened had the other physician, then present in the plaintiff's room, not been talking to him, the defendant, in the operating room. The extent of the injuries of the plaintiff was substantiated and exaggerated by the testimony of the mother. At the time of the trial there was upon the side of the plaintiff's nose a keloid which was perceptible only upon close inspection. A little face powder, such as is occasionally used by young women would have completely hidden the keloid. The plaintiff called the defendant as her own witness to give an explanation of the occurrence of the injury claimed to have been sustained by the plaintiff. The testimony of the defendant as to his explanation of the occurrence was that he had administered the anaesthesia to the plaintiff in the identical manner in which he had done in a great number of other instances and with the same apparatus, that it is not customary to make any examination of the epidermis to discover whether a patient is idiosyncratic or not and that it is customary to make an examination of the vital organs only to ascertain whether the administration of the anaesthesia would be dele-

terious to the life of the patient, that this examination was made by the defendant and the patient found to be a healthy subject, there was nothing in her appearance to justify any suspicion. The plaintiff having called the defendant as her own witness was bound by the statements of the defendant and could not introduce testimony to contradict the same. At the close of the plaintiff's case a motion was made to dismiss the complaint for the failure of the plaintiff to make out a cause of action and the trial court, who had given the matter careful and considerate attention, granted the motion dismissing the complaint and on the question of the explanation of the occurrence, the court said:

"There was only one theory, and that was a mere theory, and that was that the plaintiff was, as they called it, an idiosyncratic, out of the usual, unusual. There is no evidence of negligence in that statement. You have got an explanation, such as it is, of what has happened. It is the best, apparently, the witnesses produced by the plaintiff can give. No law requires a man to account for the happening of a thing if it may not be accounted for. The presumption of negligence arises only because the thing is unusual, upon the theory that it can be accounted for. But if what is done in the particular instance is done with due regularity, the accustomed course followed the apparatus used identical, with no fault either in machinery or method, and an untoward result arises, how can negligence be charged?"

On the question of the duty of a physician to explain the happening of an untoward result to an unconscious or helpless patient, the court said:

"That when an unconscious and helpless patient receives some injury or suffers some untoward result which is unusual from the hands of a physician, the duty is cast upon the physician to explain it, because the very fact of its unusualness argues that something must have happened which caused the injury, which would not have happened in the ordinary course, and as the plaintiff is unable to offer any explanation, the law expects him to speak who, under the circumstances, it is fair to suppose knows."

G W W





# LEGISLATION



For the purpose of reference, the attention of the physicians of the State is called to the following lists of the Standing Committees of Senate and Assembly for the year 1924

As frequent reference will be made from week to week relative to comments on various bills as

introduced, and as requests will be made of the County Legislative Chairmen and of the individual members of the State Society, through these columns, to address letters or communications "for" or "against" legislation as pending,

You are requested and advised to preserve these lists carefully for future reference

## SENATE COMMITTEES FOR 1924

### SENATE FINANCE COMMITTEE

(Room 332, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Downing, Bernard ( <i>Chairman</i> )	195 Monroe St., N Y City	.. New York County
Twomey, Jeremiah F	151 Java St., Brooklyn, N Y	Kings County
Dunnigan, John J	1861 Holland Ave., Bronx, N Y City	Bronx County
Carroll, Daniel J	135 North 3rd St., Brooklyn, N Y	Kings County
McGarry, Peter J	71 Greenpoint Ave., Blissville, L. I., N Y	Queens County
Farrell, Daniel F	-378 17th St., Brooklyn, N Y	. Kings County
Straus, Nathan, Jr	33 West 42nd St., N Y City	-New York County
Russell, Charles E	7 Dey St., N Y City	Kings County
Schackno, Henry G	360 East 166th St., N Y City	- Bronx County
Sheridan, Thomas I	245 East 19th St., N Y City	New York County
Reiburn, Michael E	665 West 160th St., N Y City	New York County
Walker, James J	61 Broadway, N Y City	New York County
Hewitt, Charles J	Locke, N Y	.. Cayuga, Seneca, Wayne Counties
Thompson, George L	Kings Park, N Y	Nassau and Suffolk Counties
Knight, John	Arcade, N Y	Genesee, Wyoming, Allegany and Livingston Counties
Lusk, Clayton R	38 West Court St., Cortland, N Y	Cortland, Broome and Chenango Counties

### SENATE COMMITTEE ON JUDICIARY

(Room 330, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Schackno, Henry G ( <i>Chairman</i> )	360 East 166th St., N Y City	Bronx County
Russell, Charles E	7 Dey St., N Y City	Kings County
Sheridan, Thomas I	245 East 19th St., N Y City	New York County
Giorgio, Frank	8729 90th St., Woodhaven, N Y	Queens County
Reiburn, Michael E	665 West 160th St., N Y City	New York County
Kleinfeld, Philip M.	1338 52nd St., Brooklyn, N Y	Kings County
Higgins, James A	-197 St. Johns Place, Brooklyn, N Y	. Kings County
Rabenold, Ellwood M	61 Broadway, N Y City	New York County
Levy, Meyer	108 West 111th St., N Y City	New York County
Byrne, William T	-100 State St., Albany, N Y	Albany County
Walker, James J	61 Broadway, N Y City	New York County
Whitley, James L	-412 E & B Bldg., 39 State St., Rochester, N Y	Monroe County
Baumes, Caleb H	67 Farrington St., Newburgh, N Y	Sullivan and Orange Counties
Swift, Parton	125 Hodge Ave., Buffalo, N Y	Erie County
Lusk, Clayton R	-38 West Court St., Cortland, N Y	Cortland, Broome and Chenango Counties

### SENATE COMMITTEE ON AFFAIRS OF CITIES

(Room 315, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Farrell, Daniel F ( <i>Chairman</i> )	378 17th St., Brooklyn, N Y	Kings County
McGarry, Peter J	71 Greenpoint Ave., Blissville, L. I., N Y	Queens County
Schackno, Henry G	360 East 166th St., N Y City	Bronx County
Carroll, Daniel J	135 North 3rd St., Brooklyn, N Y	Kings County
Straus, Nathan, Jr	33 West 42nd St., N Y City	New York County
Dunnigan, John J	1861 Holland Ave., Bronx, N Y City	Bronx County
Byrne, William T	100 State St., Albany, N Y	Albany County
Lacey, Robert C	-24 Hayward St., Buffalo, N Y	Erie County
Walker, James J	.61 Broadway, N Y City	New York County
Gibbs, Leonard W H.	15 Depew Ave., Buffalo, N Y	Erie County
Fearon, George R	935 University Block, Syracuse, N Y	Onondaga County
Dick, Homer E A.	813 Wilder Bldg., Rochester, N Y	Monroe County
Westall, Walter W.	20 DeKalb Ave., White Plains, N Y	Westchester County
Lusk, Clayton R.	-38 West Court St., Cortland, N Y	Cortland, Broome and Chenango Counties



SENATE COMMITTEE ON PUBLIC SERVICE  
(Room 400 The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Twomey, Jeremiah F (Chairman)	151 Java St., Brooklyn, N Y	Kings County
Downing, Bernard	195 Monroe St., N Y City	New York County
Russell, Charles E	7 Dey St., N Y City	Kings County
Farrall, Daniel F	378 17th St. Brooklyn, N Y	Kings County
Sheridan, Thomas I	245 East 19th St., N Y City	New York County
Dunnigan, John J	1861 Holland Ave., Bronx, N Y City	Bronx County
Lacey, Robert C	24 Jayward St. Buffalo, N Y	Eric County
Carroll, Daniel J	135 North 3rd St., Brooklyn, N Y	Kings County
Kleinfeld, Philip M	1338 52nd St. Brooklyn, N Y	Kings County
Walker, James J	61 Broadway, N Y City	New York County
Knight, John	ArCADE, N Y	Genesee, Wyoming, Allegany and Livingston Counties
Hewitt, Charles J	Locke, N Y	Cayuga, Seneca, Wayne Counties
Kavanaugh, Frederick W	Waterford, N Y	Saratoga, Schenectady Counties
Lusk, Clayton R	38 West Court St., Cortland, N Y	Cortland, Broome and Chenango Counties

SENATE COMMITTEE ON CODES  
(Room 313-A, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Byrne, William T (Chairman)	100 State St., Albany, N Y	Albany County
Schackno, Henry G	360 East 160th St., N Y City	Bronx County
Sheridan, Thomas I	245 East 19th St., N Y City	New York County
Antin Benjamin	920 Avenue Saint John, Bronx, N Y City	Bronx County
Levy, Meyer	108 West 111th St., N Y City	New York County
Rabenold, Ellwood M	61 Broadway, N Y City	New York County
Kleinfeld, Philip M	1338 52nd St., Brooklyn, N Y	Kings County
Higgins, James A	197 St. Johns Pl., Brooklyn, N Y	Kings County
Walker, James J	61 Broadway, N Y City	New York County
Whitley, James L	412 E. & B Bldg. 39 State St., Rochester, N Y	Monroe County
Westall, Walter W	20 DeKalb Ave. White Plains, N Y	Westchester County
Bouton, Arthur F	Roxbury, N Y	Ulster, Greene and Delaware Counties

SENATE COMMITTEE ON TAXATION AND RETRENCHMENT  
(Room 4 C The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Sheridan, Thomas I (Chairman)	245 East 19th St., N Y City	New York County
Straus, Nathan, Jr	33 West 42nd St., N Y City	New York County
Reburn, Michael E	665 West 160th St., N Y City	New York County
Higgins, James A	197 St. Johns Pl., Brooklyn, N Y	Kings County
Carroll, Daniel J	135 North 3rd St., Brooklyn, N Y	Kings County
Hastings, John A	142 A Kosciusko St., Brooklyn, N Y	Kings County
O'Brien, Duncaio T	161 West 122nd St., N Y City	New York County
Walker, James J	61 Broadway, N Y City	New York County
Davenport, Frederick M	Clinton, N Y	Oneida County
Mastick, Seabury C.	Pleasantville, N Y	Westchester County
Augsbury, Willard S	Antwerp, N Y	Jefferson and Oswego Counties

SENATE COMMITTEE ON GENERAL LAWS  
(Room 423, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Levy, Meyer (Chairman)	108 West 111th St., N Y City	New York County
Russell, Charles E	7 Dey St., N Y City	Kings County
Giorgio, Frank	8729 90th St. Woodhaven, N Y	Queens County
Reburn, Michael E	665 West 160th St., N Y City	New York County
Sheridan, Thomas I	245 East 19th St., N Y City	New York County
Antin Benjamin	920 Avenue Saint John, Bronx, N Y City	Bronx County
Higgins, James A	197 St. Johns Pl., Brooklyn, N Y	Kings County
Knight, John	ArCADE, N Y	Genesee, Wyoming, Allegany and Livingston Counties
Gibbs, Leonard W H	15 Dewey Ave., Buffalo, N Y	Eric County
Dick, Homer E. A.	813 Wilder Bldg. Rochester, N Y	Monroe County



## SENATE COMMITTEE ON INSURANCE

(Room 313, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Dunnigan, John J ( <i>Chairman</i> )	1861 Holland Ave., Bronx, N Y City	Bronx County
Downing, Bernard	195 Monroe St., N Y City	New York County
Twomey, Jeremiah F	151 Java St., Brooklyn, N Y	Kings County
Hastings, John A.	142-A Kosciusko St., Brooklyn, N Y	Kings County
Farrell, Daniel F	378 17th St., Brooklyn, N Y	Kings County
Carroll, Daniel J	135 North 3rd St., Brooklyn, N Y	Kings County
O'Brien, Duncan T	161 West 122nd St., N Y City	New York County
Fearon, George R.	935 University Block, Syracuse, N Y	Onondaga County
Whitley, James L	412 E & B Bldg., 39 State St., Rochester, N Y	Monroe County
Ames, D H	Franklinville, N Y	Chautauqua, Cattaraugus Counties
Thayer, Warren T	Chateaugay, N Y	St Lawrence, Franklin Counties

## SENATE COMMITTEE ON PUBLIC EDUCATION

(Room 226, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Antin, Benjamin ( <i>Chairman</i> )	920 Avenue Saint John, Bronx, N Y City	Bronx County
Downing, Bernard	195 Monroe St., N Y City	New York County
Higgins, James A.	197 St. Johns Pl., Brooklyn, N Y	Kings County
Reiburn, Michael E.	665 West 160th St., N Y City	New York County
Kleinfeld, Philip M	1338 52nd St., Brooklyn, N Y	Kings County
Love, Dr Wm. Lathrop	857 Lincoln Pl., Brooklyn, N Y	Kings County
Levy, Meyer	108 West 111th St., N Y City	New York County
Allen, Mark W	West New Brighton, S I, N Y	Richmond and Rockland Counties
Davenport, Frederick M	Clinton, N Y	Oneida County
Lowman, Seymour	Elmira, N Y	Schuyler, Tompkins, Chemung and Tioga Counties
Cole Earnest E.	109 East Steuben St., Bath, N Y	Ontario, Yates, Steuben Counties
Lusk, Clayton R.	38 West Court St., Cortland, N Y	Cortland, Broome and Chenango Counties

## SENATE COMMITTEE ON AGRICULTURE

(Room 314, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Straus, Nathan, Jr ( <i>Chairman</i> )	33 West 42nd St., N Y City	New York County
Rabenold, Ellwood M	61 Broadway, N Y City	New York County
Love, Dr Wm. Lathrop	857 Lincoln Pl., Brooklyn, N Y	Kings County
Allen, Mark W	West New Brighton, S I, N Y	Richmond and Rockland Counties
Ryan, John P.	380 8th St., Troy, N Y	Rensselaer County
Byrne, William T	100 State St., Albany, N Y	Albany County
Ferris, Mortimer Y	Ticonderoga, N Y	Clinton, Essex, Warren and Washington Counties
Ames, D H	Franklinville, N Y	Chautauqua, Cattaraugus Counties
Bloomfield, Allen J	Richfield Springs, N Y	Otsego, Madison, Montgomery and Schoharie Counties

SENATE COMMITTEE ON INTERNAL AFFAIRS OF TOWNS, COUNTIES,  
AND PUBLIC HIGHWAYS

(Room 316, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
McGarry, Peter J ( <i>Chairman</i> )	71 Greenpoint Ave., Blissville, L I, N Y	Queens County
Allen, Mark W	West New Brighton, S I, N Y	Richmond and Rockland Counties
Ryan, John P	380 8th St., Troy, N Y	Rensselaer County
Lacey, Robert C.	24 Hayward St., Buffalo, N Y	Erie County
Byrne, William T	100 State St., Albany, N Y	Albany County
Giorgio, Frank	8729 90th St., Woodhaven, N Y	Queens County
Love, Dr Wm. Lathrop	857 Lincoln Pl., Brooklyn, N Y	Kings County
O'Brien, Duncan T	161 West 122nd St., N Y City	New York County
Hastings, John A	142-A Kosciusko St., Brooklyn, N Y	Kings County
Rabenold, Ellwood M	61 Broadway, N Y City	New York County
Lowman, Seymour	Elmira, N Y	Schuyler, Tompkins, Chemung and Tioga Counties
Robinson, Theodore Douglas	Mohawk, N Y	Lewis, Herkimer, Hamilton and Fulton Counties
Hewitt, Charles J	Locke, N Y	Cayuga, Seneca, Wayne Counties
Lusk, Clayton R	38 West Court St., Cortland, N Y	Cortland, Broome and Chenango Counties



SENATE COMMITTEE ON CONSERVATION  
(Room 423, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Rubenold Ellwood M (Chairman)	61 Broadway, N Y City	New York County
Straus, Nathan, Jr	33 West 42nd St., N Y City	New York County
McGarry, Peter J	71 Greenpoint Ave., Blissville, L I N Y	Queens County
Downing, Bernard	195 Monroe St., N Y City	New York County
Hastings, John A.	142 A Kosciusko St., Brooklyn, N Y	Kings County
Lacey, Robert C.	24 Hayward St., Buffalo, N Y	Erie County
Thompson, George L.	Kings Park, N Y	Nassau and Suffolk Counties
Robinson, Theodore Douglas	Mohawk N Y	Lewis, Herkimer Hamilton and Fulton Counties
Webb J Griswold	Clinton Corners N Y	Putnam, Dutchess and Columbia Counties

SENATE COMMITTEE ON BANKS  
(Room 423, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Russell, Charles E. (Chairman)	7 Dey St., N Y City	Kings County
Dunnigan, John T	1861 Holland Ave., Bronx, N Y City	Bronx County
Sheridan, Thomas I	245 East 19th St., N Y City	New York County
Downing, Bernard	195 Monroe St., N Y City	New York County
Twomey, Jeremiah F	151 Java St., Brooklyn N Y	Kings County
Campbell, William W	283 High St., Lockport N Y	Orleans and Niagara Counties
Bouton, Arthur F	Roxbury, N Y	Ulster, Greene, Delaware Counties
Augsbury, Willard S	Antwerp N Y	Jefferson and Oswego Counties

SENATE COMMITTEE ON CIVIL SERVICE  
(Room 225, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Higgins, James A. (Chairman)	197 St Johns Pl., Brooklyn, N Y	Kings County
Giorgio, Frank	9729 90th St., Woodhaven N Y	Queens County
Rynn, John P	380 8th St., Troy, N Y	Rensselaer County
Antin, Benjamin	920 Avenue Saint John, Bronx N Y City	Bronx County
Love, Dr William Lathrop	857 Lincoln Pl., Brooklyn, N Y	Kings County
Robinson, Theodore Douglas	Mohawk N Y	Lewis, Herkimer Hamilton and Fulton Counties
Thompson, George L.	Kings Park, N Y	Nassau and Suffolk Counties
Bloomfield Allen J	Richfield Springs, N Y	Otsego, Madison, Montgomery and Schoharie Counties

SENATE COMMITTEE ON COMMERCE AND NAVIGATION  
(Room 224, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Allen, Mark W. (Chairman)	West New Brighton, S. I., N Y	Richmond and Rockland Counties
Lacey Robert C.	24 Hayward St., Buffalo N Y	Erie County
Ryan John P	380 8th St., Troy N Y	Rensselaer County
O'Brien Duncan T	161 West 122nd St. N Y	New York County
Russell, Charles E.	7 Dey St., N Y City	Kings County
McGarry Peter J	71 Greenpoint Ave., Blissville, L I, N Y	Queens County
Lowman, Seymour	Elmira, N Y	Schuyler Tompkins, Chemung and Tioga Counties
Swift, Parton	125 Hodge Ave., Buffalo, N Y	Erie County
Kavanaugh, Frederick W	Waterford, N Y	Saratoga and Schenectady Counties

SENATE COMMITTEE ON CANALS  
(Room 315 The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Lacey, Robert C. (Chairman)	24 Hayward St., Buffalo, N Y	Erie County
Allen Mark W	West New Brighton, S I, N Y	Richmond and Rockland Counties
Byrne, William T	100 State St., Albany N Y	Albany County
Ryan John P	380 8th St., Troy N Y	Rensselaer County
McGarry Peter J	71 Greenpoint Ave., Blissville, L I N Y	Queens County
Campbell William W	283 High St., Lockport N Y	Orleans and Niagara Counties
Robinson, Theodore Douglas	Mohawk, N Y	Lewis Herkimer Hamilton and Fulton Counties
Davenport, Frederick M	Clinton, N Y	Oneida County



## SENATE COMMITTEE ON AFFAIRS OF VILLAGES

(Room 227, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Ryan, John P ( <i>Chairman</i> )	380 8th St, Troy, N Y	Rensselaer County
Byrne, William T	100 State St, Albany, N Y	Albany County
Allen, Mark W	West New Brighton, S I, N Y	Richmond and Rockland Counties
Giorgio, Frank	8729 90th St, Woodhaven, N Y	Queens County
Love, Dr Wm Lathrop	857 Lincoln Pl, Brooklyn, N Y	Kings County
Ferris, Mortimer Y	Ticonderoga, N Y	Clinton, Essex, Warren and Washington Counties
Mastick, Seabury C	Pleasantville, N Y	Westchester County
Cole, Earnest E	109 East Steuben St, Bath, N Y	Ontario, Yates, Steuben Counties

## SENATE COMMITTEE ON PUBLIC PRINTING

(Room 215, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Giorgio, Frank ( <i>Chairman</i> )	8729 90th St, Woodhaven, N Y	Queens County
Farrell, Daniel F	378 17th St, Brooklyn, N Y	Kings County
Carroll, Daniel J	135 North 3rd St, Brooklyn, N Y	Kings County
Straus, Nathan, Jr	33 West 42nd St, N Y City	New York County
Fearon, George R	935 University Block, Syracuse, N Y	Onondaga County
Dick, Homer E. A	813 Wilder Bldg, Rochester, N Y	Monroe County

## SENATE COMMITTEE ON PUBLIC HEALTH

(Room 215, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Carroll, Daniel J ( <i>Chairman</i> )	135 North 3rd St, Brooklyn, N Y	Kings County
Straus, Nathan, Jr	33 West 42nd St, N Y City	New York County
Twomey, Jeremiah F	151 Java St, Brooklyn, N Y	Kings County
Love, Dr Wm Lathrop	857 Lincoln Pl, Brooklyn, N Y	Kings County
Kleinfeld, Philip M	1338 52nd St, Brooklyn, N Y	Kings County
Bloomfield, Allen J	Richfield Springs, N Y	Otsego, Madison, Montgomery and Schoharie Counties
Webb, J Griswold	Clinton Corners, N Y	Putnam, Dutchess and Columbia Counties
Thayer, Warren T	Chateaugay, N Y	St. Lawrence, Franklin Counties

## SENATE COMMITTEE ON MILITARY AFFAIRS

(Room 314, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
O'Brien, Duncan T ( <i>Chairman</i> )	161 West 122nd St, N Y City	New York County
Downing, Bernard	195 Monroe St, N Y City	New York County
Farrell, Daniel F	378 17th St, Brooklyn, N Y	Kings County
Schackno, Henry G	360 East 166th St, N Y City	Bronx County
Swift, Parton	125 Hodge Ave, Buffalo, N Y	Erie County
Baumes, Caleb H	67 Farrington St, Newburgh, N Y	Sullivan and Orange Counties
Thayer, Warren T	Chateaugay, N Y	St. Lawrence, Franklin Counties

## SENATE COMMITTEE ON PRIVILEGES AND ELECTIONS

(Room 224, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Levy, Meyer ( <i>Chairman</i> )	108 West 111th St, N Y City	New York County
Antin, Benjamin	920 Avenue St John, Bronx, New York City	Bronx County
Hastings, John A	142-a Kosciusko St, Brooklyn, N Y	Kings County
Giorgio, Frank	8729 90th St, Woodhaven, N Y	Queens County
Baumes, Caleb H	67 Farrington St, Newburgh, N Y	Sullivan and Orange Counties
Gibbs, Leonard W H	15 Depew Ave, Buffalo, N Y	Erie County
Westall, Walter W	20 DeKalb Ave, White Plains, N Y	Westchester County

## SENATE COMMITTEE ON PENAL INSTITUTIONS

(Room 226, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Love, Dr Wm Lathrop ( <i>Chairman</i> )	857 Lincoln Pl, Brooklyn, N Y	Kings County
Downing, Bernard	195 Monroe St, N Y City	New York County
Kleinfeld, Philip M	1338 52nd St, Brooklyn, N Y	Kings County
Hastings, John A	142-a Kosciusko St, Brooklyn, N Y	Kings County
O'Brien, Duncan T	161 West 122nd St, N Y City	New York County
Kavanaugh, Frederick W	Waterford, N Y	Saratoga, Schenectady Counties
Ferris, Mortimer Y	Ticonderoga, N Y	Clinton, Essex, Warren and Washington Counties



**SENATE COMMITTEE ON LABOR AND INDUSTRY**  
(Room 227, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Reiburn, Michael C. (Chairman)	665 West 160th St., N Y City	New York County
McGarry, Peter J.	71 Greenpoint Ave. Blissville, L. I. N Y	Queens County
Lacey, Robert C.	24 Hayward St. Buffalo N Y	Eric County
Allen, Mark W.	West New Brighton S. I., N Y	Richmond and Rockland Counties
Love, Dr. William Latbrop	657 Lincoln Pl., Brooklyn, N Y	Kings County
Campbell, William W.	283 High St., Lockport N Y	Orleans and Niagara Counties
Ames, D. H.	Franklinville, N Y	Chautauqua, Cattaraugus Counties
Thayer, Warren T.	Chateaugay N Y	St. Lawrence, Franklin Counties

**SENATE COMMITTEE ON REVISION**  
(Room 224 The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Kleinfeld, Philip M. (Chairman)	1338 52nd St., Brooklyn N Y	Kings County
Russell, Charles C.	7 Dey St., N Y City	Kings County
Reiburn, Michael E.	665 West 160th St., N Y City	New York County
Antin, Benjamin	920 Avenue St. John Bronx, N Y City	Bronx County
Cole, Earnest E.	109 East Steuben St., Bath, N Y	Ontario Yates, Steuben Counties
Bouton, Arthur F.	Roxbury N Y	Ulster, Greene, Delaware Counties
Mastick, Seabury C.	Pleasantville N Y	Westchester County

**SENATE COMMITTEE ON PRINTED AND ENGROSSED BILLS**  
(Room 225 The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Hastings, John A. (Chairman)	142-a Kosciuszko St., Brooklyn, N Y	Kings County
Rabonold, Ellwood M.	61 Broadway N Y City	New York County
Byrne, William T.	100 State St. Albany N Y	Albany County
Webb, J. Griswold	Clinton Corners, N Y	Putnam, Dutchess and Columbia Counties
Augsbury, Willard S.	Antwerp, N Y	Jefferson, Oswego Counties

**SENATE COMMITTEE ON RULES**  
(Room 335, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Walker, James J. (Chairman)	61 Broadway N Y City	New York County
Downing, Bernard	195 Monroe St., N Y City	New York County
Schackno, Henry G.	360 East 166th St., N Y City	Bronx County
Carroll, Daniel J.	135 North 3rd St., Brooklyn N Y	Kings County
Lusk, Clayton R.	38 West Court St., Cortland, N Y	Cortland, Broome, and Chenango, Counties

**ASSEMBLY COMMITTEES FOR 1924**

**ASSEMBLY COMMITTEE ON WAYS AND MEANS**  
(Room 342, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
McGinnies, Joseph A. (Chairman)	Ripley N Y	Chautauqua County
Yale, John R.	Brewster N Y	Putnam County
Hutchinson, Eberly	Green Lake, N Y	Fulton Hamilton Counties
Steinberg, Joseph	320 Broadway, N Y City	New York County
Moore, T. Channing	Bronxville, N Y	Westchester County
Clayton, Walter F.	212 East 17th St. Brooklyn, N Y	Kings County
Porter, Fred L.	Crown Point, N Y	Essex County
Lord, Bert	Afton, N Y	Chenango County
Lattin, Frank H.	Albion, N Y	Orleans County
Laidlaw, William A.	Hammond, N Y	St. Lawrence County
Cooke, Edmund F.	Alden, N Y	Eric County
Hamill, Peter J.	34 Dominick St., N Y City	New York County
Boyle, John A.	48 Bassett St., Albany N Y	Albany County
Kennedy, Alfred J.	39 East 14th St., Whitestone, L. I., N Y	Queens County
McDonald, Thomas J.	824 East 221st St., N Y City	Bronx County



### ASSEMBLY COMMITTEE ON JUDICIARY (Room 311, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Jenks, Edmund B ( <i>Chairman</i> )	Whitney Point, N Y	Broome County
Moran, Miller B	Lowville, N Y	Lewis County
Dunmore, Russell G	New Hartford, N Y	Oneida County
Hickey, William J	985 Ellicott Sq, Buffalo, N Y	Erie County
Shank, Herbert B	Scarsdale, N Y	Westchester County
Johnson, Adolf F.	400 Wellman Bldg, Jamestown, N Y	Chautauqua County
Stone, Horace M	Marcellus, N Y	Onondaga County
Kaufmann, Victor R	166 West 87th St, N Y City	New York County
Flynn, Joseph C. H	833 Herkimer St, Brooklyn, N Y	Kings County
Cuvillier, Louis A	172 East 122nd St, N Y City	New York County
Evans, Marcellus H	305 East 4th St, Brooklyn, N Y	Kings County
Galgano, Frank R	130 West 42nd St, N Y City	New York County
Patterson, Lester W	201 Alexander Ave, N Y City	Bronx County

### ASSEMBLY COMMITTEE ON GENERAL LAWS (Room 311-A, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Hackett, John M ( <i>Chairman</i> )	Poughkeepsie N Y	Dutchess County
Davison, F Trubee	Locust Valley, N Y	Nassau County
Wheatley, Leon F	Hornell, N Y	Steuben County
Ricca, Joseph F	155 Rockaway Ave, Brooklyn, N Y	Kings County
Austin, Wallace R	Spencerport, N Y	Monroe County
Brokowski, Ansley B	72 Woltz Ave, Buffalo, N Y	Erie County
Flynn, Joseph C. H	833 Herkimer St, Buffalo, N Y	Kings County
Phelps, Phelps	70 West 49th St, N Y City	New York County
Gavagan, Joseph A	557 West 144th St, N Y City	New York County
Alterman, Meyer	60 E 118th St, N Y City	New York County
Bungard, Maurice Z	Sea Gate, Brooklyn, N Y	Kings County
Franklin, Howard C	251 Crescent St, Brooklyn, N Y	Kings County
Kammerer, Paul T, Jr	157 East 46th St, N Y City	New York County

### ASSEMBLY COMMITTEE ON CODES (Room 344, The Capitol, Albany, N. Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Esmond, Burton D ( <i>Chairman</i> )	Ballston Spa, N Y	Saratoga County
Robinson, James R	Ithaca, N Y	Tompkins County
Hutt, Henry W	751 Tonawanda St, Buffalo, N Y	Erie County
Moore, George J	Malone, N Y	Franklin County
Gedney, Walter S	Nyack, N Y	Rockland County
Wallace, Edwin W	Oceanside Rd, Rockville Center, N Y	Nassau County
Skinner, George J	Camden, N Y	Oneida County
Garnjost, Alexander H	84 High St, Yonkers, N Y	Westchester County
Nicoll, William M	Scotia, N Y	Schenectady County
Hackenburg, Frederick L	261 Broadway, N Y City	New York County
Kahan, Henry O	291 Broadway, N Y City	New York County
Schofell, Louis A	1387 Crotona Ave, N Y City	Bronx County
Rosenmann, Samuel I	233 Broadway, N Y City	New York County

### ASSEMBLY COMMITTEE ON CITIES (Room Assembly Parlor, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Murphy, Vincent B ( <i>Chairman</i> )	541 University Ave., Rochester, N Y	Monroe County
Whitcomb, Forman E	504 Liberty St, Union, N Y	Broome County
Clayton, Walter F	212 East 17th St, Brooklyn, N Y	Kings County
Hackett, John M	Poughkeepsie, N Y	Dutchess County
Freiberg, Charles A	714 Northampton St, Buffalo, N Y	Erie County
Lewis, Victor C	Fulton, N Y	Oswego County
Smith, Richard B	411 Elm St, Syracuse, N Y	Onondaga County
Devereux, John C	1609 Genesee St, Utica, N Y	Oneida County
Phelps, Phelps	70 West 49th St, N Y City	New York County
Garnjost, Alexander H	84 High St, Yonkers, N Y	Westchester County
Kiernan, Owen M	163 East 89th St, N Y City	New York County
McArdle, Peter A	136 Hooper St, Brooklyn, N Y	Kings County
Meegan, John J	41 South St, Buffalo, N Y	Erie County



ASSEMBLY COMMITTEE ON AGRICULTURE  
(Room 344, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Witter Daniel P (Chairman)	Berkshire, N Y	Tioga County
Rice, Irving F	Cortland N Y	Cortland County
Porter, Fred L	Crown Point, N Y	Essex County
Brooke, J Arthur	Cazenovia, N Y	Madison County
Kirkland, Leigh G	Randolph, N Y	Cattaraugus County
Laidlaw, William A	Hammond N Y	St. Lawrence County
Joiner, Webber A	Attica, N Y	Wyoming County
Fake, Kenneth H	Cobleskill, N Y	Schoharie County
Allen, Howard N	Pawling N Y	Dutchess County
Loomis, Ralph H	Sidney N Y	Delaware County
Wickham William	Hector, N Y	Schuyler County
Meurs, Henry	Rensselaer N Y	Rensselaer County
Snyder William J	248 Madison Ave., Albany, N Y	Albany County

ASSEMBLY COMMITTEE ON INTERNAL AFFAIRS  
(Room 235 The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Van Wageningen Simon B (Chairman)	Rondout, N Y	Ulster County
Bartholomew, Herbert A	Whitehall, N Y	Washington County
Smith, Julian C	21 Ford Ave., Oneonta N Y	Otsego County
Robinson, James R	Ithaca, N Y	Tompkins County
Bentley, Ellis W	Windham, N Y	Greene County
Boyle, John, Jr	Hunttongton N Y	Suffolk County
Underwood, James H	Middlesex, N Y	Yates County
Congdon, Cassius	West Clarksville, N Y	Allegany County
Messer Wilson	Corning, N Y	Steuben County
Skinner, George J	Camden N Y	Onondaga County
Cross, Guernsey T	Callicoon N Y	Sullivan County
Westbrook, John H	171 Congress St. Troy, N Y	Rensselaer County
Wilson, Frank A	108 Hudson Ave., Green Island, N Y	Albany County

ASSEMBLY COMMITTEE ON PUBLIC SERVICE  
(Room Assembly Parlor, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Yale, John R. (Chairman)	Brewster N Y	Putnam County
Mead, Charles L	Middletown N Y	Orange County
Whitcomb, Fortman E	504 Liberty St., Union, N Y	Broome County
Sackett, Charles C	Canandaigua N Y	Ontario County
Hickey William J	985 Ellicott Sq., Buffalo N Y	Erie County
Hall, Frank S	Leviston, N Y	Niagara County
Griffith, Russell B	R. D No 1 Brighton St., Rochester N Y	Monroe County
Kaufmann Victor R	166 West 87th St., N Y City	New York County
Dayton Daniel L	Bay View Terrace, Bayside, L. I., N Y	Queens County
Borchill Thomas F	347 West 21st St., N Y City	New York County
Taylor, Frank J	47 Wolcott St., Brooklyn, N Y	Kings County
Weinfeld, Morris	231 East 3rd St., N Y City	New York County
Brunner William F	214 Beach 117th St., R'kaw'y Beach, L. I. N Y	Queens County

ASSEMBLY COMMITTEE ON INSURANCE  
(Room 311 A, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Hotchunson Eberly (Chairman)	Green Lake, N Y	Fulton Hamilton Counties
Wheatley Leon F	Tornell, N Y	Steuben County
Eldridge, Milton N	Warrensburg N Y	Warren County
Dunmore, Russell G	New Hartford, N Y	Oneida County
Kirkland, Leigh G	Randolph, N Y	Cattaraugus County
Freiberg Charles A.	714 Northampton St., Buffalo N Y	Erie County
Stone, Horace M	Marcellus, N Y	Onondaga County
Dayton, Daniel L	Bay View Ter., Bayside, L. I., N Y	Queens County
Merriam, Charles W	207 State St., Schenectady N Y	Schenectady County
Conroy John H	66 West 91st St., N Y City	New York County
Eberhard, Nicholas J	300 East 162nd St. N Y City	Bronx County
Steigut, Erwin	1357 Eastern Parkway, Brooklyn N Y	Kings County
Tonry, Richard J	468 83rd St., Brooklyn, N Y	Kings County



### ASSEMBLY COMMITTEE ON BANKS (Room 236, The Capitol, Albany, N Y.)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Cheney, Nelson W ( <i>Chairman</i> )	Eden, N Y	Eric County
McCleary, Samuel W	309 Locust Ave., Amsterdam, N Y	Montgomery County
Moran, Miller B	Lowville, N Y	Lewis County
Eldridge, Milton N	Warrensburg, N Y	Warren County
Hackett, John M	Poughkeepsie, N Y	Dutchess County
Murphy, Vincent B.	541 University Ave., Rochester, N Y	Monroe County
Wheatley, Leon F	Hornell, N Y	Steuben County
Mead, Charles L	Middletown, N Y	Orange County
Van Cleff, William H	Seneca Falls, N Y	Seneca County
Dever, Owen J	2552 Gates Ave., Ridgewood, L I, N Y	Queens County
Nugent, J P	10 St. Nicholas Terrace, N Y. City	New York County
Miller, Frank A	1277 Hancock St, Brooklyn, N Y	Kings County
Vaughan, William L	Tottenville, S I, N Y	Richmond County

### ASSEMBLY COMMITTEE ON TAXATION AND RETRENCHMENT (Room 234, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Davison, F Trubee ( <i>Chairman</i> )	Locust Valley, N Y	Nassau County
Moore, T Channing	Bronxville, N Y	Westchester County
Van Wagenen, Simon B	Rondout, N Y	Ulster County
Sackett, Charles C	Canandaigua, N Y	Ontario County
Ricca, Joseph F	155 Rockaway Ave, Brooklyn, N Y	Kings County
Pratt, Walter L	Massena, N Y	St. Lawrence County
Allen, Howard N	Pawling, N Y	Dutchess County
Borkowski, Ansley B	72 Woltz St, Buffalo, N Y	Erie County
Smith, Richard B	411 Elm St, Syracuse, N Y	Onondaga County
Gray, Bernard F	984 Pacific St, Brooklyn, N Y	Kings County
Kinsley, Joseph E	63 East 190th St, N Y City	Bronx County
Shields, Henri W	201 West 141st St., N Y City	New York County
Ruttenberg, Nelson	286 Fort Washington Ave, New York City	New York County

### ASSEMBLY COMMITTEE ON MOTOR VEHICLES (The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Stapley, Lewis G ( <i>Chairman</i> )	Geneseo, N Y	Livingston County
Lord, Bert	Afton, N Y	Chenango County
Miller, Charles P	South Byron, N Y	Genesee County
Johnson, Adolf F	400 Wellman Bldg, Jamestown, N Y	Chautauque County
Goodrich, Milan E	Gilbert Park, Ossining, N Y	Westchester County
Griffith, Russell B	R. D No 1, Brighton Station, Rochester, N Y	Monroe County
Hutt, Henry W	751 Tonawanda St., Buffalo, N Y	Erie County
Harder, Lewis F	Philmont, N Y.	Columbia County
Copley, Hovey E	Lowman, N Y	Chemung County
Phelps, Phelps	70 West 49th St., N Y City	New York County
Burchill, Thomas F	347 West 21st St., N Y City	New York County
Reilly, Michael J	452 Baltic St., Brooklyn, N Y	Kings County
Brunner, William F	452 Beach 117th St, Rk'way Beach, L I, N Y	Queens County

### ASSEMBLY COMMITTEE ON PUBLIC EDUCATION (Room 235, The Capitol, Albany, N Y.)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Cole, Frederic S ( <i>Chairman</i> )	Little Falls, N Y	Herkimer County
Peck, John G	Southampton, N Y	Suffolk County
Brooks, J Arthur	Cazenovia, N Y	Madison County
Hall, Frank S	Lewiston, N Y	Niagara County
Griffith, Russell B	R. D No 1, Brighton Sta, Rochester, N Y	Monroe County
Johnson, George S	Palmyra, N Y	Wayne County
Lyon, Sanford G	Aurora, N Y	Cayuga County
Smith, Clemence C	Meadowbrook, N Y	Orange County
Copley, Hovey E	Lowman, N Y	Chemung County
Wickham, William	Hector, N Y	Schuyler County
Mandelbaum, Samuel	288 East Broadway, N Y City	New York County
Charlin, Frank A	639 10th Ave., N Y City	New York County
Reich, Joseph	808 DeKalb Ave, Brooklyn, N Y	Kings County



ASSEMBLY COMMITTEE ON PUBLIC HEALTH  
(Room 310, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Lattin, Frank H (Chairman)	Albion N Y	Orleans County
Smith, Julian C	21 Ford Ave., Oneonta, N Y	Otsego County
Bartholomew, Herbert A	Whitehall N Y	Washington County
Esmond, Burton D	Ballston Spa N Y	Saratoga County
Austin, Wallace R	Spencerport, N Y	Monroe County
Smith, Clemence C	Meadowbrook, N Y	Orange County
Lyon, Sanford G	Aurora, N Y	Cayuga County
Loomis, Ralph G	- Sidney, N Y	Delaware County
Van Cleef, William H	Seneca Falls, N Y	Seneca County
Berg, Julius S	887 Forest Ave., N Y City	Bronx County
Gallagher, Paul P	2385 Van Cortland Ave. Ridgewood, L I N Y	Queens County
Ruger, Julius	35 Troy Ave., Brooklyn N Y	Kings County
Male, James	540 Manhattan Ave., N Y City	New York County

ASSEMBLY COMMITTEE ON AFFAIRS OF VILLAGES  
(Room 233, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Rice, Irving F (Chairman)	- Cortland N Y	Cortland County
Smith, Julian C	21 Ford Ave. Oneonta N Y	Otsego County
Lewis, Gilbert L	121 Powers Bldg Rochester, N Y	Monroe County
Joiner, Webber A	Attica, N Y	Wyoming County
Wallace, Edwin W	Oceanside Rd., Rockville Center, N Y	Nassau County
Nicoll, William M	Scotia, N Y	Schenectady County
Messer, Wilson	Corning, N Y	Steuben County
Gedney, Walter S	Nyack, N Y	Rockland County
Harder, Lewis F	Philmont, N Y	Columbia County
Boyle, John, Jr	Huntington, N Y	Suffolk County
Haight, George M	Onondaga Valley Syracuse N Y	Onondaga County
Westbrook, John H	171 Congress St., Troy, N Y	Rensselaer County
Cross, Guernsey T	- Callicoon, N Y	Sullivan County

ASSEMBLY COMMITTEE ON CANALS  
(Room 236, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Bartholomew, Herbert A (Chairman)	Whitehall, N Y	Washington County
Cooke, Edmund F	Alden N Y	Errie County
Lewis, Victor C	Fulton, N Y	Oswego County
Merriam, Charles W	207 State St., Schenectady, N Y	Schenectady County
Van Cleef, William H	Seneca Falls, N Y	Seneca County
Meura, Henry	Rensselaer N Y	Rensselaer County
Lambert, Mark T	33 Locust St., Lockport, N Y	Niagara County
Devereux, John C	1609 Genesee St., Utica, N Y	Oneida County
Stickney, Charles D	773 Ellicott St., Buffalo N Y	Errie County
Carlin, Frank A	639 10th Ave., N Y City	New York County
Howard, John J	453 55th St., Brooklyn, N Y	Kings County
Samberg, Harry A	927 Fox St., N Y City	Bronx County
Meegan, John J	41 South St., Buffalo N Y	Errie County

ASSEMBLY COMMITTEE ON EXCISE  
(Room 234, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Kirkland, Leigh G. (Chairman)	Randolph, N Y	Cattaraugus County
Witter, Daniel P	Berkshire, N Y	Tioga County
Porter, Fred L	Crown Point N Y	Essex County
Johnson, George S	Palmyra, N Y	Wayne County
Bentley, Ellis W	Wundham N Y	Greene County
Lord, Bert	Afton N Y	Chenango County
Wickham, William	Hector, N Y	Schuyler County
Underwood, James H	Middlesex, N Y	Yates County
Stickney, Charles D	773 Ellicott St., Buffalo N Y	Errie County
Miller, Frank A	1277 Hancock St., Brooklyn N Y	Kings County
Vaughan, William L	Tottenville, S I N Y	Richmond County
Kahan, Henry O	291 Broadway, N Y City	New York County
Brunner, William F	214 Beach 117th St. R'kaway Beach, L.I., N Y	Queens County



### ASSEMBLY COMMITTEE ON LABOR AND INDUSTRIES (Room 233, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Miller, Charles P ( <i>Chairman</i> )	South Byron, N Y	Genesee County
McCleary, Samuel W	309 Locust Ave., Amsterdam, N Y	Montgomery County
Stapley, Lewis G	Geneseo, N Y	Livingston County
Lewis, Gilbert L	121 Powers Bldg, Rochester, N Y	Monroe County
Goodrich, Milan E	Gilbert Park, Ossining, N Y	Westchester County
Gilbert, George W	Ellenburg Depot, N Y	Clinton County
Fake, Kenneth H	Cobleskill, N Y	Schoharie County
Boyle, John, Jr	Huntington, N Y	Suffolk County
Lambert, Mark T	33 Locust St., Lockport, N Y	Niagara County
Howard, John J	453 55th St., Brooklyn, N Y	Kings County
Hackenburg, Frederick L	261 Broadway, N Y City	New York County
Hart, William S	475 Oakland Ave., West Brighton, S I, N Y	Richmond County
Westbrook, John H	171 Congress St, Troy, N Y	Rensselaer County

### ASSEMBLY COMMITTEE ON REVISION (Room 345, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Sackett, Charles C. ( <i>Chairman</i> )	Canandaigua, N Y	Ontario County
Rice, Irving F	Cortland, N Y	Cortland County
Witter, Daniel P	Berkshire, N Y	Tioga County
Stapley, Lewis G	Geneseo, N Y	Livingston County
Johnson, Adolf F	400 Wellman Bldg, Jamestown, N Y	Chautauqua County
Copley, Hovey E	Lowman, N Y	Chemung County
Meurs, Henry	Rensselaer, N Y	Rensselaer County
Boyle, John A	48 Bassett St., Albany, N Y	Albany County
Bungard, Maurice Z	Sea Gate, Brooklyn, N Y	Kings County
Galgano, Frank R	130 West 42nd St, N Y City	New York County
Patterson, Lester W	201 Alexander Ave., N Y City	Bronx County
Reilly, Michael J	452 Baltic St., Brooklyn, N Y	Kings County
Steingut, Irwin	1357 Eastern Parkway, Brooklyn, N Y	Kings County

### ASSEMBLY COMMITTEE ON CONSERVATION (Room 310, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Peck, John G ( <i>Chairman</i> )	Southampton, N Y	Suffolk County
Cole, Frederic S	Little Falls, N Y	Herkimer County
Pratt, Walter L	Massena, N Y	St. Lawrence County
Bentley, Ellis W	Windham, N Y	Greene County
Shonk, Herbert B	Scarsdale, N Y	Westchester County
Gilbert, George W	Ellenburg Depot, N Y	Clinton County
Cooke, Edmund F	Alden, N Y	Erie County
Moore, George J	Malone, N Y	Franklin County
Lambert, Mark T	33 Locust St, Lockport, N Y	Niagara County
Congdon, Cassius	West Clarksville, N Y	Allegany County
Cross, Guernsey T	Callicoon, N Y	Sullivan County
Miller, Arthur I	116 Saratoga Ave., Yonkers, N Y	Westchester County
Haight, George M	Onondaga Valley, Syracuse, N Y	Onondaga County

### ASSEMBLY COMMITTEE ON COMMERCE AND NAVIGATION (Room 233, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Moore, T Channing ( <i>Chairman</i> )	Bronxville, N Y	Westchester County
Hutchinson, Eberly	Green Lake, N Y	Fulton-Hamilton Counties
Wallace, Edwin W	Oceanside Road, Rockville Centre, N Y	Nassau County
Stickney, Charles D	773 Ellicott St., Buffalo, N Y	Erie County
Dayton, Daniel L.	Bay View Terrace, Bayside, L I, N Y	Queens County
Flynn, Joseph C. H.	333 Herkimer St., Brooklyn, N Y	Kings County
Gedney, Walter S	Nyack, N Y	Rockland County
Moore, George J	Malone, N Y	Franklin County
Dever, Owen J	2552 Gates Ave., Ridgewood, L I, N Y	Queens County
Donnelly, William A	918 Metropolitan Ave., Brooklyn, N Y	Kings County
Kinsley, Joseph E	63 East 190th St, N Y City	Bronx County
McArdle, Peter A	136 Hooper St., Brooklyn, N Y	Kings County
Tonry, Richard J	468 83rd St, Brooklyn, N Y	Kings County



**ASSEMBLY COMMITTEE ON CHARITABLE AND RELIGIOUS SOCIETIES**  
(Room 235, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Clayton, Walter F (Chairman)	212 East 17th St. Brooklyn, N Y	Kings County
Laidlaw, William A.	Hammond, N Y	St. Lawrence County
Eldridge, Milton N	Warrensburg, N Y	Warren County
Allen, Howard N	Pawling, N Y	Dutchess County
Austin, Wallace R.	Spencerport, N Y	Monroe County
Nicoll, William M	Scotia, N Y	Schenectady County
Garnjost, Alexander H	84 High St., Yonkers, N Y	Westchester County
Franklin, Howard C.	251 Crescent St., Brooklyn, N Y	Kings County
Rittenberg, Nelson	286 Fort Washington Ave., N Y City	New York County
Hearn, Murray	2114 Avenue K, Brooklyn, N Y	Kings County
Cline, Charles F	87 Warren St., Brooklyn, N Y	Kings County
Kammerer, Paul T, Jr	157 E. 46th St., N Y City	New York County
Dietz, Henry M.	385 9th Ave., L. I. City, N Y	Queens County

**ASSEMBLY COMMITTEE ON PENAL INSTITUTIONS**

(Room 311 A, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Goodrich, Milan E. (Chairman)	Gilbert Park, Ossining, N Y	Westchester County
Moran, Miller B	Lowville, N Y	Lewis County
Murphy, Vincent B	541 University Ave., Rochester, N Y	Monroe County
Peck, John G.	Southampton, N Y	Suffolk County
Gilbert, George W	Ellenburg Depot, N Y	Clinton County
Freiberg, Charles A.	714 Northampton St., Buffalo, N Y	Erle County
Lyon, Sanford G.	Aurora, N Y	Cayuga County
Blake, Joseph R.	189 North 5th St., Brooklyn, N Y	Kings County
Donnelly, William A.	918 Metropolitan Ave., Brooklyn, N Y	Kings County
Eberhard, Nicholas J	300 East 162nd St., N Y City	Bronx County
Ruger, Julius	35 Troy Ave., Brooklyn, N Y	Kings County
Nugent, John P	10 St. Nicholas Terrace, New York City	New York County
Hart, William S	475 Oakland Ave., West Brighton, S. I., N Y	Richmond County

**ASSEMBLY COMMITTEE ON MILITARY AFFAIRS**

(Room 234, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Kaufmann, Victor R. (Chairman)	166 West 87th St., N Y City	New York County
Steinberg, Joseph	320 Broadway, N Y City	New York County
Ricca, Joseph F	155 Rockaway Ave., Brooklyn, N Y	Kings County
Austin, Wallace R.	Spencerport, N Y	Monroe County
Borkowski, Ansley B	72 Woltz Ave., Buffalo, N Y	Erle County
Loomis, Ralph H.	Sidney, N Y	Delaware County
Devereux, John C.	1609 Genesee St., Utica, N Y	Oneida County
Underwood, James H.	Middlesex, N Y	Yates County
Coughlin, Edward J	217 Clermont Ave., Brooklyn, N Y	Kings County
Cuvillier, Louis A.	172 East 122nd St., N Y City	New York County
McCarthy, John E.	124 Oak St., Brooklyn, N Y	Kings County
Reidy, John F	636 East 183rd St., N Y City	Bronx County
Samberg, Harry A.	927 Fox St., N Y City	Bronx County

**ASSEMBLY COMMITTEE ON PUBLIC PRINTING**

(Room 233, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
McCleary, Samuel W (Chairman)	309 Locust Ave., Amsterdam, N Y	Montgomery County
Hutt, Henry W	751 Tonawanda St., Buffalo, N Y	Erle County
Johnson, George S	Palmyra, N Y	Wayne County
McGinnies, Joseph A	Ripley, N Y	Chautauqua County
Joiner, Webber A.	Attica, N Y	Wyoming County
Skinner, George J	Camden, N Y	Oneida County
Smith, Richard B	411 Elm St., Syracuse, N Y	Onondaga County
Lewis, Victor C.	Fulton, N Y	Oswego County
Howard, John J	453 55th St., Brooklyn, N Y	Kings County
Kennedy, Alfred J	39 East 14th St., Whitestone, L. I., N Y	Queens County
Kiernan, Owen M	163 East 89th St., N Y City	New York County
McDonald, Thomas J	824 East 221st St., N Y City	Bronx County
Snyder, William J	248 Madison Ave., Albany, N Y	Albany County



### ASSEMBLY COMMITTEE ON CLAIMS (Room 234, The Capitol, Albany, N Y.)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Dunmore, Russell G ( <i>Chairman</i> )	New Hartford, N Y	Oneida County
Hickey, William J	985 Ellicott Square, Buffalo, N Y	Erie County
Ricca, Joseph F	155 Rockaway Ave., Brooklyn, N Y	Kings County
Lewis, Gilbert L	121 Powers Bldg, Rochester, N Y	Monroe County
Stone, Horace M	Marcellus, N Y	Onondaga County
Jenks, Edmund B	Whitney Point, N Y	Broome County
Merriam, Charles W	207 State St, Schenectady, N Y	Schenectady County
Dietz, Henry M	385 9th Ave, L I City, N Y	Queens County
Evans, Marcellus H	305 East 4th St., Brooklyn, N Y	Kings County
Gray, Bernard F	984 Pacific St., Brooklyn N Y	Kings County
Wilson, Frank A	108 Hudson Ave., Green Island, N Y	Albany County
Miller, Arthur L	116 Saratoga Ave., Yonkers, N Y	Westchester County
Shields, Henri W	201 West 141st St, N Y City	New York County

### ASSEMBLY COMMITTEE ON PUBLIC INSTITUTIONS (Room 311, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Mead, Charles L ( <i>Chairman</i> )	Middletown, N Y	Orange County
Brooks, J Arthur	Cazenovia, N Y	Madison County
Cheney, Nelson W	Eden, N Y	Erie County
Robinson, James R	Ithaca, N Y	Tompkins County
Shonk, Herbert B	Scarsdale, N Y	Westchester County
Pratt, Walter L	Massena, N Y	St Lawrence County
Esmond, Burton D	Ballston Spa, N Y	Saratoga County
Alterman, Meyer	60 East 118th St, N Y City	New York County
Blake, Joseph R	189 North 5th St, Brooklyn, N Y	Kings County
Gavagan, Joseph A	557 West 144th St., N Y City	New York County
McCarthy, John E	124 Oak St, Brooklyn, N Y	Kings County
Weinfeld, Morris	231 East 3rd St., N Y City	New York County
Schoffel, Louis A	1387 Crotona Ave., N Y. City	Bronx County

### ASSEMBLY COMMITTEE ON SOLDIERS' HOME (Room 236, The Capitol, Albany, N Y.)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Whitcomb, Forman E ( <i>Ch'rman</i> )	504 Liberty St., Union, N Y	Broome County
Sackett, Charles C	Canandaigua, N Y	Ontario County
Lewis, Gilbert L	121 Powers Bldg, Rochester, N Y	Monroe County
Joiner, Webber A	Attica, N Y	Wyoming County
Johnson, George S	Palmyra, N Y	Wayne County
Messer, Wilson	Corning, N Y	Steuben County
Congdon, Cassius	West Clarksville, N Y	Allegany County
Berg, Julius S	887 Forest Ave., N Y City	Bronx County
Conroy, John H.	66 West 91st St., N Y City	New York County
Coughlin, Edward J	217 Clermont Ave., Brooklyn, N Y	Kings County
Gallagher, Paul P	2385 Van Courtland Ave., Ridgewood, L I N Y	Queens County
Reidy, John F	636 East 183rd St., N Y City	Bronx County
Reich, Joseph	808 DeKalb Ave., Brooklyn, N Y	Kings County

### ASSEMBLY COMMITTEE ON RULES (Speaker's Room, The Capitol, Albany, N Y)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Machold, H Edmund ( <i>Chairman</i> )	Ellisburg, N Y.	Jefferson County
Adler, Simon L.	813 Wilder Bldg., Rochester, N Y	Monroe County
McGinnies, Joseph A	Ripley, N Y	Chautauqua County
Jenks, Edmund B	Whitney Point, N Y	Broome County
Yale, John R.	Brewster, N Y	Putnam County
Steinberg, Joseph	320 Broadway, N Y City.	New York County
Moore, T Channing	Bronxville, N Y	Westchester County
Cheney, Nelson W	Eden, N Y	Erie County
Bloch, Maurice	305 East 87th St, N Y City	New York County
Taylor, Frank J	47 Wolcott St., Brooklyn, N Y	Kings County
Hamill, Peter J	34 Dommick St, N Y City	New York County



# ASSEMBLY COMMITTEE ON PRINTED AND ENGROSSED BILLS

(Room 345, The Capitol, Albany, N. Y.)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Smith, Clemence C. (Chairman)	Meadowbrook N. Y.	Orange County
Miller, Charles P.	South Byron N. Y.	Genesee County
Fake, Kenneth H.	Cobleskill N. Y.	Schoharie County
Harder, Lewis F.	Philmont N. Y.	Columbia County
Palma, Anthony L.	728 Bushwick Ave. Brooklyn N. Y.	Kings County
Reidy, John F.	636 East 183rd St., N. Y. City	Bronx County
Rosenman, Samuel I.	233 Broadway N. Y. City	New York County

# ASSEMBLY COMMITTEE ON SOCIAL WELFARE

(Room 236, The Capitol, Albany, N. Y.)

NAME	HOME ADDRESS	REPRESENTING COUNTIES OF
Hall, Frank S. (Chairman)	Lewiston, N. Y.	Niagara County
Lattin, Frank H.	Albion, N. Y.	Orleans County
Davison, T. Trubee	Locust Valley, N. Y.	Nassau County
Cole, Frederic S.	Little Falls, N. Y.	Herkimer County
Van Wagenen, Simon B.	Rondout, N. Y.	Ulster County
Jenks, Edmund B.	Whitney Point, N. Y.	Broome County
Stickney, Charles D.	773 Ellicott St., Buffalo, N. Y.	Erie County
Male, James	540 Manhattan Ave., N. Y. City	New York County
Mandelbaum, Samuel	288 East Broadway, N. Y. City	New York County
Palma, Anthony L.	728 Bushwick Ave., Brooklyn, N. Y.	Kings County
Hearn, Murray	2114 Avenue K, Brooklyn, N. Y.	Kings County
Hart, William S.	475 Oakland Ave., West Brighton S. I., N. Y.	Richmond County
Chine, Charles F.	87 Warren St., Brooklyn, N. Y.	Kings County

# LEGISLATIVE BILLS

The following bills affecting the practice of medicine have been introduced in the Legislature

## SENATE

A bill introduced in the Senate by Senator Michael E. Reiburn of New York, known as Senate Print No. 63 (concurrent Assembly Print No. 43, by Assemblyman Wm S. Hart of Richmond County) which would change Section 21 of the Workmen's Compensation Law by introducing a new sub-Section 2, which would read that "an accidental injury if proven, arose out of and in course of employment," the rest of the Section to read the same.

The bill has been referred to the Labor and Industry Committee in each House.

*Comment* None

A bill introduced in the Senate by Senator Thomas I. Sheridan of New York, known as Senate Print No. 68 (concurrent Assembly Print No. 48, by Assemblyman Paul T. Kammerer, Jr., of New York), would authorize the industrial board to permit claim for compensation to be filed within two years after accident or death therefrom.

The bill has been referred to the Labor and Industry Committee in each House.

*Comment* This digest is inserted for the purpose of impressing upon physicians the necessity of preserving their case histories and notes of procedure in hearings, for a period of at least two years. No further comment will be made unless there is some change in the bill. (This is the same as Senate Int. No. 593, of 1923.)

A bill introduced by Senator Robert C. Lacey

of Erie County, known as Senate Print No. 76 and which has been referred to the Senate Judiciary Committee, would repeal Chapter 488 of the Laws of 1913, which incorporated the Rockefeller Foundation.

*Comment* If any member of the Society has any questions which he wishes to send to the Committee on Legislation relative to this measure, we will be glad to answer them to the best of our ability.

A bill introduced by Senator William L. Love of Brooklyn known as Senate Print No. 127 (concurrent Assembly Print No. 267, by Assemblyman Simon B. Van Wagenen of Ulster County), would amend Section 12 of the County Law by permitting supervisors, except in a county constituting a general health district, to employ such public health nurses as they may deem proper.

Special note Senate Print No. 127, referred to Senate Internal Affairs Committee. Assembly Print No. 267, referred to Assembly Public Health Committee.

*Comment* Your Committee on Legislation has not as yet seen the text of the bill, and therefore can make no comment upon it.

A bill introduced by Senator William L. Love of Brooklyn, known as Senate Print No. 128 (concurrent Assembly Print No. 232, by Assemblyman Lattin), would amend Sections 19, 19 a, 19 b, Public Health Law, by extending provision for State aid in public health work to



counties "having a population of 50,000 or upwards" It limits any public health work by such county by placing the limits in the hands of the State Commissioner of Health, as to applications now pending or hereafter made, and appropriations would be limited under the direction of the State Commissioner of Health, and "any funds granted as State aid to any county and unexpended at the end of the year for which such grant was made, shall be returned at the end of such year, to the State treasurer"

The bill has been referred to the Public Health Committee in each House

*Comment* This bill would change State aid given to a county other than one having within its boundaries a city "of the first or second class," as the old bill reads, and excludes a county now having a city with a population of 50,000 or upwards and removes, in a measure, the control and direction of the funds appropriated by the county from the board of supervisors, placing the direction of expenditure under the direct control of the State Commissioner of Health

A bill introduced by Senator Michael E Reiburn of New York City, known as Senate Print No 140, referred to Senate Labor and Industry Committee, would amend Section 13 of the Workmen's Compensation Law, by striking out the paragraph which now limits to 20 days the furnishing of a report to the employer after the first treatment, and from the text of the bill, would give an unlimited time for the furnishing of such a report

*Comment* This bill would remove, in a measure, the criticism laid upon physicians and would give them an unlimited period of time in which to report injuries to the employer and to the Industrial Commission

A bill introduced by Senator Michael E Reiburn of New York City, known as Senate Print No 141, referred to Senate Labor and Industry Committee, would amend Section 15, Workmen's Compensation Law, by providing compensation for loss of one eye shall be for 192 weeks, instead of for 128 weeks, as the present law reads

*Comment* No comment

A bill introduced by Senator Michael E Reiburn of New York City, known as Senate Print No 142, would amend Section 25, of the Workmen's Compensation Law, making the first payment of compensation due on the 14th day of disability instead of on the 21st day, as the law now reads, reducing the time of dispute as to workmen's right to compensation on the part of the employer or insurance carrier from the 25th day to the 18th day after disability, or from the 15th day down to the 8th day, as the new bill would read, after the employer first has knowledge of the accident, and making it mandatory upon the commissioner to notify the injured

workman or his dependents, the employer and the insurance carrier to appear at a hearing before the industrial board or a referee where such compensation is controverted or has been stopped

This bill has been referred to Senate Labor and Industry Commission

*Comment* Your Committee on Legislation has no comment to make on this

A bill introduced by Senator Michael E Reiburn of New York City, known as Senate Print No 175 (concurrent Assembly Print No 195, by Assemblyman Julius S Berg of Bronx County), would amend Section 345, Public Health Law, by placing fiscal control of the State Institute for the Study of Malignant Disease, now located at Buffalo, N Y, under the State Department of Health The board of trustees of the institute are to be limited in some of their acts to approval by the State Commissioner of Health, and any unexpended balance of the institute would be transferred to the State Department of Health and made available for and expended by this department in carrying out the objects and purposes for which such appropriations were made

The bill has been referred to the Public Health Committee in each House

*Comment* This digest is inserted and attention called to the bill pending the receipt of any communication "for" or "against" the bill

The members of the Medical Society of the State of New York may obtain further information relative to the bill from their individual representatives in the Legislature

A bill introduced by Senator Michael E Reiburn of New York City, known as Senate Print No 176 (concurrent Assembly Print No 234, by Assemblyman James Male of New York City), is an amendment to the Public Health Law, adding new Section 19-a, which would continue the hospital for the care of crippled and deformed children, located at West Haverstraw, N Y, under the present board of trustees, but further would place the entire hospital under the general supervision and control of the State Commissioner of Health, in that he may prescribe that any and all of the powers and duties of such board be exercised and performed in a manner to be approved by him, expenditures and disbursements are to be authorized, audited and approved by the State Commissioner of Health, and all present and future moneys in the way of appropriations, gifts, legacies, bequests and other donations are placed under the State Commissioner of Health

This bill has been referred to the Public Health Committee in each House

N B In future summaries of legislation, Senate Bills will be referred to as S B and their printed numbers will always be given, Assembly Bills will be referred to as A B



ASSEMBLY

A bill introduced in the Assembly, by Mr Ansley B Borkowski of Erie County known as Assembly Print No 10, which is an amendment to Sections 3, 12, 15 and 19 of the Workmen's Compensation Law, and provides compensation for occupational diseases, reduces the waiting period from 14 to 7 days, makes the minimum compensation for disability \$10 per week, strikes out maximum limit of \$3,500 for temporary total disability, and inserts a portion of a paragraph relative to loss of hearing and of vision and relating to examinations by physicians

The bill has been referred to the Assembly Labor and Industry Committee.

*This for the Attention of Oculists and Aurists*

Sec. 19 has been amended to read as follows (the amended portion being underscored.)

Sec. 19 Physical examination An injured employee claiming or entitled to compensation shall submit to such physical examination as the commissioner of the board may require. The place or places shall be reasonably convenient for him. Such physician or physicians as the employee or carrier may select and pay for may participate in an examination if the employee or carrier so requests. Proceedings shall be suspended and no compensation be payable for any period during which he may refuse to submit to examination (New portion begins here.) At a hearing to determine the length of disability the extent of injury or loss of a member or the percentage of loss of vision the industrial board referee or deputy commissioner may select the physician or physicians to determine the length of disability, the percentage of loss of vision or of a member and the reasonable cost of such examination shall be a proper charge against the employer or insurance company for which an award shall be made and payable as for compensation

*Comment* Your Committee on Legislation will welcome communications from those who have dealt with the Compensation Commission relative to such matters, as to whether the State Society should be "for" or "against" the amendment.

Mr Louis Cuvillier of New York has introduced a bill in the Assembly, known as Assembly Print No 19, which would add a new section, known as Section 20, Article 1, of the State Constitution, providing that whenever any amendment to the United States Constitution is submitted to the Legislature for ratification, provision shall be made for submitting the proposal to the voters

The bill has been referred to the Assembly Judiciary Committee.

*Comment* As voters of the State of New York, and especially as physicians who have experienced troubles with the Eighteenth Amendment, it would seem that we as a body should favor such an amendment as we quite naturally are interested in desiring outlet of expression, rather than to have any recurrence in a constitutional amendment such as we have experienced with the Eighteenth Amendment.

Further comment will not be made on this measure

A bill introduced by Assemblyman Louis Cuvillier of New York City, known as Assembly Print No 20, would petition Congress to call a National Constitutional Convention to repeal Article 18 prohibition article of the Constitution

The bill has been referred to Assembly Judiciary Committee.

*Comment* As citizens of the State, we are interested either "for" or "against" such a measure, and this notice is given for the information of the doctors throughout the State.

Further comment will not be made.

Assembly Print No 43, by Assemblyman William S Hart of Richmond County (concurrent Senate Print No 63)

See digest and comment under Senate Print No 63

Assembly Print No 68, by Assemblyman Paul T Kammerer, Jr, of New York (concurrent Senate Print No 68)

See digest and comment under Senate Print No 68.

Assembly Print No 54, by Assemblyman Samuel Mandelbaum of New York City, adds new Section 692, Education Law, requiring education boards in first class cities to provide food for pupils in all schools, who may need same

Referred to Assembly Education Committee. (Same as A Int. 1117, Pr 1175, of 1923)

*Comment* No comment.

Assembly Bill Print No 65, by Assemblyman Joseph Reich of Kings County, would add a new subdivision 10-a, Section 360, Tax Law, by permitting deduction from income for tax purposes, of all expenses paid during the year for medical, surgical or dental services. This bill has been referred to the Taxation and Retrenchment Committee.

*Comment* This bill interests physicians in that they must be more accurate in the preservation of their accounts, as they undoubtedly will be called upon by patients at the end of the year to furnish duplicate statements of moneys paid them by said patients.



## SPECIAL NOTICE

(This is the "Medical Inspection in Schools" bill of previous years)

Assembly Bill Print No 66, by Assemblyman Joseph Reich of Kings County, would amend Sections 570, 571, of the Education Law, by providing that boards of education and trustees shall appoint physicians and den-

tists and may employ nurses for service in schools. The bill, which has been referred to the Assembly Education Committee, is printed here in full, with new matter in italics

STATE OF NEW YORK

No 66

Int 66

IN ASSEMBLY,

January 7, 1924

Introduced by Mr Reich—read once and referred to the Committee on Public Education

AN ACT\*

To amend the educational law, in relation to medical services in the schools of the state.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Sections five hundred and seventy and five hundred and seventy-one of chapter twenty-one of the laws of nineteen hundred and nine, entitled "An act relating to education, constituting chapter sixteen of the consolidated laws," as such chapter was amended by chapter one hundred and forty of the laws of nineteen hundred and ten, and as such sections were added by chapter six hundred and twenty-seven of the laws of nineteen hundred and thirteen, section five hundred and seventy-one having been amended by chapter one hundred and eighty-two of the laws of nineteen hundred and sixteen, are hereby amended to read respectively as follows

§ 570 Medical [inspection] *services* to be provided Medical [inspection] *services* shall be provided for all pupils attending the public schools in this state, except in cities of the first class as provided in this article. Medical [inspection] *services* shall include the services of [a trained registered nurse, if one is employed, and shall also include such services as may be rendered as provided herein in examining pupils for the existence of disease or physical defects and in testing the eyes and ears of such pupils] *physicians, surgeons and dentists for the purpose of ascertaining the existence of disease or physical defects, of advising, directing or providing for the correction and prevention of such disease or defects and of providing treatment for the same. The services of trained registered nurses shall be rendered in aid of such services*

§ 571 Employment of medical inspectors The board of education in each city and union free school district, and the trustee or board of trustees of a common school district, [em-

ploy, at a compensation to be agreed upon by the parties, a competent physician as a medical inspector to make inspections of pupils attending the public schools in the city or district,] *appoint at such salary as such board of education, trustee or board of trustees shall determine, such physicians, surgeons, dentists and nurses as may be required to carry out the provisions of this article. One of the physicians so appointed shall be known as the medical inspector of such city or district.* If appointed by a board of education of a city such physician, surgeon, dentist or nurse shall reside within the city. The physicians, surgeons and dentists so employed shall be legally qualified to practice as such [medicine] in this state, and shall have so practiced for a period of at least two years immediately prior to such employment. [Any such board of trustees may employ one or more school nurses, who] *Nurses so employed* shall be registered trained nurses and authorized to practice as such. Such nurses when so employed shall aid the medical inspector of the district and shall perform such duties for the benefit of the public schools as may be prescribed by such inspector.

[A medical inspector or school nurse] *Such physician, surgeons, dentists or nurses* may be employed by the trustees or boards of education of two or more school districts, and the compensation *thereof* [of such inspector], and the expenses incurred [in making inspections of pupils] as provided herein, shall be borne jointly by such districts, and be apportioned among them according to the assessed valuation of the taxable property therein.

[In cities and union free school districts having more than five thousand inhabitants, the board of education may employ such additional medical inspectors as may be necessary to properly inspect the pupils in the school in such cities and union free school districts.]

[The trustees of a common school district or the board of education of a union free school district whose boundaries are coterminous with the boundaries of an incorporated village shall, in the employment of medical inspectors, employ the health officer of the town in which such common school district is located or the health officer of such union free school district, so far as may be advantageous to the interests of such district.]

§ 2 This act shall take effect immediately

\* EXPLANATION—Mr. Reich's bill is old law to be omitted. [ ] is new.



*Comment* Physicians can have no objection to the employment by the educational authorities of physicians, dentists, nurses, etc., for the inspection of school children, *providing* those who do this inspection do not carry their enthusiasm to the extent of advising children, parents or guardians to send the children to certain physicians, dentists, clinics, or the like, thus instigating a proceeding of close corporation in the matter of treatment.

Attention is called to the last part of Section 570, where it states in the matter to be added to the bill

"physicians, surgeons and dentists for the purpose of ascertaining the existence of disease or physical defects, of *advising directing, or providing* for the correction and prevention of such disease or defects and of *providing treatment for the same*'

The bill is obnoxious in that it contains the same phraseology and has the same purport as the similar bill of last year which was introduced and finally died in committee and last year was opposed by the medical inspector of schools of the State Department of Education.

*Individual members of the State Society county legislative chairmen, and others are urged to write their individual Senators and Assemblymen to oppose the bill, when it contains as it does now clauses which permit of directing treatment at the hands of inspecting physicians or otherwise*

This bill must be followed carefully and defeated unless we may bring about changes eliminating the directing of who shall give the treatment.

(The above bill is the same as Sen Int 383 Print 385 of 1923)

Assembly Print No 195, by Assemblyman Julius S Berg of Bronx County (concurrent Senate Print No 175)

See concurrent Senate Print No 175 for digest and comment.

Assembly Print No 196, by Assemblyman Julius S Berg of Bronx County, adds new article 2 a, Labor Law, for establishing a bureau of old age pensions and appropriates \$2,000,000. Referred to Assembly Ways and Means Committee.

*Comment* None at present.

(Same as A Int 100, Pr 100 of 1923)

Assembly Print No 228, by Assemblyman Henry O Kahan of New York City, amends Section 306, Public Health Law, by authorizing regents to revoke certificate to practice optometry held by person guilty of unprofessional conduct or misrepresentation in practice or advertising.

Referred to Assembly Public Health Committee.

*Comment* Will be made when text of bill is seen

Assembly Print No 229, by Assemblyman Henry O Kahan of New York, amends Section 307, Public Health Law, by increasing penalty for violation of provisions regulating practice of optometry. Referred to Assembly Public Health Committee.

*Comment* Will be made when text of bill is seen

Assembly Print No 232, by Assemblyman Frank H Lattin of Orleans County (concurrent Senate Print No 128)

Referred to Assembly Public Health Committee.

See digest and comment under concurrent Senate Print No 128

Assembly Print No 234, by Assemblyman James Male of New York County (concurrent Senate Print No 176)

Referred to Assembly Public Health Committee.

See digest and comment under concurrent Senate Print No 176

Assembly Print No 267, by Assemblyman Simon B Van Wagenen of Ulster County (concurrent Senate Print No 127)

Referred to Assembly Public Health Committee.

See digest and comment under concurrent Senate Print No 127

Assembly Print No 277, by Assemblyman John H Conroy, of New York City, amends sections 12, 20, Workmen's Compensation Law by reducing non-compensated waiting period after accident from 14 to 7 days, where disability is of more than 28 days, compensation shall run from date of disability.

Referred to Assembly Judiciary Committee

*Comment* Will be made when text of bill is seen

Assembly Print No 309, by Assemblyman Joseph Reich of Brooklyn, which would add new section 213, Labor Law, requiring employers to furnish nursing and first aid service in factories, mercantile and other establishments.

Referred to Assembly Labor and Industry Committee.

The bill is printed here in full



STATE OF NEW YORK

No 309

Int 309

IN ASSEMBLY,

January 16, 1924

Introduced by Mr Reich—read once and referred to the  
Committee on Labor and Industries

## AN ACT\*

To amend the labor law, in relation to furnishing nursing and first aid service in factories and in mercantile and other establishments

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Article seven of chapter fifty of the laws of nineteen hundred and twenty-one, entitled "An act in relation to labor, constituting chapter thirty-one of the consolidated laws," is hereby amended by inserting therein a new section to follow section two hundred and twelve, to be section two hundred and thirteen, to read as follows

§ 213 Nursing and first aid service In addition to the specific requirements prescribed by any provision of this chapter or of the industrial code in relation to the safety and sanitation of factories, mercantile establishments, mines, quarries, tunnels and other places, it shall be the duty of every employer to furnish in any such factory, mercantile establishment, mine, quarry, tunnel or other place in which twenty-five or more persons are employed, nursing and first aid service under medical supervision for such length of time daily as may be prescribed by rule of the board All nurses so furnished shall be registered nurses who have demonstrated their qualifications in industrial nursing to the satisfaction of the board of health of the city or town where they are employed As part of such service medicines, dressings, bandages and implements sufficient to render first aid in cases of injury shall be supplied The board shall adopt rules and regulations to carry into effect the provisions of this section

§ 2 This act shall take effect immediately

*Comment* The same comment is offered on this bill as was offered on the like bill last year, namely, that the bill is impractical as it burdens the populace directly and indirectly with a large tax The medical profession is antagonistic in that its individual members could not enter into contracts to be present for certain fixed hours at the numerous manufacturing and other establishments which the law would require

There are not enough registered nurses in the State nor could they be furnished before a number of years to be present even part of a day in

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted

more than a small percentage of the employments specified, to say nothing of physicians being tied up for a certain number of hours each day in compulsory attendance, according to their contract with the employers, by the terms of this bill

Emergencies in health and accident cases in such establishments are now adequately provided for throughout the State within a reasonably short time

County Chairmen and others interested should write to the Labor and Industry Committee of the Assembly to which the bill has been referred, and object to the amendment

(The above bill is the same as A Int No 343 of 1923 )

Assembly Print No 342, by Assemblyman Morris Weinfeld of New York City, adds new article 22, and amends section 4-b, Public Health Law, providing for control, possession, prescribing and dealing in the distribution of habit-forming drugs

Referred to Assembly Public Health Committee

The bill is printed here in full

STATE OF NEW YORK

No 342

Int 342

IN ASSEMBLY,

January 16, 1924

Introduced by Mr Weinfeld—read once and referred to the Committee on Health

## AN ACT

To amend the public health law, in relation to habit forming drugs, to provide for the control, possession, sale, prescribing, dispensing and dealing in the distribution of such drugs

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein a new article, to be article twenty-two thereof, to read as follows

## Article XXII

## HABIT FORMING DRUGS

- |             |                                    |
|-------------|------------------------------------|
| Section 420 | Short title                        |
| 421         | Definitions                        |
| 422         | Acts dangerous to public health    |
| 423         | Acts prohibited                    |
| 424         | Sale on written orders             |
| 425         | Preparations and remedies exempted |



- 426. Professional use of habit forming drugs
- 427 Prescriptions
- 428 Record to be kept.
- 429 Labels
- 430 Authorized possession of drugs by individual
- 431 Physical examination required
- 432 Exemption from restrictions
- 433 Drugs delivered to the department
- 434 Notice of conviction of professional man sent to licensing board
- 435 Reports of treatment
- 436 Records confidential
- 437 Fraud, deceit.
- 438 Commitment of addicts, procedure, discharge
- 439 Exceptions and exemptions not required to be negative.
- 440 Enforcement
- 441 Possession at time article goes into effect
- 442 Signature of reports
- 443 Penalties
- 444 Constitutionality

§ 420 Short title This article shall be known as the narcotic drug control law

§ 421 Definitions As used in this article

1 "Person" includes any corporation, as sociation, copartnership or one or more individuals

2 "Physician" means a licensed practitioner of medicine as defined by article eight of this chapter

3 "Apothecary" means a licensed pharmacist or druggist as defined by article eleven of this chapter

4 "Dentist" means a licensed practitioner of dentistry as defined by article nine of this chapter

5 "Veterinarian" means a licensed practitioner of veterinary medicine as defined by article ten of this chapter

6 "Medicine" means a drug or preparation of drugs in suitable form for use as a remedial or curative substance

7 "Sale" includes barter, exchange or giving away or offering therefor and each such transaction made by any person whether as principal, proprietor, agent, servant or employee.

8 "Dispense" includes distribute, leave with give away, dispose of, and deliver to a person or to his agent to be delivered to him

9 "Administer" means only administration by a person authorized to administer habit forming drugs

10 "Coca leaves" includes coca leaves, cocaine,

or any compound, manufacture, salt, derivative or preparation thereof, including alpha or beta eucaine or any of their salts or any synthetic compound of any of them, but shall not include decocanized coca leaves or preparations made therefrom or other preparations of coca leaves which do not contain cocaine.

11 "Opium" includes opium, morphine, codeine, diacetyl morphine (heroin), or any compound, manufacture, salt, derivative or preparation of any of them, except apomorphine and its salts

12 "Cannabis indica" or "cannabis sativa" shall include any compound, manufacture, salt, derivative or preparation thereof and any synthetic substitute therefor

13 "Habit forming drugs" shall mean coca leaves, opium, cannabis indica or cannabis sativa.

14 "Manufacturer" means a person who by compounding, mixing, or other process of manufacture, produces or prepares habit forming drugs for sale on written orders and does not include an apothecary who compounds habit forming drugs to be sold or dispensed on prescription

15 "Wholesaler" means a person who supplies habit forming drugs on written orders

16 "The Harrison Act" means the act of congress, entitled "An act to provide for the registration of, with collectors of internal revenue, and to impose a special tax upon all persons who produce, import, manufacture, compound, deal in dispense sell, distribute, or give away opium or coca leaves, their salts, derivatives or preparations and for other purposes," approved December seventeenth, nineteen hundred and fourteen, as amended

17 "Department" means the department of state police unless the context show that another department is meant

18 "Commission" means the state hospital commission unless the context show that another commission is meant.

§ 422 Acts dangerous to public health Any unauthorized possession, control over, sale, distribution, prescribing, administering or dispensing of habit forming drugs is hereby declared to be dangerous to the public health and a menace to the public welfare

§ 423 Acts prohibited It shall be unlawful for any person to possess, have under his control, sell, distribute, administer, dispense, or prescribe any habit forming drug except as provided in this article.

§ 424 Sale on written orders 1 By whom and to whom sold A manufacturer, wholesaler, or apothecary may sell or distribute habit forming drugs only to any of the following persons and upon his written order

a To a manufacturer, wholesaler or apothecary



b To a physician, dentist or veterinarian

c To a public or private hospital

d To a hospital or institution licensed for the treatment of drug addiction

e To a person in charge of a laboratory where habit forming drugs are used for scientific or medical research, but only for use in such laboratory

f To a person in the employ of the United States or of this state or of any political subdivision thereof purchasing or receiving the drug by reason of his official duties

g To a captain or proper officer of a ship, upon which no regular physician is employed, for the actual medical needs of the officers and crew when not in port

Provided, however, that both parties to the transaction in each of the above cases are registered under the Harrison Act if required by such act to be so registered

## 2 Order blanks

a A written order for the supply of any habit forming drug shall be signed in duplicate by the person giving it or by his duly authorized agent, one duplicate of which shall be presented to the person who sells or distributes such habit forming drug and in the event of his acceptance of such order, each party shall preserve his duplicate of such order for a period of two years in such a way as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article. Provided, however, that it shall be deemed a compliance with this sub-section if the person giving the order shall have complied with the provisions of the Harrison Act respecting the requirements governing order blanks under said act

b Every person who shall give a written order, as herein provided, to another person for any habit forming drug, shall, at or before the time of giving such order, make or cause to be made a copy thereof on a form substantially similar to the written order required above, to be issued in blank for that purpose by the department of state police, and to be procured from the department upon application, which application shall state the date and number of the federal registration of the applicant if required to be so registered

c Such triplicate copy shall accompany the original written order furnished to the person supplying the drug who shall, if he accepts the order, sign it and the triplicate and forthwith on the filing of such order mail the triplicate to the department

3 Possession lawful Possession of or control over habit forming drugs, obtained as provided in this section, shall be lawful if in the regular course of business, occupation, profession, em-

ployment, or duty of the possessor and in an amount necessary therefor.

§ 425 Preparations and remedies exempted The provisions of this article shall not apply to preparations or remedies which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-eighth of a grain of heroin or more than one grain of codeine, or any salt or derivative of any of them in one fluid ounce, or, if a solid or semi-solid preparation, in one avoirdupois ounce or to liniments, ointments, or other preparations which are prepared for external use only, except liniments, ointments, and other preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or any synthetic substitute for them, provided that such remedies and preparations are sold, distributed, dispensed, or possessed as medicines and not for the purpose of evading the intentions and provisions of this article

## § 426 Professional use of habit forming drugs

1 Veterinarians A veterinarian may prescribe, administer or dispense habit forming drugs in good faith and in the course of his professional practice only, and not for use by a human being

2 Dentists A dentist, in good faith and in the course of his professional practice only, may administer or dispense habit forming drugs to patients under his immediate treatment

3 Physicians A physician, in good faith and in the course of his professional practice only, may prescribe, administer, or dispense habit forming drugs

§ 427 Prescriptions Any apothecary may sell or dispense habit forming drugs to any individual upon a written prescription of a physician, or veterinarian, dated and signed on the day when issued and bearing the full name and address of the patient and the name, address and registry number of the practitioner under the Harrison Act if he is required by it to be so registered. The person filling the prescription must write the date of filling and his own signature upon the face of the prescription, and the prescription must be retained on file by the apothecary filling it for two years so as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article. The prescription shall not be refilled

§ 428 Record to be kept 1 Physicians, dentists, veterinarians Every physician, dentist and veterinarian shall keep a record of all habit forming drugs administered or dispensed by him, showing the gross amount administered or dispensed, and shall every year make a return to the department of state police, on blanks furnished by it upon application showing the amount of habit forming drugs on hand at the beginning



of the period, the amount received during the period, and the amount at the end of the period.

2. Manufacturers, wholesalers, apothecaries Every manufacturer wholesaler and apothecary shall keep a record in a form prescribed by the department, showing the amount of habit forming drugs shipped or received in the course of interstate or foreign commerce and shall once in each year, at a time designated by the department, send a copy of the record to the department. The record shall also contain a statement of the total amount of habit forming drugs on hand at the beginning and close of the period and in the case of an apothecary, the amount of habit forming drugs used in compounding exempted preparations or remedies

3 Exempted preparations and remedies Every manufacturer of exempted preparations or remedies shall keep a record of the amount of habit forming drugs received and exempted preparations or remedies manufactured and every dealer therein shall keep a record of all sales of exempted preparations and remedies, in such form as the department shall prescribe, and shall once in each year send to the commission a copy of such record and every such manufacturer shall include therewith a report of the amount of habit forming drugs at the close of such year

4 Form and preservation Every such record shall be kept for a period of two years from the date of the transaction recorded, and a record required by or under the Harrison Act containing substantially the same information, shall be a compliance with this section All records required by this section shall be readily accessible for inspection and shall be open to inspection by the proper authorities

§ 429 Labels Whenever an apothecary pursuant to a written prescription shall sell or dispense habit forming drugs or whenever a physician, dentist or veterinarian shall dispense any of such drugs, he shall securely affix to the container of such drug a label stating in legible English the name and address of the physician or veterinarian prescribing or dispensing and of the apothecary or dentist dispensing the date and the name and address of person for whom or the owner of the animal for which the drug is dispensed The label shall also specify the name and quantity of the drug sold or dispensed and contained in the container

§ 430 Authorized possession of drugs by individual A person to whom or for whose use any habit forming drug has been sold or dispensed by an apothecary, physician or dentist or the owner of an animal for which any such drug has been prescribed or dispensed by a veterinarian may lawfully possess it in the container delivered to him by the person selling or dispensing same

§ 431 Physical examination required A phy-

sician, dentist or veterinarian shall not administer, dispense or prescribe any habit forming drug except after a physical examination of the person for whom or the animal for which the drug is intended.

§ 432 Exemption from restrictions 1 Common carriers, employees, public officers The provisions of this article restricting the possessing or having under control of habit forming drugs shall not apply to common carriers or warehousemen or their employees engaged in lawful transportation or storage of such drugs, nor to public officers or employees while engaged in the performance of their official duties nor to temporary incidental possession by employees or agent of persons lawfully entitled to possession, or by persons whose possession is for the purpose of aiding public officers in the performance of their official duties

2 Interstate commerce This article shall not apply to acts done, or to habit forming drugs possessed in the course of interstate or foreign commerce.

§ 433 Drugs delivered to the department All drugs which have been seized and judicially determined to have been unlawfully possessed or the title to which has ceased and which have come into the hands of a peace officer shall, upon the direction of a court or magistrate, be delivered to the state hospital commission. The commission may receive drugs surrendered to it subject to the rights of any person lawfully entitled thereto, and all drugs in final possession of the commission may be disposed of under its direction The commission shall keep a record of the receipt and disposition thereof

§ 434 Notice of conviction of professional man sent to licensing board 1 On conviction of any physician, dentist, veterinarian or apothecary for wilful violation of any of the provisions of this article, a copy of the sentence and of the opinion of the court or magistrate, if any be filed, shall be sent by the clerk of the court, or by the magistrate to the board or officer having power to suspend or revoke the license or registration of the person convicted, for such action as the board or officer deems proper

2 At the request of such board or officer, the clerk or magistrate shall send to such board or officer a transcript of the record or of the proceedings in a court not of record, and such portion of the evidence as may be requested

§ 435 Reports of treatment. 1 Physicians A physician who undertakes the treatment of the habit of taking or using any habit forming drug shall, before undertaking the treatment, personally make a physical examination of the patient and shall report in writing three days after the beginning of the treatment to the state hospital commission, or if his office is located in any city



having one million or more inhabitants by the last federal census, to the department of health of such city, the name, address and age of the patient and the amount and nature of the drug prescribed or dispensed in the first treatment. Thirty days after beginning treatment the physician shall report in writing to the commission or department to which he first reported the case, the duration and results of treatment, and, if the treatment is continued for more than thirty days after beginning the same, shall make such further reports as may be required by such commission or department.

**2 Institutions** The foregoing provisions shall not apply to a physician treating any person in a public hospital, sanitarium, poor-house, prison or other public institution or in any private hospital, sanitarium or other private institution. All such institutions shall file with the commission at least once each year at a time prescribed by it a report covering such period or periods as it shall prescribe, giving the name, address, age, nature of the drug prescribed or dispensed and the duration and results of the treatment of each person treated for the habit of taking or using any habit forming drug.

**3 Annual reports of commission** The commission shall include in its annual report a compilation from all such reports, containing statistics giving the number of persons and cases, and so far as it may deem proper the localities of any such treatment, together with the nature of the drug prescribed or dispensed therein and the average ages of all such persons and the average duration of all such treatments and such other information as it may deem proper. The department of health of any city receiving reports shall send to the commission at such times as it may require, such statistical and other information from such reports as it may require.

**§ 436 Records confidential** Prescriptions, orders, records or reports required under this article shall not be open to inspection nor shall any information contained therein be divulged, except for the purpose of enforcing the laws of this state or the Harrison Act, or on the direction of the department of state police, to an officer of another state, for the purpose of enforcing the law of such state.

**§ 437 Fraud or deceit.** Any fraud, deceit, misrepresentation, subterfuge, concealment of a material fact or the use of a false name or the giving of a false address in obtaining treatment in the course of which habit forming drugs in excess of lawful quantity shall be prescribed or dispensed or in obtaining any supply of such drugs shall constitute a violation of the provisions of this article and shall not be deemed a privileged communication. The wilful making of any false statement in any prescription, order, report, or record required under this article shall constitute

a violation of this article. No person shall for the purpose of obtaining any habit forming drug falsely assume the title or represent himself to be a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, or make or utter any false or forged order or prescription for or label for a container of or for habit forming drugs, or affix such label, or alter, deface or remove any such label.

**§ 438 Commitment of addicts, procedure, discharge** **1** At request of addict. A magistrate, upon the voluntary application to him of any habitual user of any habit forming drug, may commit such person to any correctional or charitable institution maintained by the state or any political subdivision thereof, or private hospital, sanatorium or institution.

**2** Person accused of crime. Any court having jurisdiction of a defendant who is a prisoner in a criminal action or proceeding, if it appears that the defendant is an habitual user of habit forming drugs and is suffering as a result of such use, may likewise so commit such defendant, at any stage of such action or proceeding and direct a stay of proceedings, or suspend sentence or withhold conviction pending the period of such commitment.

**3 Discharge** Whenever the medical officer of the institution, or if there be no medical officer, the superintendent, shall certify to the committing magistrate or court that any person so committed has been sufficiently treated, or give any other reason which is deemed by the magistrate or court to be adequate and sufficient, he may in accordance with the terms of commitment discharge the person so committed, or return such person to await the further action of the court, provided, however, that when such commitment is to an institution under the jurisdiction of the department of correction, or other similar department in a city of the first class, where there is a parole commission established pursuant to law, such commission shall act in the place and stead of a chief medical officer for the purpose of making such a certificate.

**§ 439 Exceptions and exemptions not required to be negatived** In any complaint, information, indictment, or other writ or in any action or proceeding brought for the enforcement of any of the provisions of this article, it shall not be necessary to negative an exception or exemption, and the burden of offering proof of any such exception or exemption shall be upon the defendant.

**§ 440 Enforcement** This article shall be enforced by the authorities of the state and of the political subdivisions thereof engaged in the enforcement of the law and by the department of state police, the state hospital commission and the department or board of health of any city, provided in this article. Such



authorities and their agents shall have access at all times to all records and reports to be kept under this article

§ 441 Possession at time article goes into effect Habit forming drugs lawfully in the possession or under control of any person for the purposes of his business or profession at the time this article goes into effect, may be possessed by him with the same effect as if obtained on an order blank under this article, as long as he has on file a certificate from the department of health or board of health of the city in which his business is situated, or if not situated in any city, by the department of state police, stating the amount so possessed, which shall be open to the inspection of the authorities engaged in the enforcement of this article The certificate shall be issued by the proper department or board after such proof of the facts stated therein as it may require.

§ 442 Signature of reports Every copy of a record or report required to be sent to the department or commission or department or board of health shall be signed, if made by an individual by the individual, if made by a copartnership, by a partner, if made by a corporation or association, by an officer thereof

§ 443 Penalties A violation of any of the provisions of this article shall constitute a misdemeanor

§ 444 Constitutionality If any provision of this article is declared unconstitutional or the application thereof to any person or circumstance is held invalid, the validity of the remainder of the article and the application thereof to other persons and circumstances shall not be affected thereby

§ 2 Section four-b of such chapter as added by chapter five hundred and fifty-nine of the laws of nineteen hundred and thirteen, is hereby amended to read as follows

§ 4-b Duties of commissioner with respect to laboratories 1 The commissioner of health shall establish and maintain one or more laboratories with such expert assistants and such facilities as are necessary for routine examinations and analyses, and for original investigations and research in matters affecting public health He shall have authority to make, at the expense of the state, such examinations and analyses at the request of any health officer or of any physician He may enter into contracts with laboratories in localities accessible to the various portions of the state for the prompt examination of specimens received from local health officers or physicians and for the immediate report thereon at the expense of the state, provided that all such laboratories shall conform to standards of efficiency established by the public health council, and that no obligation shall be incurred by the commissioner in excess of the sums available therefor

2 There shall be at least one laboratory analyst who shall examine and analyze all habit forming drugs as defined in this chapter, submitted to him by any official of the state or of any political subdivision thereof engaged in the enforcement of the narcotic drug control law or any law of similar purpose and who shall be detailed by the commissioner to aid any such official of the state and to give evidence in any proceeding on behalf of the state in connection with such enforcement

§ 3 Chapter one hundred and thirty of the laws of nineteen hundred and twenty three and any and all acts inconsistent with provisions of this article are hereby repealed

§ 4 This act shall take effect immediately

*Comment* This is the same bill that made its appearance as Assembly Bill Int. No 1835, by Assemblyman Maurice Bloch, last year, and which was objected to in all of its features

County legislative chairmen, individual members of the State Society are urged to peruse the bill as it now reads and take into consideration the following communication which was sent to the introducer of the bill last year, who is now the minority leader in the Assembly

February 20, 1923

HON MAURICE BLOCH,  
Assembly Chamber  
Capitol, Albany, N Y

MY DEAR MR. BLOCH

The Medical Society of the State of New York wishes to thank you for the sane manner in which you have now grasped the drug situation, and the complete way in which such a question is to be investigated.

The fault lies not so much with physicians, save in rare instances where they have been easily apprehended through the investigations of the drug stores, wholesale and retail whence the only legitimate source of the drug can be obtained. Rather should the investigation tend toward the question of how the drug is obtained through illegitimate sources in crossing the border of our State by train, by auto and through hand to hand smuggling, and so comes into possession of the peddler of high and low degree.

Could the proposed legislative committee send inspectors into the drug houses, the latter could easily list such physicians as seemed to utilize more in quantity of these drugs and then by further sifting could determine if such physicians should be classed as peddlers

However, those physicians who would purchase the drug openly and of houses of record, should not, we judge, be the real peddlers since they would not thus openly leave themselves on a record of suspicion

The vital question as the physicians see it, is



how to shut off the illicit importation by smuggling, even as was shown in the case up the State where the legitimate dealer in rags imported from Germany some rags, and a few days after their arrival in their original bales, was visited by a man who stated that a mistake had been made in the delivery and that these rags were meant for another person. But the find had already been made, inasmuch as one of the bales had been opened and concealed therein was found a package of morphine which was immediately reported by the foreman to the mill owner, whose suspicion was thereby aroused, and the facts were reported to the proper officials.

As physicians we are glad to aid in any way we can for a betterment of these conditions, provided there is not placed on us the onus of more "paper work" in reporting and so forth, which in the past has come to naught and it is for this reason that we maintain there is sufficient of our share of the burden laid upon us in the Harrison Act, and further that more inspectors should be employed either by the Federal Government for this State, or by the State itself co-operating with the Federal Government in enforcing the federal act.

One has but to communicate with Dr. Simon of New York, to corroborate our contention, and if a questionnaire was to be submitted to the physicians of the State, we believe that the answers would show that physicians were using less and less of narcotic products and more and more of the synthetic drugs now being produced by the legitimate drug houses which have not the habit forming curse.

The other slant of the medical profession is the fact that there are two divisions in our scientific bodies, the one believing that the drug addict should be treated in a sanitarium and there confined until he is cured. Unfortunately this will not reach the higher strata of society wherein are found addicts, who obtain the drug legitimately from physicians and to a greater extent illegitimately from the underground sources, many of whom never come to a confession of their habit, these are the ones hard to reach, and again the question arises how to shut off their illegitimate obtaining of the drug and put them on a ration basis.

The second group of physicians are those who honestly believe that the addict should be treated under the care of a personal physician and where the habit does not conflict with the ability of the patient to transact the ordinary routine of a day's

work, such habit should be made confidential between the physician and the patient. However, here again enters the fact of the surreptitious obtaining from illegal sources by the patient of greater quantities of the drug or drugs without the knowledge of his or her physician and the undermining factor of the drugs which leads the patient to lie baldly to the physician, this again resolves itself into the ferreting out of the illegal importation.

There is undoubtedly a third group of physicians, small in number, who are totally unfamiliar with the management of the drug addict and who take on as patients addicts and attempt to cure them without sufficient scientific knowledge as to their management. Eventually these patients receive inadequate treatment and seek more of the drug from outside sources and so drift into the class which gradually increases its dosage and become lost to the profession when their source of supply in adequate amount has been satisfactorily established.

Possibly a very small percentage, perhaps as high as one-tenth of one per cent of physicians, have lost their sense of honor to the public and can be styled as "peddlers" on the same basis as the street hawker who delivers to the addict, not the pure drug, and at a price of gross profiteering akin to robbery, since the addict will pay any price asked to obtain the drugs when his moral fibre has been undermined. This class of physicians usually does not obtain the drugs in the legitimate manner but have their tentacles firmly fastened into the underground channels and there the source is found. Hence again enters the question of illegal importation.

We sincerely hope that the question may be arrived at sanely and we believe you will find back of our contentions the legitimate pharmacists, the pharmaceutical associations of the State, the courts which have come in contact with physicians and with addicts and those who have studied the question deeply, but we deplore as a body the innuendos which have been cast upon the medical profession that it alone is responsible for the traffic in these drugs, and trust that the investigations will bear us out in that we too have investigated and have arrived at the facts which I have stated above.

Seeking your indulgence for this brief as viewed from the standpoint of the medical profession, I remain,

Sincerely yours,



## RESOLUTION IN SENATE

January 2 1924

By Mr Love

WHEREAS, It is of common report that medicine is being extensively practiced throughout the State of New York by graduates of low standard institutions who have obtained diplomas from sources not recognized by New York State authorities and that the general practice of such so-called physicians has become so great as to jeopardize the public health of the state

Be It Resolved (if the Assembly concur), That a joint legislative committee is hereby created to consist of three members of the Senate to be appointed by the temporary president of the Senate and five members of the Assembly, to be appointed by the speaker of the Assembly to inquire into and ascertain the following facts:

If public health has been injured by the activity of self-styled medical institutions and "diploma mills," if graduates of any such low standard institutions are employed by the State Public Health Service or any other branch of the State government, if the standing of the state medical institutions and of our medical profession generally has been injured in other states by the action of such self-styled medical institutions and diploma-mills, if graduates of such institutions and diploma mills are now offering themselves as practitioners of medicine in the State of New York, if all of the laws and requirements as to registration are being observed by practitioners of medicine in the State of New York, if any institutions giving degrees in medicine in the State of New York are issuing diplomas or degrees to persons without sufficient knowledge and training as to legitimately en-

title them to such diplomas or degrees, to ascertain from the United States government officials if the mills have been used by such self-styled medical institutions and organizations known popularly as diploma mills for purposes of fraud in connection with the sale of degrees or diplomas in preparation for medical practice and to inquire to the fullest possible extent as to the legitimate transactions of all institutions or schools issuing such diplomas or degrees

Such committee shall choose from its members a chairman may employ a secretary, counsel stenographers and such other employees and assistants as may be necessary and fix their compensation. Such committee shall have power to sit within and without the city of Albany and within and without the State of New York have authority to subpoena and compel the attendance of witnesses, including the production of any book, paper, document or record pertaining to the subject of its investigation and shall have and possess generally all of the powers of a legislative committee.

Such committee shall report to the legislature of 1925 the result of its findings together with such remedial legislation as it may deem warranted in suggesting

Be It Further Resolved (if the Assembly concur), That the actual and necessary expenses of the committee in carrying out the provisions of this resolution not exceeding the sum of thirty thousand dollars (\$30,000), be paid from the legislative contingent fund upon vouchers audited and approved as provided by law

To Finance Committee

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## Deaths

CAVANA MARTIN Sylvan Beach, Bellevue Hospital Medical College, 1872, Fellow American Medical Association, Member State Society, Surgeon Oneida Hospital Died January 9, 1924

FINCKE HARRY STARK, Astoria, Cornell Medical College 1903 Fellow American Medical Association, Member State Society, Assistant Visiting Physician St. John's Hospital Died January 20 1924

HOLT LUTHER LAWRETT New York City, College of Physicians and Surgeons of New York 1880 Fellow American Medical Association American Pediatric Society Academy of Medicine, Member State Society, Physician in Chief Babies' Hospital Consulting Physician Loundling Ruptured and Crippled, Lying

In Orthopedic and Nursery and Child's Hospitals Died January 14, 1924

KEYES, EDWARD L. Tuxedo Park, New York University, 1866, Founder and First President of the Association of Genito-Urinary Surgeons, Member State Society, New York Academy of Medicine, New York Dermatological Society, Consulting Surgeon Bellevue Hospital Died January 24 1924

MCLEAN MALCOLM, New York City, College of Physicians and Surgeons of New York 1869, Fellow American Gynecological Society, New York Academy of Medicine Member State Society Obstetrical Surgeon St. Andrew's Infirmary for Women, Consulting Surgeon Rhode Island Hospital Died January 16, 1924



how to shut off the illicit importation by smuggling, even as was shown in the case up the State where the legitimate dealer in rags imported from Germany some rags, and a few days after their arrival in their original bales, was visited by a man who stated that a mistake had been made in the delivery and that these rags were meant for another person. But the find had already been made, inasmuch as one of the bales had been opened and concealed therein was found a package of morphine which was immediately reported by the foreman to the mill owner, whose suspicion was thereby aroused, and the facts were reported to the proper officials.

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One has but to communicate with Dr. Simon of New York, to corroborate our contention, and if a questionnaire was to be submitted to the physicians of the State, we believe that the answers would show that physicians were using less and less of narcotic products and more and more of the synthetic drugs now being produced by the legitimate drug houses which have not the habit forming curse.

The other slant of the medical profession is the fact that there are two divisions in our scientific bodies, the one believing that the drug addict should be treated in a sanitarium and there confined until he is cured. Unfortunately this will not reach the higher strata of society wherein are found addicts, who obtain the drug legitimately from physicians and to a greater extent illegitimately from the underground sources, many of whom never come to a confession of their habit, these are the ones hard to reach, and again the question arises how to shut off their illegitimate obtaining of the drug and put them on a ration basis.

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Possibly a very small percentage, perhaps as high as one-tenth of one per cent of physicians, have lost their sense of honor to the public and can be styled as "peddlers" on the same basis as the street hawker who delivers to the addict, not the pure drug, and at a price of gross profiteering akin to robbery, since the addict will pay any price asked to obtain the drugs when his moral fibre has been undermined. This class of physicians usually does not obtain the drugs in the legitimate manner but have their tentacles firmly fastened into the underground channels and there the source is found. Hence again enters the question of illegal importation.

We sincerely hope that the question may be arrived at sanely and we believe you will find back of our contentions the legitimate pharmacists, the pharmaceutical associations of the State, the courts which have come in contact with physicians and with addicts and those who have studied the question deeply, but we deplore as a body the innuendos which have been cast upon the medical profession that it alone is responsible for the traffic in these drugs, and trust that the investigations will bear us out in that we too have investigated and have arrived at the facts which I have stated above.

Seeking your indulgence for this brief as viewed from the standpoint of the medical profession, I remain,

Sincerely yours,



manufacture this unnecessary drug? There are only four great drug-manufacturing countries—Germany, Switzerland, England, and America. If we take the lead, if medical opinion in this country declares, by backing the proposed legislation, that heroin is unnecessary, in view of its dangers to the community, it would carry enormous weight with medical opinion in the other three countries. In this way, all manufacture of heroin would cease, and there would be no danger of smuggling. In regard to Great Britain, I am told on reliable information that legislation to suppress the manufacture of heroin is already being considered.

Let us keep the lead that we have earned, in all international considerations of the narcotic question. Let us send our delegates to the next convention (which will consider, among other things, this question) to be called by the League of Nations in November at Geneva, with a copy of an accomplished measure. We must cross out of our pharmacopia completely this insidious product of synthetic chemistry that is creating daily new addicts among our youth.

Very truly yours,

HLEN HOWELL MOOREHEAD,  
Secretary, Committee on Traffic in Opium  
Foreign Policy Association

### *Editor, New York State Journal of Medicine*

Allow me to congratulate you on the great improvement of the JOURNAL. The Legal Department, by our able Counsel G. W. Whiteside, is excellent. What are we, or rather, the public going to do about it? In the language of the Bible

"Is there no balm (drugs) in Gilead?  
Is there no physician there? why then  
Is not the health of my people recover?"

The Chiropractors are guilty of the following crimes

- 1 They practice the healing art illegally
- 2 They practice fraud upon the public.
- 3 They endanger the public health
- 4 By combining together in a society, they are guilty of conspiring against the public health

What can be done to eradicate this colossal fraud upon the public?

I suggest the following remedy

1 Reprints be published to expose the fraud and be sent to our able Governor, Senators, and Assemblymen

2 As this is a civic question for the protection of the public health, reprints be sent to the clergy of all denominations with the request they should take it up as well as they took up the prohibition question

3 To request the public press not to accept Chiropractic advertisements, on the ground that it is a fraud upon the public.

4 To ask the Postmaster General to exclude their advertisements from the mail on account of being a fraud upon the public

5 As Chiropractic manipulations are merely massaging, and nothing else, the A. M. A. should start a movement throughout the United States that in the states where they are legalized to practice that the term Chiropractic be defined massaging or hand manipulating, so that the public

should not be misled that it is some mysterious science

6 As the health the life of every citizen, the honor of the wives and daughters are entrusted to the profession of the healing art it is, therefore, required that a certificate of good moral character be shown by every medical student before he is allowed to graduate and practice medicine, and in case the Chiropractors be licensed to practice massage, they should also be required to prove good moral character. Those practicing illegally at present be debarred on account of being criminals and therefore not of good moral character

7 As this is a question of great public interest it should be taken up by Medical Legal Societies and the public press, as the press is molding public opinion, and the press as a body is honest

I have asked many times what influence is there behind the illegal practitioners that no one dares to interfere with them? This question is answered by our able Counsel Mr. Whiteside, in two words, "political expediency." Are the Chiropractors above the laws? If they are law-abiding citizens why don't they stop their illegal acts and come before the Legislature with clean hands and say we found out we are illegal practitioners in this state, we stopped practicing, we ask you to legalize us. Our able Counsel well expresses "Legislation that makes law breakers a privileged class is not a proper exercise of the state power"

The medical profession, as the legal guardian of the public health, must insist that no one be allowed to practice the healing art except the legally scientific practitioner

As constant vigilance is the price of liberty so constant war against quackery, charlatanism and fraud in the healing art is the price of scientific medicine in the protection of the public health

L. W. ZWISLOCK  
249 W. 122d Street





# State Department of Health



## INFANT MORTALITY LOW IN WHITE PLAINS

Figures recently obtained from the local registrar of vital statistics show that for 1923, White Plains had the extremely low rate of 38 infant deaths per 1000 living births. This city for years has had a most excellent baby health service and has recently established a prenatal clinic. There has been a steady reduction in the infant mortality rate in White Plains since 1911 when it was 130 per 1000.

## PHYSICIANS SHOULD REGISTER BIRTHS

The Division of Vital Statistics reports that there are some communities in New York State where birth registration is so defective as to warrant investigation. In the city of Cohoes during a recent 12 months' period there were 22 unregistered births out of each 1000 which occurred, some other cities showed from 10 to 12 unreported births in each 1000.

Physicians not promptly reporting births which they attend lay themselves open to prosecution.

## WORK OF THE DIVISION OF TUBERCULOSIS

During the past three years over 250 clinics have been held in various parts of the State by the Division of Tuberculosis. At these clinics 6421 persons have been examined and 4401 x-ray pictures have been made. None of these examinations has been made except upon the written request of the family physician, and all reports have been sent to him.

## KOREA LIKES NEW YORK STATE HEALTH PAMPHLETS

Commissioner Nicoll reports that he recently received a letter from the Seoul Foreign School Association in Seoul, Korea, asking for enough copies of the Department publication, "Co-operation in the Control of Communicable Diseases Among School Children," so that each home may receive it.

## FOREIGN HEALTH OFFICIALS OBSERVE OUR METHODS

Recently several distinguished foreign public health officials visited the State Department of Health at Albany. Among them were Dr. Steven Weis, Sectional Councilor, Ministry of Health, Hungary, Professor H. N. Neeb, retired chief of

the Military Service in the Dutch East Indies, and Dr. Andrew Balfour, Director of the School of Public Health, London, England.

## NEW REGULATIONS OF THE PUBLIC HEALTH COUNCIL

### *Public Health Nurses*

Public health nurses appointed after January 1, 1924, by public authorities, shall possess the following qualifications:

1 They shall be not less than 21 years of age at the time of their appointment,

2 They shall be registered nurses,

Public health nurses appointed after January 1, 1925, by public authorities shall have completed a course in public health nursing approved by the Public Health Council,

*Provided*, however, that upon application in writing by the appointing power or by the nurse, these qualifications may be waived by the Public Health Council.

### *Qualifications for Directors of Laboratories*

Directors of laboratories which are to receive state aid under the provisions of Chapter 638 of the Laws of 1923 shall have the following qualifications:

1 They shall possess the educational requirements for the degree of doctor of medicine prescribed by schools recognized by the Regents of the University of the State of New York,

2 They shall have had special training of at least two additional years in pathology and bacteriology approved by the Public Health Council,

*Provided*, however, that under special conditions either or both of these qualifications may be waived by the Public Health Council.

### *Qualifications for Bacteriologists-in-charge of Laboratories*

Bacteriologists-in-charge of laboratories which are to receive state aid under the provisions of Chapter 638 of the Laws of 1923 shall have the following qualifications:

1 They shall possess the educational requirements for a doctorate degree in science, public health, or medicine as prescribed by a University holding membership in the Association of American Universities,

2 They shall have had special training or experience of at least two additional years in bacteriology approved by the Public Health Council,

*Provided*, however, that under special conditions, either or both of these qualifications may be waived by the Public Health Council.





## NEWS NOTES



### PRINCIPLES OF PROFESSIONAL CONDUCT

THE Committee of the Council on the Censorship of the Referendum vote on the Principles of Professional Conduct of the Medical Society of the State of New York, begs leave to submit its report

Total vote cast	5,433
Votes in favor of adopting	5,331
Votes opposed	102

(Signed) E. ELIOT HARRIS Chairman  
ORRIN SAGE WIGHTMAN  
JOSHUA M. VAN COTT  
GEORGE W. WHITESIDE

The above report of the committee was presented to the Executive Committee of the Council on January 10 1924, and was officially received, thus completing the procedure necessary to make the principles binding on the members of the Medical Society of the State of New York.

The *Principles of Professional Conduct* take the place of the *Principles of Medical Ethics* which were adopted by the State Medical Society in 1906 after a referendum vote. The 1906 principles were identical with those of the American Medical Association and the discussion which led to their adoption was a fundamental part of the discussion which led to the amalgamation in 1905 of the New York State Medical Association and the Medical Society of the State of New York.

The American Medical Association revised its principles of Medical Ethics in 1912, but the Medical Society of the State of New York waited until 1922 before taking steps to revise its principles.

In 1922 the House of Delegates voted to appoint a committee on revision. The committee, appointed by the President, consisted of Dr. E. Eliot Harris, Chairman, Dr. Samuel A. Brown, Dr. William Darrach, Dr. Grant C. Madill, Dr. Walter L. Niles, Dr. George D. Stewart, and Dr. Henry Lyle Winter.

This committee reported a revision of the principles to the House of Delegates on May 21, 1923. Its report was adopted unanimously. The principles were printed on page 255 of the June issue of the NEW YORK STATE JOURNAL OF MEDICINE, and a copy sent to each member of the Medical Society of the State of New York.

The House of Delegates voted to submit the principles to a referendum vote of the Society. On December 5th the Secretary sent out formal ballots to all the members, and on December 10th

a follow up postal card was sent out. The polls closed on December 15th and the result was as announced by the Committee.

According to the Constitution of the State Medical Society the number of members voting must be a majority of the entire membership in order to make the vote legal. The number of members on December 5, 1924, was 10,125 and thus the referendum was legal and the Principles of Professional Conduct are now binding upon the members in all questions involving ethics and professional conduct.

### CADUCEUS POST, AMERICAN LEGION

The annual meeting and dinner of Caduceus Post American Legion was held on the evening of January 12th at the Yale Club, East 44th Street. This Post is composed of medical men, a large proportion of whom served in Camp Upton. One hundred and fourteen members were present. Dr. Graeme Hammond was elected president. The retiring President Dr. Henry C. Coe, presided and paid a glowing tribute to the chaplains with whom he had served in France.

General Robert Lee Bullard, Commander of the Second Corps Area, said that peace talk was the only present sign of war. He spoke of the necessity of the presence of a medical officer in front line service and said that soldiers had a right to expect that immediate attention would be given to wounds to which they were inevitably exposed. General Bullard said that the medical profession headed the list in the proportion of reserve officers that are required in the various branches of the service. The general's speech was a tribute to the medical officers in the World War.

Edward F. Spafford, State Commander of the American Legion, spoke about the Veterans' Mountain Camp, of which the first suggestion came from Dr. Samuel Lloyd, first commander of Caduceus Post. Commander Spafford made a plea that the members assign their state bonus money to the Camp and estimated that ten million dollars could be raised in that way. This would provide an endowment which would go far toward relieving veterans who will become disabled from old age and other unavoidable causes.

United States Senator James W. Wadsworth spoke of military preparedness as the best of all preventives of war, and commended the physicians for their preparedness.



## RABIES IN ROCKLAND COUNTY

Four persons in Suffern have taken the anti-rabic injections following bites by dogs which have been proven to have rabies. The first case occurred in May, 1923, in a rural district of New Jersey, just outside of Suffern. The health officer of Suffern traced the affected dog and warned the community, but little preventive work was done. In November, 1923, a second dog went through Suffern fighting with other dogs, and two women who attempted to separate the fighters were bitten by the stray dog, which was killed and proven to have rabies. The Board of Health at once put a quarantine on all dogs in the village and instructed the police to seize or kill all dogs that appeared on the streets without muzzles or leashes. Seven dogs known to have been bitten by the stray dog were killed, but the owners of four others that were bitten refused to dispose of their dogs. Anti-rabic treatment was given to the two persons who were bitten. The cases were reported to the State Department of Farms and Markets and two inspectors were sent to Suffern, but nothing further was done by that department. As is usual in conditions of this sort, the local health officer was the most active official in the control of the outbreak. Dr. W. R. Sitler, the health officer, received the full support of the local Board of Health and of the State Department of Health, but the attitude of the general public was that of indifference. Still the seeming indifference may have been due to the confidence of the people in their physicians and the Health Department. At any rate, the present attitude is a vast improvement over the wild panic which always followed the appearance of a mad dog a generation ago.

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## TOUR AROUND THE WORLD

A large private yacht is making an extended tour around the world. Any doctor interested in the opportunities offered for medical research in tropical countries, please write immediately to Barry Buchanan, Players Club, 16 Gramercy Park, New York. The trip is offered in exchange for any medical service that may be required en tour.

BARRY BUCHANAN

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## BRONX HOSPITAL BOARD

At the last meeting of the Medical Board of the Bronx Hospital, New York, Dr. William J. Robinson was re-elected president for the fourteenth successive year. Dr. M. Aronson was elected vice-president, and Dr. N. Goodfriend, secretary.

## BRONX COUNTY MEDICAL SOCIETY

The tenth anniversary of the organization of the Bronx County Medical Society was celebrated by a dinner at the Concourse Plaza, East 161st Street, Bronx Borough, on the evening of January 9th. The attendance was five hundred and forty and included the wives of the members and guests.

Dr. N. B. Van Etten, the first President of the Society, presided as toastmaster.

Dr. Van Etten, in his introductory remarks, reviewed the history of the Society. The preliminary petition from members of the State Medical Society residing in Bronx County was received by the Council of the State Society on December 5, 1913, and the Council thereupon called a mass meeting of the physicians of Bronx County on December 16th. At this meeting, Dr. William Francis Campbell, President of the State Society, presided, and appointed a committee on organization. The meeting for permanent organization was held on January 9, 1914, with Dr. Campbell again presiding. A charter was presented to the Society by Mr. James Taylor Lewis, Counsel for the State Society, a constitution and by-laws were adopted, and the following officers were elected:

President, Nathan B. Van Etten; First Vice-President, Francis L. Donlon, Second Vice-President, William A. Boyd, Secretary, Herman T. Radin, Treasurer, Edward F. Hurd.

The organization meeting was evidently full of interest for it adjourned at 2:30 in the morning of January 10th.

The charter members of the county numbered 118, of whom 14 have died. Nearly 600 members are now carried on the rolls.

Dr. Orrin S. Wightman, President of the Medical Society of the State of New York, spoke of the activities of the State Society and of his ambitions for a square deal for every practitioner of medicine.

Dr. Podvin, the President-elect of the Bronx County Society, humorously outlined his desires for the Society during his administration.

Dr. George David Stewart, the President of the Academy of Medicine, spoke in his usual brilliant manner on the future of medical education.

A dance followed the dinner and continued until the usual time for adjournment of this lively Society, at about 2:30 A. M.



## MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The first regular meeting for 1924 was held at the auditorium of the Municipal Gas Company, 124 State Street, on Tuesday, January 15. It was called to order by the chairman, Dr Edgar A. Vander Veer at 8:40 P. M. Ninety-one physicians, including members of neighboring counties, were present.

The meeting proceeded immediately to the scientific program on motion of Dr A. J. Bedell, which was carried.

The scientific program consisted of a "Symposium on Quacks." Dr Orrin Sage Wightman, President of the Medical Society of the State of New York, gave an address on "The Medical Profession and the Quack." Dr George W. Whitehead, Counsellor of the Medical Society of the State of New York, read a paper on "The Public and the Quack." Dr A. S. Downing, State Commissioner of Higher Education spoke on "The State and the Quack." Dr Matthias Nicoll, Jr., New York State Commissioner of Health addressed the Society on "Public Health and the Quack."

The Society went on record as unanimously approving the principles of the proposed re-registration bill, and urging every physician of this Society to make a supreme effort to be present at the future hearing on the proposed medical legislation and to request neighboring county medical societies to do the same, also that the Secretary notify the Secretary of the Medical Society of the State of New York of the action taken by this Society.

In the general discussion, Dr James F. Rooney emphasized the importance of a unified action of the medical profession at the hearing on the proposed medical legislation before the State Legislature.

## MEDICAL SOCIETY OF THE COUNTY OF CATTARAUGUS

ANNUAL MEETING SALAMANCA, JANUARY 8, 1924

At the annual meeting of the Medical Society of the County of Cattaraugus, held in Salamanca, January 8th, the following officers were elected for the ensuing year:

President, Dr S. H. Bennett, Little Valley, N. Y., vice-president, Dr J. P. Garen, Olean,

N. Y., secretary treasurer, Dr Myron E. Fisher, Delevan, N. Y. Delegates to State Society, Dr Myron C. Hawley, Randolph, N. Y. Alternate delegate to State Society, Dr J. E. K. Morris, Olean, N. Y.

Dr John R. Williams of Rochester gave an illustrated address on "Diabetes, and the Insulin Treatment."

Dr F. H. Richardson, representing the State Department of Health, gave an address on Breast Feeding.

Drs H. C. Allen of Gowanda and Maurice G. Sheldon of Olean, were elected to membership.

Dr W. B. Johnston, Ellicottville, J. A. Taggart, Salamanca, R. B. Morris, Olean, M. C. Hawley, Randolph, and Ira W. Livermore, Gowanda, were elected Censors.

There was a good attendance and the meeting was a very profitable one.

## MEDICAL SOCIETY OF THE COUNTY OF NASSAU

At a meeting of the Medical Society of the County of Nassau held at Mineola, N. Y., on December 18, 1923, the following resolutions were adopted:

WHEREAS, There has been called from his earthly labors to everlasting peace and rest our dearly loved friend and colleague, Doctor James S. Cooley, and

WHEREAS, Throughout long years, his service to the cause of medical organization was that of wise counsel, unflinching enthusiasm and unstinted toil, never discouraged by indifference nor incensed by injustice, and

WHEREAS, His place in our councils can never be adequately filled, now, therefore, be it

Resolved, That the Medical Society of the County of Nassau, in full realization of the irreparable loss it has suffered, declares a grateful acknowledgment of the services that he has rendered, gives reverent thanks for the peaceful circumstances of his passing, and expresses to his family its sincere condolence in their hour of sorrow, and be it further

Resolved, That these resolutions be spread in full upon the minutes of the Society and that a copy be sent to the bereaved family, and to the Medical Society of the State of New York.





# PRUNES



(From the Bronx County Medical Society Decennial)

The dinner slogan "Watch your hip"

Members may now be at ease to speak from the floor, as our new President will not psycho-analyze every new motion they may make

Owing to the great skill of its physicians the Bronx County birth rate is the lowest" (Loud applause)

The rolling gold of the Caesars,  
Alaskan gold and Siberian gems,  
Pearls brought forth by daring pearl fishers,  
From the depths of the Atlantic  
Silks weaved of golden threads by Persian weavers  
Egyptian art and Oriental treasures,  
Transported by Phoenician merchants  
All this wealth, nay, more,  
At the feet of "Psychic Conquerors" was laid  
Just as once "Scopolamine"  
By great Obstetricians into gold was transmuted  
But new gods men create,  
To fit the fashion of the day  
Insulin is the god now  
That brings wealth into the coffers of the few  
Watch the Great, and the mighty horde that hoards  
Hail Beware, arrogant Insulin pushers  
Other gods, newer ones, will come,  
New Bantings will arise,  
Beware! The fates of the "psyches"

The Grand Vizier of the Academy returned from abroad, with a lowered blood and higher intellectual pressure. His mentality is as dazzling as ever, his speech still encloses truths in transcendental humor. He plays with his words as musicians play with sounds. He combines harmony with staccato, ecstasy with reality serious thoughts sidereal in their loftiness with paradoxes of witticisms that strike deep and soar high. He combines the wisdom of Aristotle, the eloquence of Cicero, the strategy of Foch, and the brilliant diction of Johnson. You will hear him speak at our Dinner on January 9th, 1924

*We must now realize  
To all things Pasteurize  
Doc Gettlinger's telling us how  
So that they will not spoil  
You must bring to a boil  
The baby, the milk and the cow*

This column offers a prize to any one who can show any Medical Journal, National, State, City, or Village monthly, or weekly, which publishes less than twenty-five articles a year coming from Rochester, Minn

## The Staff Room

We will always remember most kindly our old staff room with its long, oak table in the center, comfortable Windsor chairs all about, the bulletin board which we sometimes read the book which we signed when we happened to think of it or on the days when we came especially early. Up on the top shelves are the busts of the older medicos—Hippocrates, Galen, Dupuytren, and others. How these old gents would blink at us and wonder how we do it with so much to be known, yet so little knowledge, so much to do, and so little to do it with, and yet we do carry on. And there, in

the lower shelves, are the library books, plenty of them, dust covered, unread, antedated, antiquated, space-filling ornaments. We can still see the old crowd when Rounds are all over and the informal discussion of the cases has ceased, and just before we went for our usual 5 o'clock coffee (that used to start trouble at home, when we came to dinner at 6 with no appetites) what a great line of stories we could hear

## Deliriums

### To G. D. S.

And if Surgery you want to learn  
With me on Friday morn adjourn  
To Bellevue Halls, and at the feet  
Of the White Robed Sultan incense burn

With him the seeds of wisdom sow  
It matters not if you be slow  
We'll listen to the Prophet's voice  
And from him learn all there's to know

He moves and thunders in the pit,  
We learn the wisdom of his wit  
The youths are stirred—their eyes all ask  
"Will we this great profession fit?"

The Master Surgeon moves his hand  
And having moved, the gonerous gland  
Does vanish—and youths amazed all vainly  
Try the mystery to understand

One moment in annihilation's waste  
One moment of the "Either Life" to taste,  
And mighty Mohammed wields the knife  
Come out, Appendix. Do make haste

Oh, great Alchemist, ruler absolute,  
Who does the "Dubs" info wise men transmute  
But some will pass and some flunk  
The law of average to execute.

For some we loved, the loveliest and the best,  
That from his vantage rolling time pressed,  
They went to College a year or two  
And flunked and crept silently to rest

Heredity is not as strong as one might gather from the literature. We know of a family in which the father had a congenital heart lesion, the mother an acquired heart affection, and yet she was recently delivered of a child without a murmur

## Vital Statistics

This issue of The Bulletin does not exceed 90,000 copies

Six new buildings were completed last month on the Grand Concourse. Result Twelve new specialists. During the year 34,672 babies were born in the Borough. 69,344 more tonsils to be removed.

Have you a little Sanitarium in your home? The House Surgeon had ordered for Mrs. Smith "Murphy Drop," to be given "two hours on and two hours off." The nurse's night report read "Patient slept well between Murphys."

At our Silver Jubilee, fifteen years hence, when some medical student of today will be our Society President, there is one office the incumbent of which we now know, Dr. I. J. Landsman, Secretary



# NEW YORK STATE JOURNAL of MEDICINE

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## STERILITY IN THE MALE\*

By J STURDIVANT READ, M.D.

BROOKLYN N Y

FIFTY years ago when the question of childlessness in marriage was presented to the physician in the large majority of cases the search for the cause was directed to the female only. This state of affairs is still very common. The following paper is based upon observation of 253 males referred to me by other physicians from whom the wives had sought advice because of lack of progeny.

Many of these cases have been observed as long as five years.

Analysis of spermatic fluid (condom specimen) in 253 cases of childless marriages

Normal	86	34	%
Abnormal	167	66	%
A Complete Azoospermia	59	31.5	%
Causes of			
(1) Injury	2		
(2) Deficient development (small testicles)	8	13	%
(3) Inflammation of unknown causes	10	17	%
(4) Inflammation due to In gripe	1		
(5) Inflammation due to gonorrhea	38	64	%
B Partial Azoospermia	108	64	%
Causes of			
(1) Injury	0		
(2) Deficient development (small testicles)	8	7	%
(3) Inflammation from unknown causes	42	39	%
(4) Inflammation due to In gripe	1		
(5) Inflammation due to gonorrhea	56	52	%
(6) Deficiency due to excess coitus	1		

The examination consisted in gross observation of external genitals, examination of prostate and vesicles per rectum, exploration of the urethra, a microscopic study of the prostatic fluid, and a complete study of the spermatic fluid in the "condom specimen." The condom specimens were secured as follows: Advice was given as to use of condom, and instructions to refrain from coitus four days before specimen was secured. The patient was ordered to tie a knot in the condom and suspend the part containing the fluid in warm, not hot, water (27° C better than 37° C). The bottle was to be wrapped in a warm cloth and carried under the arm next to the body, and to be delivered for examination within two hours.

K. Y. Jelly is the best lubricant. In one case of seeming necrospermia in a healthy subject the cause was found to be in the acidity of the powder inside the condom.

In doubtful cases there should be three examinations at weekly intervals.

For those who are unable to secure condom specimens other directions must be given. There is much that is unknown about the physiology of spermatogenesis. For the present we must rely on deviations from the normal appearance of the fluid to formulate our diagnostic and prognostic pronouncements. The two main considerations are the spermatozoa and the fluid (prostatic and vesicular) in which they occur—the so-called spermatic fluid. We are all familiar with many experiments on the lower animals and seemingly rats can be impregnated by spermatozoa drawn directly from the testes, but in natural human relationships a healthy fluid is as necessary as vigorous spermatorrhea for successful impregnation. In my own mind gold fish in a bowl of water visualizes the problem.

*The Spermatozoa* The number, shape and



degree of motility of the spermatozoa are the factors to be considered

The number of spermatozoa emitted at one ejaculation has been estimated by Lode to be 260 millions. In the ordinary microscopic field 30 to 60 should be seen. Their normal shape and motility must be learned by observation.

Azoospermia is generally due to mechanical blockage in the genital tract, but it may be due to absence of spermatogenesis in the testicles. I would here emphasize the fact that occasionally an apparently healthy man, free from any venereal disease past or present, in whom coitus is reported as normal, will upon examination prove to be without spermatozoa. I have seen this condition four times and can only speculate as to the cause. In these cases the testicles were normal every way to palpation. There may be some organic defect in the spermatogenic cells or more likely a mechanical blockage of the vas due to a developmental defect or to an inflammatory infection, not venereal, in very early childhood, which has left an inflammatory deposit somewhere in the vas. Occasionally azoospermia is a transitory phenomenon. I have seen one such case. There were two examinations with no spermatozoa found. Six months later there were many.

*Oligozoospermia* This may be due to (a), constitutional causes of any kind which cause marked impairment of the general health, (b), sexual excesses, (c), a developmental organic defect, small testicles, etc., or a possible endocrin deficiency, (d), certain nervous diseases, and (e), most important because most common, local inflammatory disease, especially of a chronic nature, venereal or otherwise.

With oligozoospermia is usually associated deformity of some spermatozoa, and partial or complete absence of motility, the degree and amount of which modify prognosis.

*The Prostatic and Vesicular Fluid* The normal reaction is alkaline. In 253 cases the litmus turned red in two cases. One proved to be due to some acid in the condom. The other remained persistently acid though the fluid was collected directly into a warm, dry glass.

The normal consistency of the fluid varies, but if a marked change occurs, either on the plus or minus side, it is accompanied by other changes. Pus in the fluid is indicative of chronic inflammation. When it is present in excess, some of the spermatozoa are apt to be abnormal, but I have seen many of normal shape and motility in its presence. In changes in the prostatic fluid from normal there is very often a great increase of the amyloid bodies. This may occur with or without the presence of pus. Its significance is unknown, but it is associated with abnormal physiology. My own opinion is that it indicates

a circulatory stasis which may be of either an inflammatory or non-inflammatory nature. Abundance of lecithin granules is a healthy sign.

*Treatment* In the light of our present knowledge the treatment in the male must aim to produce a normal number of normal spermatozoa, and to insure that the medium in which they move is normal, in so far as we understand what normality of this fluid (secretion from prostate and vesicles) consists.

The building up of the individual, through diet, hygiene, correction of devitalizing habits, especially sexual, and the administration of glandular extracts are the means to be employed for the proper functioning of the spermatogenic cells.

Alcohol in excess probably produces a devitalizing influence on the spermatozoa.

Tobacco in large excess over a long period decreases sexual power in some men.

Excessive coitus reduces the number of spermatozoa, and sometimes lessens motility.

It is wise to state that the employment of orchitic extracts is experimental, but in certain cases produces a sensation of well being, and may have a direct action on the spermatogenic cells.

In many cases the spermatozoa appear normal, but the medium in which they move is abnormal. This abnormality consists in changes in the consistency of the fluid, in its normal alkalinity (one case), in abnormal increase or decrease of the usual elements found in the prostatic and vesicular fluid, or the presence of abnormal elements, generally pus, in varying amounts, and bacteria. In all cases which we have thought offered chances of improvement by treatment, we have considered the alterations in the spermatic fluid due to passive congestion in the prostate and vesicles, with which may or may not be associated signs of inflammatory changes.

So our problem has resolved itself to the employment of measures designed to relieve congestion, to promote absorption of inflammatory products and to the destruction of foreign bacteria. For this purpose the means which we employ are massage, heat, the use of the faradic current to the prostate, and measures to promote absorption of small round cells infiltration around the opening of the ejaculatory ducts and the insuring of patency of the vas.

Our own practice is to use these remedies two or three times a week for two months, and then to examine a condom specimen as a control. If improvement is manifest, we continue until three such courses, with a month's interval between, have been given. It is surprising to see what definite improvement does take place in some of these cases, and a fair number have reported



pregnancies in the wife (of course we have to remember that corrective measures have been applied to some of the women, but there are quite a number in whom pregnancy has been reported after treatment and whose wives had been pronounced normal always) The index of improvement in these cases consists in return to normal of the numbers and motility of the spermatozoa, and a lessening of deformed ones The presence of pus in the fluid is always indicative of inflammatory changes, and its steady diminution in the expressed secretion is generally accompanied by other signs of improvement In nearly all of my abnormal cases there has been a great increase in the number of amyloid bodies Often in cases in whom no evidence of inflammatory disease of any kind, past or present, could be found, this marked increase of amyloids would be the only alteration in the fluid Massage, heat, etc., would be followed by diminution of amyloids to normal, and in some cases pregnancy was reported

Lecithin granules are stated to be indicative of healthy prostatic fluid, and its disappearance and reappearance are said to be associated with abnormal and normal conditions in the prostate This has not been a constant factor

We are aware that there are many obscure physiologic genetic problems, but for the family advisor in these childless marriages certain clinical facts may be emphasized

1 The question of sterility is a dual one the husband must *always* be examined

2 Gonorrhea may cause sterility in the male not only by mechanical blockage of the vas, but also by producing changes in the prostatic fluid

3 Other bacterial infections of the genito-urinary tract may cause changes similar to those of gonococcus

4 Absence of venereal disease, and a history of normal coitus with ejaculation of fluid, is no sure evidence of procreative power on the part of the male

5 A certain number of males who have been married many years and whose seminal fluid has been found deficient have improved under the above outlined treatment, and have begotten children In every childless marriage every husband should be properly examined before the wife is pronounced at fault

6 In selected cases surgical measures to secure a patent vas have been successful

Treatment to the prostate and vesicles is carried out as follows

With the patient lying on his side a prostatic thermophore is introduced and kept at a constant heat by means of an electric thermophore machine After five or ten minutes gentle, but thorough, prostatic and vesicular massage is given An irrigation through the urethra into

the bladder, without catheter, completes the treatment

Faradic massage to the prostate stimulates the muscles of the prostate and the surrounding muscles, for often oozing of fluid will be seen during the application of the current Massage and irrigation are used with this procedure

Introducing ten ounces of silver nitrate solution (1/4000) into the bladder, then massaging and letting the patient empty the bladder is another useful procedure The above three measures are given alternately every two or three days The urethra must be relieved of stricture and submucous infiltrate by appropriate treatment

### Discussion

DR. EDWARD REYNOLDS, Boston Marital unfruitfulness has always been considered among a majority of all people in all times as a great misfortune, even as a curse, and marriage unblessed by offspring is one of nature's saddest tragedies

From whatever point of view a fruitless union is considered, the result is detrimental to the best interests of society, and the exceptions due to chronic disease of one or both parties are few and far between

Seldom is a childless marriage a happy one and only too often the sterility becomes a disruptive factor that destroys the integrity of the household

Nature, in her infinite wisdom has endowed every woman with a maternal sense and a desire for children, and if this natural maternal longing is not gratified, her very nature will frequently become changed, and her mind take various abnormal slants hardly conducive to her happiness, or to the happiness of those around her

The presence of children in the household is the strongest factor in maintaining the happiness and integrity of the home and in the development of the home life which is so vital to the advance of the race

The highest rate of sterility today is to be found in over-civilized communities, and a study of the abnormal conditions of life in such communities will show many evils responsible for the increased sterility from which they suffer Alcohol, vice, and immorality are responsible for a very large percentage of sterility Consanguineous marriages have an evil influence. A single child the feeble fruit of worn-out stock, is usually low in fertility

Three years of normal married life should pretty well decide the question of probable sterility, for only about 7% of the fertile bear their first child after that time



The steadily progressive desertion of the land for the cities—today our urban population exceeds the rural—must be met with and fought at every turn

Modern materialism is pre-eminently the peril of the American family, for it leads in all classes to a restriction in the size of the family. It has so conquered the life of the city that all hope for the future would seem to lie in the country and suburban districts. Every effort should be made to help the upper working class, who have a real interest in the future of the country, but, where living on meagre, fixed incomes, their actual economic position is below that of the lower working class, even that of the manual laborer. The State is far from fulfilling its obligations towards lightening the burden of large families. A liberal endowment of motherhood in all classes is urgently needed. The preservation of the nation will depend upon the great middle class,—those who have risen above the confining and retarding environment of poverty, but have not acquired the idle migratory habits of the rich.

The taxation of unmarried adults has much to be said in its favor, and a great deal could be done by wise relieving of the early financial burden of growing families. The woman is entitled to every help in the performance of those duties which are her natural inheritance.

With a high and increasing rate of sterility among her native born, and a birth rate padded by the immigration of more fertile races, the United States faces a great crisis today. Among our native born, sterility is increasing, fertility decreasing, and there is an ever-growing desire to avoid parenthood. Restriction of immigration, intelligent governmental help to parents, and a reduction in the preposterously high cost of living, must soon be accomplished facts if a truly American race is to survive.

Sterility is of paramount importance to the

race, and is a subject well worthy of continued careful and faithful study.

When all examinations have been made and we take up for final review the recorded facts in an individual case, a more or less definite cause for the sterility can usually be settled upon. The treatment for this may be simple and free from danger, or it may be complex and call for operative measures, the carrying out of which would be attended by a very definite surgical risk. In such cases do the danger and uncertainty of result warrant the surgeon in advising such a risk, or the patient in accepting it? In deciding such a question we have no precedent in surgery to go by, for from time immemorial surgical operations have only been advised to save life or to relieve suffering where the ethical ground has always been firm under our feet. Now we are facing an entirely new situation. Our position rests on no such firm foundation of fixed opinion, but rather on the uncertain and ever-shifting quicksands of controversial opinion, which is a very different matter. If the assumption of a major operative risk is justifiable in the hope of relieving suffering or of saving a life, is it then also justifiable in the hope of creating a new life? If not, then just how much risk are we warranted in taking in our efforts to relieve sterility? To be sure the question is much simplified in the presence of marked pathological lesions which in themselves are responsible for a certain degree of ill health or suffering, independent of the co-existing sterility, and which call imperatively for surgical relief. But this is only begging the question, and helps not at all in deciding what is justifiable in the presence of the single uncomplicated symptom of sterility. I can see but one course that is fair and ethical, and that is to leave the ultimate decision to the parties most concerned. The husband and wife must make the final decision.

## FACTORS ENTERING INTO THE DIAGNOSIS OF STERILITY \*

By EDWARD REYNOLDS, M.D., and DONALD MACOMBER, M.D.,  
BOSTON MASS

THE subject of sterility in the female presents such extreme complexities that it is difficult to give an intelligible and comprehensive view of the entire subject in a short space. We shall therefore confine our attention to a discussion of diagnosis in general, and to a consideration of the various examinations involved in making a diagnosis in a given case.

This subject of diagnosis is perhaps the most

important in the whole matter of sterility since it determines the nature of the treatment and the outlook for success which that treatment offers. The actual treatment itself is as a rule not as highly specialized as the methods of diagnosis, and consists for the most part of procedures well recognized in gynecological practice. It is true that certain procedures, notably those used in dealing with ovarian and uterine dysfunctions, require a special technique for their successful employment, but the methods of treat-

\* Read at the Annual Meeting of the Medical Society of the State of New York, at New York City, May 22, 1923



ment are generally well known and require no special elaboration here. Diagnosis, on the other hand, is becoming almost daily more and more intricate and minute. Let us first turn, then, to a consideration of the various methods at our disposal for making such a careful diagnosis.

It should be stated at the outset that diagnosis of the cause, or causes, of a given sterile mating and the examinations by which that diagnosis is to be reached, necessarily involve an investigation of the man as well as of the woman. In this paper we have been requested to treat of the female side only, but in practice it is impossible to separate the two sides in this somewhat arbitrary manner.

While it is proper to speak of the sterility of a marriage, it is rare to find any individual who is completely sterile. Few individuals have not some degree of fertility, their fertility is merely lowered from one cause or another. Individual sterility from gross pathologic lesions does of course exist and must be dealt with, but the sterility of most marriages is caused by decreased fertility in one or both of the individuals concerned. Such lowered fertility is about as often caused by general constitutional conditions as by local disturbances.

As in other departments of medicine any examination should always be preceded by a most careful and painstaking history, and this seems to us of especial importance in cases of sterility. Such a history, in addition to covering all important illnesses and operations, should include a particularly careful investigation of the menstrual and developmental history. The points particularly to be stressed throughout are the general condition of the individual, together with any particular symptoms during the difficult periods of development and early married life. A most thorough cross-examination as to the present condition is also essential. In addition to questions in regard to the proper functioning of all the physiologic systems, the patient should be questioned carefully in regard to nutrition, diet, and exercise. Another important point to be stressed is the sexual history, with particular regard to the adjustment of early married life and the establishment of regularity of habit. In general, an attempt should be made to discover any deviation from the normal of any function, however remote it may seem from the local physiology of the reproductive system. Similarly a most careful physical examination should be made, and should include all of the recognized procedures which bear upon constitutional conditions. This is particularly important because of the effect which focal infections or intoxications may have on the reproductive function. It is probable that such conditions and the

similar effects produced by malnutrition, or faulty posture act first on the health of the body as a whole, and that the local effect upon reproduction is produced secondarily through the blood or the nervous system. However that may be, it is certain that anything which affects the general health may in susceptible individuals markedly impair the "breeding condition." This is well known to animal breeders and has recently been shown experimentally by us in our laboratory studies on the effect of deficient diet on breeding.<sup>1</sup>

There are several other important points which we must note in the general examination in addition to those which we have just suggested and perhaps the most important of these is the effect of anemias of even rather slight degree. It is well known that in the several anemias menstruation may cease altogether but we are rather apt to overlook the effect of lesser degrees upon reproduction since no such extreme effects are produced. It is, however, the very fact of menstruation with its normal periodic loss of blood which makes the consequences of anemias of even mild degree so far reaching.

A second point which is especially worth keeping in mind is the frequent association between slight enlargements of the thyroid and trouble in the ovaries. The relationship between these two glands of internal secretion has never been worked out in any complete manner but it is certain that some relationship does exist. Finally it goes without saying that signs of constitutional disease such as tuberculosis, syphilis or diabetes must always be searched for.

Having completed the taking of the history and the general investigation of all the bodily functions the next step in arriving at a diagnosis is the local pelvic examination. In making this the usual visual and bimanual examinations should be followed by a recto vagino-abdominal palpation which is made with the forefinger in the vagina, the second finger in the rectum, and the other hand on the abdomen. The superior degree in which the shape and relation of the uterine body and the condition of the ovaries are determined by this examination can be appreciated only by those who have trained themselves to it. It is essential to the determination of the existence of spasms in the uterine attachments, a very important item in the examination for sterility, and the functional derangements of the ovaries can hardly be studied successfully in any other way. These examinations should usually be repeated under anesthesia. The use of primary anesthesia by gas-oxygen is so lacking in disturbing or unpleasant features as to be quite unobjectionable.

The examination should always include not



only the usual gynecological search for abnormalities, but a complete review of every part of the genital organs, including size, shape, degree of development, tenderness, congestion, localized inflammatory conditions and spasms, all of which have a direct bearing upon the functional derangements which are all-important in sterility.

Thus far the object in the study of a case has been chiefly the search for conditions either general or local which might interfere with the proper activity of the reproductive function, and it has not developed any methods which might be said to be peculiar to the investigation of sterility. The only emphasis has been upon thoroughness. There are, however, methods which may be said to belong entirely to the realm of sterility, and it is now our purpose to discuss these in somewhat greater detail than we have so far employed.

Our best guide to the functional activity of the generative organs has come from a study of their various secretions both during inactivity of the organs and also as seen after the excitation of coitus, and the evidence so obtained must now be described.

Under normal conditions the secretion of the vagina is small in amount, slightly milky, somewhat granular in appearance, and of moderate acidity. Under the microscope it is seen to consist largely of squamous epithelium and to have growing in it a fairly profuse and usually quite mixed bacterial flora. At the several stages in the menstrual month there are more or less pronounced differences in the character of the desquamation and in the number of leucocytes present. In fact by observing such changes it is sometimes possible in women, as in some animals,<sup>2</sup> to tell at what stage in the menstrual cycle that particular woman happens to be, and this variation must always be allowed for. Under abnormal conditions the amount of secretion may be much increased and the character so altered as to produce a curdy appearance, and the acidity may be greatly increased. When this abnormal secretion is examined microscopically, the flora often consists chiefly of a characteristic bacillus probably identical with that described by Doederlein. It is possible that increased vaginal acidity and the altered character of the secretion may occasionally alone be responsible for the sterility. This is probably a pretty rare condition, however, on account of the frequency during coitus of some degree of uterine suction, which draws spermatozoa immediately within the cervical canal. We believe, however, that the fact of an extreme vaginal acidity is important for another reason, in that it may serve as an index to a profound alteration in the physiology of the whole tract, and

that in practice the cause of this alteration is most frequently found in abnormal conditions of the ovaries, as will be explained a little later.

The secretion from the cervix is small in amount under normal conditions. It is crystal clear, and has about the appearance and consistency of white of egg. Under the microscope only an occasional leucocyte can be seen, and there are no bacteria whatever. After coitus this secretion is normally much increased, so that there should be what amounts to an actual "post-coital flow", but it is never increased normally to a point where spermatozoa are unable to make head against it. There may be various alterations from this normal. One of the most common, which is usually associated with a small external os and an anteversion of the cervix upon the body of the uterus, is due to inadequate drainage. The secretion is thicker and more tenacious than normal and under the microscope is found to contain a much larger number of leucocytes. Chronic congestion may cause changes in this secretion, varying all the way from a condition resembling the post-coital flow to conditions where there has been secondary infection of thick mucus. These infections are usually secondary to congestion, and non-venereal in origin. In primary infections, which are usually venereal in character, but may occasionally be caused by some of the commoner pyogenic organisms, the appearance of the secretion is more nearly that of frank pus, and from this difference they are more apt to spread to the uterus and tubes.

Under normal conditions the secretion from the uterus is slight in amount and watery in character. It is very difficult to obtain this without at least a little trauma, so that the cellular elements, if any are present, are apt to be obscured by the presence of red blood corpuscles. Where there has been chronic congestion or where there have been changes in the uterine mucosa, it is not uncommon to find certain alterations. The most frequent of these is a slightly increased percentage of mucus so that the secretion somewhat resembles that from the cervix. Occasionally where there has been much hypertrophy of the mucosa, a tiny bit is drawn through the eye of the syringe and can readily be recognized under the microscope.

It is certain that the tubes also have a secretion which is subject to alterations, and occasionally it is possible to suspect that such alterations have occurred from the fact that many dead spermatozoa may sometimes be found in a uterine secretion which would otherwise seem to be of normal character, the theory being that secretion draining down from infected tubes has



rendered the otherwise normal uterine secretion sufficiently hostile to have this action.

In the last few years the transuterine insufflation of the tubes which was first advocated by Rubin<sup>2</sup> has given us another and much more reliable way of investigating this part of the genital tract. Much has been written and much still remains to be written about this method and its variations. There can be no doubt that it has certain dangers, but there can also be no doubt that, if employed in suitable cases and with proper precautions, it adds greatly to our ability accurately to diagnose cases of sterility. The technique of that test does not concern us at this time; suffice it to say that the interpretation is not to be taken too literally where the implication is that the tubes are closed or obstructed. It should always be repeated a number of times before a negative conclusion can be drawn with any safety.

Up to this point we have been able to be fairly definite in our statements of the various changes to be found and their significance, but when we come to a consideration of the ovaries, we are less able to attain entire certainty. There are only two common conditions which when found indicate a failure to produce ova, and both are attended by slight but persistent enlargement of the ovaries. The first is the presence of numerous small "retention cysts" in a rounded, tense, and somewhat enlarged ovary, the second the persistence of one or more corpora lutea over a prolonged period. In the latter case also, there is enlargement of the ovary, and on inspection it is impossible to find any of the "scars" which give the normal ovary its distinctive appearance and indicate recent functional activity. It is comparatively simple at operation to decide by palpation and inspection whether a given ovary is functioning or not, but when attempts are made to determine by pre-operative examination the actual conditions present in the ovaries of a given patient, the matter is much more difficult. As was explained when describing the recto vaginal palpation this method offers us the best means of actually palpating the ovaries and estimating their size and consistency. When this method is employed under an anesthetic, it gives us the most reliable information which we can obtain at a single examination. In cases which we are able to see frequently, it is, however, often possible to get further indications as to whether the ovaries are functioning or not by examining before and after the menstrual period for two or three months. Under normal conditions the ovary is practically not to be felt except directly after the period when the fresh corpus formation has caused a very moderate enlargement. If it is found that first one ovary and then the

other is enlarged for a short time after the period, but that the enlargement disappears entirely before the ensuing period, the presumption is that those ovaries are functioning in a normal manner. If, furthermore, the vaginal secretion is not over-acid if there is no demonstrable enlargement of the thyroid, and if the menstruation is normal in amount and regularity, this presumption becomes almost a certainty. If either ovary fails to resume the normal size in the latter half of the inter-menstrual interval, there is a presumption against full ovarian activity, and this is strengthened or weakened by observation of the secretions which accompany it.

So far we have dealt entirely with the examinations of the woman, but it now becomes necessary to sketch in very briefly the methods which are used in examining the man. As with the woman, history and general physical examination are of the utmost importance in determining general condition and the possibility of constitutional disease, or the possible effect of focal infections and other similar conditions. With the man also a most careful local examination should be made to determine any abnormalities. Such an examination will sometimes require the co-operation of a skilled genito-urinary surgeon but it is advisable in diagnosing any case of sterility to make at least a routine examination of the male in order that the value of the findings may be kept in its proper relationship to the picture as a whole. In the examination of the secretions we have, in the male as in the female, another clue to the manner in which these organs are actually performing their work, but in the male we derive a further advantage from examining the secretions in that there we are able to see and study the reproductive cells themselves. This may be accomplished either by obtaining a direct specimen of semen, or by obtaining the secretions of the female after coitus and submitting them to a thorough study in the gross and under the microscope. As we have stated, it is not our province in this paper to discuss in any detail the question of male sterility, but we do wish to emphasize one important point and that is that from our point of view the mere finding of motile spermatozoa in such an examination is in itself no absolute proof of fertility, but that the number, degree of motility, and vitality of the spermatozoa must be estimated and the character and cellular content of the prostatic and vesicular contributions to the semen must be carefully observed.

Having now reviewed the various methods employed in estimating the degree of fertility of the two individuals concerned in a given mating,



it becomes necessary to observe as far as possible what actually happens when they are combined. The method was first suggested by Huhner<sup>4</sup> and, as mentioned above, consists in observing under the microscope what happens to the spermatozoa in the various secretions of the female. In practice sufficient knowledge can be obtained if the examinations are made within the hour after coitus. They should include a study of the seminal pool in the vagina, of specimens taken from various portions of the cervical canal and, if possible, from the uterine cavity. The points to be observed here are again the number of spermatozoa at the various levels, the percentage of them which are alive, and the quality of motion and vitality of those which are not tied up or dead. If a study has not previously been made of the morphology of the spermatozoa themselves, this should now be done with stained smears.

This examination completes the investigations which are necessary in arriving at complete diagnosis of the cause, or causes, of sterility in a given case. It will be seen that a very considerable mass of data has been accumulated by the methods employed, and it now becomes our task to co-ordinate and simplify these facts so that they can be presented to the patient in an intelligent manner. This is particularly necessary for the reason that cases of sterility belong to a different category in practice as compared with cases which involve questions of health, or of danger to life itself, furthermore an accurate prognosis is especially important in sterility, since the institution of treatment, and more especially of operative treatment, in cases in which it is judged appropriate, involves a decision that is different in kind from that which is concerned with the relief of ill health alone.

When an abnormal condition involves a distressing symptomatology, and more especially when it involves danger to life, it is of course proper for the surgeon to urge on his patient the importance of treatment, whether minor or operative, but the institution of treatment, with its discomforts and expenses, for the relief of sterility alone is one which is essentially at the choice of the patients, and which is wholly dependent on the degree of their desire for children in relation to the degree of improvement in their prospects which may be expected from such treatment. Their decision must then be largely dependent on the prognosis that is given to them, and every effort should be made to render it accurate.

There is moreover an additional consideration

which enters into every prognosis and will materially influence any decision which is to be made, and that is that the prognosis of any sterile mating depends on two factors, one is the nature and severity of the causative lesion found in the individual who is responsible for the sterility, and the other is the degree of fertility of the other partner to that mating. The prognosis may not infrequently be much worse where the fertility is only moderately reduced on both sides, than where there is absolute sterility from a remediable cause on one side but with a high degree of fertility on the other.

Having now completed this brief review of the factors entering into making the diagnosis and giving the opinion in a case of sterility, we wish to conclude by emphasizing certain points which we have found to be of the greatest importance. First, no diagnosis can be satisfactory which is not based upon a most thorough and exhaustive study of both of the individuals concerned in the particular mating under consideration, and second, no opinion, or treatment based upon that opinion, can be adequate unless due weight is given to the inter-relationship between these two individuals. In other words—we believe that it has been established<sup>5</sup> that the fertility of any mating may be regarded as the combination of the fertilities of the partners to that mating, and that for that reason it is only this mating fertility as obtained by careful and simultaneous examination of both partners which can be used as the basis for a rational and dependable opinion.

#### BIBLIOGRAPHY

1 Reynolds and Macomber. Defective Diet as a Cause of Sterility. *Jr A M A*, July 16, 1921, vol lxxv, pp 169-175.

Reynolds and Macomber. Certain Dietary Factors in the Causation of Sterility in Rats. *Am Jr Obstet & Gyn*, St. Louis, vol xi, No 4, October, 1921.

Macomber. Defective Diet as a Cause of Sterility, Final Report of Fertility Studies in the Albino Rat. *Jr A M A*, April 7, 1923, vol lxxv, pp 978-980.

2 Evans, Herbert McL and Long, Jos A. Oestrous Cycle in the Rat and its Associated Phenomena. *Memoirs University California*, vol vi, June 28, 1922. Armin O Leuschner.

3 Rubin, I C. Non-Operative Determination of Patency of Fallopian Tubes. *Jr A M A*, 1920, vol lxxv, 661.

4 Huhner, Max. Sterility in the Male and Female. *Rebman Co*, N Y, 1913.

5 Reynolds and Macomber. Relative Fertility. *Boston Med & Surg Jour*, March 23, 1922, vol clxxxvi, No 12, pp 380-384.



## BESETTING AND OTHER MORBID FEARS \*

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WHEN an injurious foreign body is introduced into a living creature there is a response calculated to destroy or cast out the intruder or to incarcerate it.

Immunization, abscess discharge, encapsulation represent these processes. In avoiding the injurious some can do even better, for even an amoeba can illustrate the advantages of prevention over cure by escape from the hurtful substance so that it does not enter its body at all. Negative chemiotaxis is the forerunner of fear.

By means of specialized organs known as distance receptors some animals can avoid the objectionable without contact. Nevertheless a physical stimulus is at work, waves of sound or light, even when the more primitive chemical stimulus of smell is not in question.

But in cerebrate animals the problem is much more complex than immediate avoidance of uncomfortable stimuli. Integration of former experiences influences their responses so that primitive instincts are swamped in many relations. For example the primitive desire of the hungry boy to seize the nearest food is kept in leash by the imagining of the distress at being disgraced as a thief. Foresight forestalls many a rape, imagination prevents murder.

Inhibitions of this kind are all reducible to the simplest terms of experimental psychology by means of the famous caged rat. The rat in the cage will not cross the electrified flooring when twelve hours hungry, but may do so when twenty-four hours hungry, or more certainly when the temperature has cooled to 5° centigrade.

In this experiment hours of hunger measure the degree of desire, volts of electricity measure the inhibitory stimulus the chilling of the temperature increases the physiological stimulus (discomfort) to a degree which overbalances the discomfort of the electric shock (dread).

The result may be stated in psychological terms as a change of mental attitude, (desperation) leading to new conduct (recklessness). Politically speaking fear bred by desire for comfort and security (conservatism) becomes enterprise bred of privation and discomfort (radicalism).

In the motivation of the radical rat we may find the interpretation of many a conquest of fear. Historical examples are legion. The assault of the French revolutionists the colonization of New England and of Australia, the em-

gration of the Huguenots are examples in modern history. Biographies of self-made men furnish innumerable examples. More complex are the motivations of some reformers. The abolitionists braved obloquy because of moral discomfort at the realization of slavery. These radical rats endured the shocks of public contempt for the sake of the food of universal human freedom, because of the moral discomforts brought by their imagination of the sufferings of fellow creatures as slaves. The intense dread of the ridicule of his fellows felt by the average prudent man was in the Abolitionists overbalanced by the distresses (grief and shame) induced by Harriet Beecher Stowe, Garrison and like protagonists.

In physiological stimuli even we can find the source of most complex motivations. Fear which is among these is never causeless. It is only obscure because of the multitude of the experiences which go to make up any impulse in a sophisticated human being. The memory of one sensation tends to action in one way but it may be overborne by memory of a different sensation which tends to action in a different way, which different way may be avoidance of action as in the first place, that is, escape. The simple example is the child seeing the bright object, the fire, and wishing to touch it being halted by the memory of having been burnt which compels him to refrain. The child bitten by a dog will run from other dogs. So the young person repeatedly humiliated will avoid social contacts and grow up timid. This will be done without much thinking about it as a kind of habit even though there be no prospect of humiliation just as the rat will eventually learn not to cross the barrier even when there is no electrical charge therein.

The rat, however, can be re educated to learn the harmlessness of the metal plate. And so the human being can be re educated to learn the harmlessness of situations which in childhood he found injurious.

The process of doing this has been called reconditioning, it is the basis of psychotherapy.<sup>1</sup> Getting rid of fear depends upon this process which has its roots in physiological data concerning sensation and summation of stimuli and in psychological data concerning the determinants of emotion and the formation of habits.

Physiological fundamentals however are only the principles for guidance, they are not the means for therapy, these are more complex.

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<sup>1</sup>See William "The Situation Psychology" Southern Medical Association, to appear in their Journal, 1924



psychologically. The whole matter is perhaps best illustrated by an example given at length.

Thus, a collegian of twenty-one, after a violent struggle to accomplish the work at a woman's college, found herself unable to do so, became more and more panic-stricken by her failure, slept worse and worse, and finding an emotional outburst imminent, and in terror of disgracing herself, induced her people to allow her to leave. Rest scarcely improved her, and an attempt to teach school was not successful, although she finished the term. A year later she was sent to me to see if it was expedient for her to return to college.

Psychological examination revealed the real cause of her failure. She was a healthy, muscular girl of excellent stamina and clear mind, and there were only some minor physiological disturbances which were readily dealt with medically—viz., an elevation of pulse and blood pressure, soon falling to normal, and a roughness of skin and excess of fat soon disappearing with treatment. It eventually transpired that she herself attributed her failure to a hereditarily defective nervous system for which there was no remedy, and this seriously alarmed her, as she wished to continue at college in order to please her family.

Psychological investigation, however, soon showed that her life had been a prolonged though intermittent struggle to avoid or combat her various fears, and that the intense emotional stress of relating herself to her fellows in college, particularly when she was placed in a conspicuous place before them, as in reciting, had undermined her strength until she could stand it no longer. This timidity had not been so evident when she attended a Southern high school, where conspicuousness was more avoidable. Nevertheless, even there, when called to the blackboard, a horrible faintness would seize her, and she swooned once in terror during a violin lesson.

As a girl, at home, singing in the choir terrified her and she pleaded very hard without success, to be allowed to leave this conspicuous position, although she did not inform her people of her real reason. Another of her dreads was of an open place. When in the open she felt as though her balance was being lost, and experienced an almost irresistible attraction for the ground and a wish to go on all fours. Her legs weakened, her heart palpitated and she became more and more terrified. She had avoided occasions for being alone, which she also dreaded. Another of her fears was of herself, as she called it. This began in the bath on an occasion when she began to wonder who she was, it was the realization of the ego, as psychologists call it. The detachment of herself in thought from herself in the body caused a terrifying feeling of loneliness. This

is not an infrequent reflection, all through life, and has been expressed by many philosophers, but a child in a bath not used to philosophizing found it a terrifying conception.

As a young child her embarrassment would show itself by a twitching of the eyes. This became a habit which she succeeded in stopping when bribed, although it recurred each spring until she was about seventeen.

These fears had really originated when she was about four years old. One evening, while walking alone, the sudden noise of a street car startled her, so that she ran away, past people she knew who were sitting on their doorstep during the heat of summer. She was so ashamed of her conduct that ever after she dreaded showing fear before others. It was this incident which formed the root from which grew the dread which poisoned her life. At college so great was the girl's terror of living with her dreadful anticipations that she had decided to expose herself to cold in order to contract pneumonia unless she was allowed to leave. Before she was permitted to leave, her terror had reached such a pitch that nearly everything would induce it. At meals she could scarcely swallow, at times she was going about in a kind of daze with a feeling of pressure in the head.

This sensation in the head is a frequent consequence of prolonged anxiety. Physicians once supposed that the patient's complaint was imaginary and that the headache was an excuse to avoid the unpleasant. It was regarded lightly as one of the "inexplicable symptoms of neurasthenics." This opinion, which I could never hold, is fast being abandoned. Sensations of this kind in the head are now not looked upon as different in kind from the sensations which emotional states may produce in any part of the body, more particularly in the chest, abdomen and pelvis. Unfortunately many of these sensations direct the victim's attention to the region where the sensations are felt, and he believes that a physical disease of the organ must be present, and often succeeds in inducing the same belief in the medical man he consults. Even surgical operations have been performed because of symptoms of emotional origin. Pressure is the usual feeling in patients in this state, as in this girl, but in some instances the feeling is one of void.

She had succeeded in her brave struggle until a perusal of a text-book of psychology, in which she naturally turned to the chapter on Fears, informed her that they were "mental" and absolutely beyond her control. This was the finishing touch. This misinformation which, of course, she did not know better than to believe, made her feel like a creature in a dragnet from which she could not escape and therefore she lived in a constant panic.



It is instructive to note that the fear of situations which would make her conspicuous before others was in no way aggravated when there occurred at the age of fifteen that frequent ashamedness of their sex which affects young girls, even although she believed for a while it was wicked. Later on when she once missed menstruation, she feared, in her ignorance, that she must be pregnant. So much for the sexual factor in this girl's neurosis, even though at the age of eleven she did not wish to grow up but wished to remain as a child where the facing of situations was less exigent.<sup>1</sup>

Although the genesis of her apprehensiveness was quickly uncovered, yet it required several interviews to bring home to her the real import of her difficulties. When she realized the import of what we had revealed she still had several objections to offer. For instance, she asked "Why, if the feeling of fear comes only because of fearing it does it come sometimes without thought, and at other times does not come even when thinking about it? Since my thoughts or dread of it seems not directly to affect it, is it not a thing that is fundamental and so will come even though I understand it?"

To this I replied that it depended upon the attitude of mind one adopted towards the particular occasion which aroused fear. Thus, an engineer officer did not fear a barrage, because he took the attitude that to encounter it was part of his duty, whereas he did fear the creaking door when in the house alone because it aroused infantile feelings the cause of which he had dodged instead of meeting logically and courageously. It is a misapprehension to infer that fear of this kind comes without thought. It only seems so because of its rapidity, as in the case of the boy who ran in panic for fear of the wild beast jumping upon his back and who, when he really considered the problem, had to confess, "I guess my imagination gets away with me." On the contrary, fear is aggravated by thinking of it timorously without understanding, superstitiously, whereas when we think of it studiously, in a scientific spirit, with a view to penetrating its meaning and understanding its causes, one would cease to be afraid because one would exorcise the bogey which is always the real cause of fear.

These answers destroying the premises of the question, the conclusion that her fear was fundamental "and will come even when understood" was invalidated.

Another of her doubts was that one might legitimately fear a return of loss of confidence, especially to a person of a melancholy disposition. To this I pointed out that the loss of confidence had specific causes, and the removal of these would prevent the recurrence. Furthermore I

told her that no patient whose fears had been removed by me had ever relapsed in spite of encountering most exacting trials of courage, one of them over a period of many years. She asked if her fear were more fundamental than that of one of the cases I had cited to illustrate the formation of fear, viz. that of a small boy and some lions in a zoo. I replied that it could not be more fundamental than that of a phobic professional man of highly faulty heredity, whose fear was removed in ten days and in whom it had not returned, twelve years later. Reflection upon these data has enabled this young woman to dispose of her fear and she now leads a happy existence.

This case is an illustration not only of the mechanism of long continued fear, but that one of the factors in the development of tic is fear. Had repeated efforts not been made to overcome the twitching of the eyes, the patient would likely have found herself in the hands of an ophthalmologist, because of the spasm of the orbicularis palpebrarum.<sup>2</sup>

This case shows, too, that physical conditions bring forth emotional reactions hitherto latent, the factor in this case being the alteration recurring each spring during the adaptation of the organism to changes of temperature and different habits of living.

On the other hand, the case illustrates that physical sensations (headache) may be the consequence of reactions induced psychologically but through a physical mechanism.

Adaptability to stresses comparatively mild was manifested by this patient who could not adjust herself when severe stresses became unavoidable. Her condition then is an illustration of precipitance by psychological causes.

The final breakdown is a beautiful example of direct induction in a person prepared to reach this culmination by long seepage in conditioned situations. These situations, while apparently extraneous were actually distorted into terrifying ones by the projection of the patient's own interpretations upon them. The trend of thinking which was responsible arose from a single circumstance very early in life, the intense emotion of which had not been rationally dealt with because of shame.

Finally this case, and most of the others discussed in my recently published book, *Dreads and Besetting Fears*, are greatly remediable by appropriate treatment. This treatment is not usually the long-drawn-out affair that some have argued for. Eight visits in the course of two months were sufficient in this case, and in not all of these was psychological work done. Many patients have gained capacity for adaptation within a week, such as the claustrophobic on

<sup>1</sup> See my discussion, *Some Neglected Psychopathic Factors*, *Jr. A. M. A.* 1922, October 6th.

<sup>2</sup> See my paper "Diplopia," *Jr. A. M. A.* 1923, October 22nd.  
<sup>3</sup> The methods of dealing with besetting fears are discussed in the above-mentioned book.



page 74 of the book, and such as the case of fear of storms in a business man, which actually was a fear of death and was traced to its origin in a particular incident acting upon an only child whose self-love was hypertrophic

In very few cases, and in none of the above, was the mere analysis sufficient to readjust the patient. In all, constructive psychological work had to be accomplished. The business man only became comfortable when he came to realize that he "didn't amount to much anyhow." The claustrophobic ceased to fear assemblies only when with much difficulty she had completely reconstructed her mental attitude towards the violent physical reactions which her dread created, and which she could scarcely persuade herself originated psychologically. The collegian required the transformation of her belief that she was fated by heredity to be a pitiable coward.

*The Sense of Inferiority*—The fear of situations where one has to adapt oneself to the wishes and desires of others is due to a feeling of inadequacy to these situations. It was described at great length by Pierre Janet, after the study of about three hundred patients, under the name of "sentiments d'incompletude," as one of the manifestations of a general state of lowered psychological tension, as he called it. He termed the patients "psychasthenics," and in his great book, "Les Obsessions et Les Psychasthenics," he has given us the most complete analysis of the state

of these distressed persons. However, he has failed to penetrate very deeply into the genesis of these patients' symptoms and is often content to incriminate heredity without ascertaining the determinative sources of the patient's difficulties.

It is quite true that chemical irregularities will render more sensitive the organs which receive the kind of impressions which arouse emotion. Individuals intoxicated by alcohol are easily terror-stricken. Persons poisoned by infectious disease are inclined to be timorous also. Maniacal persons are most susceptible to terror-bringing incidents. However, in none of these kinds of fear is it profitable to deal psychologically with the fear itself. In all of them the fears will cease when the physical disturbances have subsided, unless the patient's mind has dwelt for a long time upon a single fear, which is very apt to be one concerning disease. In that case the habit of thought which continues the fear must be dealt with psychologically, just as is exemplified in the case of the collegian above.

*The Principles to be Utilized in Dispelling Fear*—A study of the above case illustrates the need of discovering the mechanism by which fear affects a patient. By understanding this the patient frees himself of what to him is a mystery. Strictly speaking, it is only the unknown which is terrible. Sailors do not fear storms as they do portents. The bravest soldier may be terrified by a cat. A woman terrified by a harmless cow will cross the most dangerous street unmoved.

## OBSERVATIONS REGARDING BRAIN ABSCESS OF OTITIC ORIGIN \*

By WILLIAM SHARPE, M.D.

NEW YORK CITY

**I**N the diagnosis and treatment of brain abscess it should always be remembered that of all intracranial surgical conditions, this subcortical lesion is possibly the most difficult of diagnosis and of accurate localization, and that, therefore, its treatment being a surgical one, the operation of drainage is usually performed as an exploratory procedure. The chief difficulties of diagnosis are due to the usual situation of the abscess in the temporosphenoidal lobe (a comparatively silent area of the cerebral hemisphere) or in either lobe of the cerebellum where its presence is clinically demonstrated late in the development of the process, also the associated mental sluggishness usually lessens the patient's essential co-operation in the neurological examinations, and these factors, together with the rather frequent latency or even non-appearance of the typical

symptoms and signs of a subcortical lesion, permit the formation of an extensive brain abscess, therefore, in this series of patients having a brain abscess, as in those having a brain tumor formation, the tentative diagnosis of the condition is that of a large lesion and rarely, if ever, of a small one, that is, the condition is rarely diagnosed and localized to the degree of warranting an intradural operation until the late symptoms and signs resulting from the increasing size of the abscess or tumor formation make the prognosis of even life itself a most doubtful one. The operative treatment of brain abscess, therefore, is utilized at present as a last resort, being comparable with the operative treatment of brain tumors of several years ago, when it was rare for such patients to be operated upon unless all of the cardinal symptoms and signs of brain tumor were present—headache, vomiting, paralyses, etc., and, most unfortunately, visual impairment even to the

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degree of blindness. In these tumor cases of the past decade, both the difficulty of diagnosis and the high operative mortality-rate, in addition to the frequent cerebral trauma of the osteoplastic craniotomy operation, made the operative treatment a procedure of last resort and it was only after the subtemporal decompression, as devised by Doctor Cushing became recognized not only as a means of lowering the increased intracranial pressure and thereby preserving the vision, but also as an excellent method of exploration of the entire adjacent cerebral hemisphere, that the early diagnosis and the early treatment of brain tumor were even attempted. During the past ten years the more accurate diagnosis and the improved surgical technique have permitted a marked advance in the operative treatment of brain tumor and it is with this progress in mind that the writer desires to record several observations in the early diagnosis and treatment of brain abscess.

In the first place, a brain abscess is only a brain abscess when situated within or beneath the cortex, merely a subdural, but supracortical collection of pus is not a brain abscess and it has been the neglect of this differentiation that has permitted the statistics in the literature of so-called "brain abscess" to be very confusing, and especially is this true in regard to the operative mortality. A number of surgeons have reported an operative mortality of less than 50 per cent in the treatment of brain abscess and yet, in the analysis of many of their cases, the mere escape of pus in varying amount through the incision of the dura presenting in the mastoid exposure was considered as the drainage of a brain abscess, such subdural collections of pus are relatively common in conditions of localized suppurative meningitis of otitic origin—and fortunately, usually well walled-off from the subdural and subarachnoid spaces and thus a simple dural drainage frequently permits an excellent recovery of life naturally the mortality-rate of these so-called "brain abscesses" is low but a true brain abscess situated in or beneath the cortex of the brain is not in my opinion successfully treated at present with such a low mortality rate. In this series of 27 patients having a true brain abscess the mortality has been 17 that is, 62 plus per cent (In 1914 at the meeting of the American Laryngological, Rhinological and Otological Society, I reported a mortality-rate of 40 per cent but the series of patients was a small one and included several brain abscesses following infected fractures of the vault—a condition more amenable to successful operative drainage.)

If an intracranial subdural purulent lesion is suspected as a complication of otitic disease and

especially following the mastoid operation, then in early examination of the cerebrospinal fluid at lumbar puncture is frequently of much assistance in differentiating a localized meningeal process with its increased cell count<sup>1</sup> and the varying signs of meningeal irritation from the early condition of true brain abscess with only minor changes, if any, in the cerebrospinal fluid—the diagnosis being based more upon the general neurological signs, an ophthalmoscopic examination rarely discloses a marked increase of the intracranial pressure unless the abscess is a large subtentorial one to the degree of causing a partial blockage of the aqueduct and therefore of the ventricles. Any operative treatment of suspected brain abscess of otitic origin naturally presupposes the thorough removal of the focus of infection usually in the mastoid, and a careful examination of the cerebellar dura both in front and behind the sinus, and also of the cerebellar dura covering the roof of the middle ear, antrum and mastoid cavity. If there is concrete evidence of a subdural collection of pus in any area of the exposed dura especially in the presence of a purulent dural sinus or if a diseased portion of the dura is definitely adherent to the adjacent cerebral or cerebellar cortex, with and even without demonstrable neurologic signs indicative of a subcortical lesion, then it is, in my opinion, a rational procedure and a justifiable one to make a small opening in this area of the dura and to insert a blunt puncture needle into the contiguous cortex in the hope that the abscess formation may thus be located and satisfactorily drained, that is, the dura being adherent to the cortex the subdural and subarachnoid spaces are thus walled off and the danger of producing a spreading purulent meningitis by the operative procedure itself is therefore lessened whether the brain abscess is located or not. To ascertain whether the dura is adherent to the underlying cerebral or cerebellar cortex a small dural hook may be inserted into the outer layer of the dura which can be gently raised if there is no adhesion present. But it is a distinctly unsurgical procedure in my opinion, to puncture with a knife or a sharp exploring needle a portion of the exposed dura in the infected field of the mastoid and into the adjacent cerebral or cerebellar cortex without first opening the dura carefully to ascertain the presence or not of an underlying supracortical vessel and of even greater importance without knowing whether the infected dura is adherent to the adjacent cortex or not if it is adherent and well walled-off from the subdural and subarachnoid spaces, then if the suspected abscess is not found there is only the danger of causing a brain abscess to form at the site of the cortical puncture due to the passage of the exploring needle through

<sup>1</sup> *The Laryngoscope*, March 1914. "The Diagnosis and Treatment of Brain Abscess."

<sup>2</sup> *The Laryngoscope*, July 1920. "Brain Abscess Complicating a Local Cranial Infection."

<sup>3</sup> *The Medical Record*, October 27, 1921. "The Surgical Treatment of Selected Cases of Purulent Meningitis."



the infected field of the mastoid and the infected area of the adherent dura, but if the dura is not adherent and the suspected brain abscess is not located, then there is also the great danger of a purulent meningitis resulting from the exploratory puncture or punctures through the infected field of the mastoid—no matter how careful the surgeon may be in attempting to sterilize the operative field with iodine and other antiseptics, this relative asepsis may be possible at the time of the puncture, but surely not later in the presence of an infective process

Inasmuch as the operative procedure of drainage of brain abscess is an exploratory one, it does seem more rational not to attempt the drainage through the infected field of the mastoid unless as stated above, there is unmistakable evidence of its presence adjacent to the exposed otitic dura. If, on the contrary, a careful examination of the exposed dura of the mastoid does not reveal definite evidence of a contiguous subdural and cortical purulent lesion, then instead of opening into the subdural space through the infected field of the mastoid in search of the abscess, it would appear to be a safer and a more surgical procedure to perform, through the clean subtemporal area, an exploration of the suspected temporosphenoidal lobe or through the clean suboccipital area if the adjacent lobe of the cerebellum should be the suspected site of the abscess. Then, if the abscess is found, it can be well drained through this exploratory clean incision, but if the abscess is not located (and unfortunately this does occur), then the patient has been subjected to little or no risk of a purulent meningitis, and at least a decompression has been performed in the hope that the abscess, if present, will localize itself later. This method of operative approach in selected cases of suspected brain abscess was first advocated in my paper of 1914 and it is still hoped that this comparatively safe method of exploration will permit an earlier drainage of the abscess formation than has been afforded by the great danger of any intradural exploratory procedure through the infected field of the mastoid—the extreme risk of such an exploration being well recognized and therefore usually postponed until it may be considered as a last resort—the so-called “giving the patient a chance”

In regard to the early drainage of brain abscess, the opinion has been expressed that it might be advisable to wait in these cases until there has formed a definite limiting membrane or sac walling off the abscess formation and then the operative drainage would entail less risk of a spreading purulent meningo-encephalitis. If this attitude is correct, then no doubt I was most fortunate in this series of brain abscess cases the operative and post-mortem findings in all but three of them were abscess formations of varying size and well walled-off by membranous sacs of even one-eighth

of an inch in thickness, whereas in only one case of the ten patients recovering from the operative drainage did the blunt puncture needle encounter the firm resistance of a sac-wall upon entering the abscess cavity, I am therefore of the opinion that the mortality is lessened by the early drainage of the abscess formation as an acute brain abscess than it is later, when a thick sac-membrane has formed, besides, in these chronic cases well walled-off by a thick limiting membrane, even though the abscess is drained at the time of the operation, yet there is left a tough pyogenic membrane which may not collapse and, in spite of free drainage, the purulent discharge may continue until a purulent meningo-encephalitis results from infection, either from the pathway of drainage of the abscess itself or from without the skull. It must also be remembered that the abscess formation is rarely diagnosed sufficiently early to warrant an exploratory operation, and especially through the mastoid area, before a self-limiting membrane has formed, so that a too early drainage operation of the abscess formation need only be feared theoretically, at least, in the present status of diagnostic methods. As in every surgical condition affecting the central nervous system and especially is it true of tumor formations, it has been the *delayed* diagnosis and the *late* operation that have prevented a larger percentage of recoveries—both of life and of future normality. To wait until the abscess is so enlarged that it may rupture into the subdural and sub-arachnoid spaces or even into the ventricles is indeed a risk.

Technically, the operative method of drainage most satisfactory in this series of patients has been the double glass tubes, one within the other, and with end and lateral openings, so that the outer tube can be firmly secured to the scalp by adhesive plaster and always left *in situ*, whereas the inner tube can be removed at the daily dressings and used as a means of suction, in this manner, there is no danger of “losing” the site of the abscess or of the drainage tubes becoming blocked. However, any method of drainage which the surgeon knows and can use successfully, would undoubtedly give to that surgeon the best results. As an added precaution against the risk of a purulent meningitis occurring at the site of the operative drainage in the clean subtemporal or occipital area, it is advisable in selected patients who are not *in extremis* (and unfortunately at present, it is the rare patient having a brain abscess who is not *in extremis* before a definite diagnosis permits an exploratory intradural operation), to perform the operation in *two* stages—merely removing the bone, opening the dura, and pricking the arachnoid with a small needle in several places over a circular area of 1 cm in diameter at the first operation, and then one or two days later, when these ex-



posed subdural and subarachnoid spaces have become adherent to the overlying dura and well walled-off from the surrounding field, to perform the cortical exploratory puncture through this protected area in search of the abscess, in this manner, if the abscess is successfully located, the subsequent risk of a localized purulent meningitis becoming a diffuse process is lessened. This ideal method of cortical drainage is only possible in those fortunate patients not in *extremis* before the diagnosis of brain abscess is more than suspected—all but three of the patients in this series of cases having been drained in the one stage operation in the hope that impending death could be avoided.

In conclusion Brain abscess is a more common complication and cause of death in otitic disease, both of the acute and chronic types than is usually believed, routine autopsies following sudden death of patients having otitic disease will frequently reveal these subcortical lesions as latent and only suspected processes. The mortality of true brain abscess is apparently 100% without operation and over 50% with operative drainage—at least in this series of cases. Rarely is the diagnosis of brain abscess so positive that the operative intradural procedure is more than an exploratory one if the dura presenting in the otitic field indicates the pathway of the intradural lesion, then this route of operative drainage is ideal, if, however, the otitic dura is negative, then the life of the patient should not be risked by a prolonged period of waiting before the adjacent cerebral or cerebellar lobes are explored through the clean subtemporal or suboccipital areas respectively. The earlier the abscess formation is suspected, diagnosed, and if possible accurately located and then well drained, the lower will be the mortality rate.

#### Discussion

Dr. J. MORISSETT SMITH, New York City  
My views of otitic brain abscess are so thoroughly in accord with those expressed by Dr. Sharpe that I can only emphasize some of the excellent points he has made. It is generally agreed that early exploration and drainage is the ideal procedure where there is an abscess present, and while it is possible to have an infection exist over a long period of time with few if any demonstrable symptoms, still it is a fact that there are symptoms in the majority of cases which, if recognized, make it possible to institute drainage before a diffuse meningitis or encephalitis occurs. The true subcortical lesions are far more difficult than the simple subdural collections of pus. The acute brain infection or the abscess following acute mastoid infections are more amenable to drainage than the chronic abscess, the reason being that in an old infection there is usually a thick pyogenic membrane situated beneath the brain cortex. In the past there has been great

hesitancy in performing any operative procedure which necessitated surgical invasion of the brain, and where this was done an ensuing meningitis was not an unexpected complication. The advance in this particular phase of brain surgery in the last few years makes it possible to explore for an abscess through a sterile field and if nothing is found few if any secondary infections occur as a direct result of the exploration. This in itself should be responsible for a general reduction in the mortality in these cases.

I wish to strongly endorse the procedure advocated by Dr. Sharpe in the presence of a suspected abscess. A thorough mastoidectomy should be done with an exposure and inspection of the dura both in the middle and posterior fossa. In the event of a sinus leading through the dura into the bone, drainage should be carefully instituted through this sinus. Since nature has already thrown protecting adhesions around it. If the findings are negative, any subdural exploration should be conducted through a sterile subtemporal or suboccipital decompression. Sufficient stress has not been laid upon this point. It means that an early exploration can be done on suspected cases, and if nothing is found, the patient, if not benefitted by the decompression, is at least none the worse as the result of the exploration. A cerebellar abscess occurring under my supervision a few months back well illustrates this point—

Male, 19, chronic otorrhea since infancy. Foul smelling discharge with subperiosteal swelling. Radical operation revealed sclerosed bone, cholesteatoma, with a small sinus extending from the antrum back through bone to cerebellar dura. There was a large collection of foul-smelling pus covering sinus and dura from above knee to the bulb. A large exposure was made and the usual dressing applied. Normal progress for ten days, then patient began to appear ill, with slight headache and insomnia. Although a cerebellar abscess was suspected, careful examination failed to reveal symptoms warranting an exploration. Observation was continued, and operation was decided upon with the first elevation of temperature or other untoward symptom. Three days later, at five o'clock in the morning, the temperature suddenly jumped to 104.8° and two hours later death resulted.

A closer co-operation between the otologist, the neurological surgeon, and the neurologist would improve our present symptom complex, especially in the earlier manifestations. We have been too lax in obtaining post mortems in the past. This is especially true of the ear men. A concerted effort should be made to secure signed permission for such examinations prior to operation and in this way it would be possible to secure an accurate record of the pathology in all fatal cases.



## CHAIRMAN'S ADDRESS.\*

By ELIAS H BARTLEY, M.D., CHAIRMAN, SECTION ON PEDIATRICS.

BROOKLYN, N Y

THIS section of the State Society has been in existence for eleven years. It was organized in 1912. When it was proposed to organize such a section, there was doubt expressed by some members of the council as to whether there were enough members of the society especially interested in pediatrics to maintain it, or to warrant its establishment. Some discussion has arisen even in recent years as to the wisdom of its continuance. It must be admitted that the attendance at some of the meetings has not been as large as one would expect from the number of physicians in the State especially interested in pediatrics. The character of many of the papers presented, it has been claimed, has not been of the highest order of scientific merit. It might be profitable to inquire, if this is a fact, why it is so. While I do not propose to go into an extended discussion of this matter at this time, it was a matter of surprise to your chairman that there were but two papers of the program of this session which were volunteered. A third was offered after the program was published. Papers prepared in response to personal solicitation, as a rule, are not prepared as the result of original observations or investigations. They are rather papers prepared in response to the request of the chairman or secretary and with a sense of duty or friendship for these officers. I do not know whether this is the practice in the other sections, but I suspect it is. I am told that the constitutional provision that all papers presented to the society or any of its sections are the property of the society, and must be published some time in its journal, has a great influence. An author who has carried on some worth-while investigation on a subject in one of the specialties, prefers to have it appear promptly and in a special journal of his choice, instead of having it appear in a general medical journal of a somewhat local circulation.

This fact is undoubtedly one reason why the reports of original work are not offered to this and other special sections of the State Society, rather than to other special societies which allow the author to dispose of the paper as he may decide. Nor can one find fault with the author for such disposition of it as will add not to his credit or reputation. I am aware of the fact that we have a by-law which permits the council to give an author permission to publish his paper before its appearance in the journal, but this permission has been steadily refused. Simul-

taneous publication is allowed, but can seldom be arranged. I do not wish to be understood as criticizing the above rule of the State Society, which is perhaps absolutely necessary to the existence of its journal, but I am merely discussing conditions affecting the program of this section. Original papers of the character above referred to, are not the only field of this section. We need, quite as much, discussions of practical or applied matters. Pediatrics, as we understand, is not merely the investigation of diseases of children. It is much more. It includes the care of the child from the time of its birth until it is a man or woman. It includes the supervision of its health, its habits, its nutrition, development, and preparation for good citizenship. It includes all that we understand by Child Welfare, prevention or protection from, as well as cure of, its diseases. The practice of pediatrics in the past has been too much limited to the study and treatment of the diseases of children, leaving preventive pediatrics to lay organizations. The time has come when we must keep up with the procession and take our part in the discussion of real preventive medicine among children. It seems to your chairman that it would be within the legitimate province of this section to interest itself in some concrete effort in this direction on the same lines as those adopted by the Brooklyn Pediatric Society for the last two years. Take for example the subject of the prevention of heart disease, which causes more deaths in this city than tuberculosis and cancer combined. I think it will be admitted that very many of the organic heart diseases which are causing so many deaths, and so many disabled victims among children and adults, originate in childhood. This subject has in quite recent years engaged the attention of some pediatricians, and special Heart Clinics have been organized and are doing excellent work, especially in the management and care of children suffering with heart disease. The prophylaxis of heart disease is, however, a different problem. To be effectual this must begin in childhood, and should be the concern of the pediatrician. The first and most essential step is to awaken in the medical profession, especially those working chiefly with children, special interest in the subject and get their co-operation. For several years there has been in existence in this city an "Association for the Prevention and Relief of Heart Disease." Much work has been done by this Association, but it has done little to impress the general medical profession of the City or the State of New York with the immense im-

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portance of this matter. Until the profession is generally aroused on the subject, the public cannot be expected to react to propaganda. Perhaps this section could co-operate with them in securing this interest in its members and of the profession of the State. Other lines of activity will occur to many of you. It seems to your chairman that the usefulness and general interest in the section will be increased by some

such program of intensive effort along the lines of preventive pediatrics. If others agree with him, a committee might be appointed to carefully consider the suggestion and report on a well-worked-out plan at our next annual meeting.

These few remarks are presented solely in the interest of the welfare of this body, and with the hope that they may stimulate in others a greater interest in its work.

## ACIDOSIS, A FAULTY DIAGNOSIS \*

By DEWITT H. SHERMAN, M.D., and HARRY R. LOHNES, M.D.

BUFFALO, N. Y.

THE diagnosis "Acidosis," implying a distinct and definite disease, has become so common that we wish to present a strong protest against the careless use of this term by the medical profession.

The physician states that a child is suffering from acidosis, and the layman, knowing nothing more about such a term than that it is new, or guessing that it in some way refers to an excess of uric acid, accepts the term not only as a correct diagnosis but also as one indicating a separate disease—a disease as distinctive as measles or diabetes.

We contend that the term "Acidosis" means merely a set of symptoms, and only a set of symptoms and rarely more, and that it fails to designate the basic factors that may be the cause of this set of symptoms.

There are symptoms which have been named acidosis because of the presence of some signs or symptoms such as high urinary acidity, acetone on the breath, acetone and diacetic acid in the urine, air hunger, persistent vomiting, stupor, and many other signs or symptoms usually enumerated under the heading of "Acidosis." They are symptoms, it may be properly so named, but the term "Acidosis" designates a state, not a disease, just as fever indicates a state and not a disease, or just as coma indicates a state and not a disease.

If there is no such definite disease as "Acidosis," what do the symptoms of that state generally mean? They usually mean that the symptoms can be accounted for by some basic causes if we search hard enough and intelligently enough.

Recently in the New York Academy of Medicine, in a symposium on "Acidosis," Dr. J. H. Means of Boston classified acidosis as either (a) Metabolic, (b) Alimentary, or (c) Retentive. As an example of the metabolic he cited diabetes. As an example of the alimentary form

he cited the ingestion of acids—mineral acids and formic acid in methyl alcohol poisoning. As an example of the retentive form he cited the end stages of nephritis.

We feel this classification should be enlarged or at least amplified, so far as children are concerned, and that two other causes should be included amongst those given, or possibly added to his three groups, since they do not satisfactorily belong to any of these groups. These two causes are 1, infection, 2, intoxications. Possibly our group of infections may belong in his group (a), metabolic, and our group of intoxications may belong in his group (b), alimentary.

Our group No. 1 includes any infection severe enough to disturb the child, such as an infection of the adenoids or as an infection like scarlet fever.

Our group No. 2 refers to poisonous substances generated in the alimentary canal from some definite cause, chemical or anatomical one or both, generally both. They set up a chain of symptoms which soon comprise those often described as "Acidosis."

In our experience one of the commonest causes of so-called acidosis in children is an infection, and if we search hard enough, we will very often find that the symptoms of acidosis are not infrequently associated with involvement of the naso-pharynx. The symptoms of this infection may be slight, merely a stuffiness of the nose, or an indescribable sore throat without much evidence of a real tonsillitis. There may be only a slight reddening of the visible mucous membranes of the pharynx, or a slight sensitiveness and possible swelling of some of the cervical glands, sometimes only a hyperemia of a tympanum.

We treat the condition as we meet it during an attack, but as soon as the patient's condition permits we remove the adenoids, possibly the tonsils also, and the attacks of "Acidosis" cease. This susceptibility to infection occurs at all ages.

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This kind of case, and a permanently good result, we have seen so many times that our first point of suspicion, when these symptoms appear, is always the naso-pharynx.

Another extremely common cause to explain the frequent so-called "bilious attacks" with its symptoms of acidosis, and sometimes called cyclic vomiting, is *enteroptosis*, or elongated tortuous sigmoid. This occurs in the older children of four to eight years of age, and can generally be promptly relieved. As Talbot and others have told us, "Correct the malposition of the body with or without proper support of the abdominal organs, and the bilious, or acidosis, attacks cease."

Here we may have had an infection, gastro-intestinal or elsewhere, but we more commonly have had toxic chemical substances formed in the intestinal canal from fermentation or putrefaction, which, because retained due to the enteroptosis or tortuous colon, start the illness that leads to the so-called acidosis. Of this class of cases I have a dozen or more children, who at one time in their lives have suffered attacks with acidosis symptoms, some severe enough to be almost convulsive, and who have been permanently relieved by correcting the enteroptosis.

Foreign proteids, which are toxic to certain children, produce the same symptoms. Among these egg-white stands out most prominently, and we are appreciating more and more almost every day that there are a great many children who are mildly sensitized to foreign proteids of one kind or another. By removing the exciting cause through dietetic change, the attacks of so-called acidosis subside.

Some cases of so-called cyclic vomiting, or acidosis, have been dramatically cured by relieving eye-strain. Here the eye-strain interfered with normal digestion, allowing toxic products to be formed and to be absorbed.

I will relate one case of a child who died recently at Harrington Hospital with many of the characteristic symptoms of "Acidosis." It was treated heroically for that supposed condition, but died.

The patient, Adam S., was four years old and entered the hospital October 24th, 1922, with a diagnosis of spastic paralysis. On October 25th, at 10 A M., the child was operated upon by Dr. LeBreton, who made a section of both obturator nerves. Because of the unusual position of the obturator nerves the operation was a prolonged one, the child being under ether anaesthesia for over an hour.

The patient did well for twenty-four hours, but on October 26th it vomited a large amount of greenish fluid. The vomiting persisted all that day and the child complained greatly of thirst. The case history notes report "Chvostek's" sign, carpo-pedal spasm and laryngeal stridor, and that the condition resembles "Acidosis."

On the next day, October 27th, the child had a general convulsion, and became unconscious, with pupils equal but sluggish to light. There was no rigidity, but the patella reflexes were exaggerated. The temperature rose to 102 to 104, the pulse climbing to 160, with respirations at 40. The physical examination, as regards chest and abdomen, was negative. The pharynx was markedly reddened, and the tympana were negative.

The laboratory reported a urine of high acidity with the marked presence of acetone and diacetic acid, but otherwise normal. The spinal fluid showed increased pressure but was otherwise negative. The blood chemistry revealed the carbon dioxide as 13 millimeters which on the next day rose to 23 millimeters. The Wassermann was negative. All the findings resulted in a laboratory diagnosis of undoubted acidosis.

On the following day, October 28th, the child's general condition seemed somewhat improved, and a search for the cause of the symptoms, especially the fever, revealed a suggestion of a commencing lung involvement because of an impaired percussion note and diminished breathing at the base of the right lung. But this lung condition not only failed to materialize but on the next day, October 29th, had disappeared.

On this day the child's condition became worse. It could not be aroused and suffered from convulsive twitchings. On October 30th, five days after the operation, it died at 1 A M.

Had the anaesthetic been chloroform rather than ether, we could have more readily accepted the laboratory diagnosis of "Acidosis." The post-mortem showed old interstitial encephalitis, but nothing else microscopically unusual. But the cultures of the spleen showed an intense non-haemolytic streptococcus infection. The infection had probably come from the reddened throat.

The autopsy report was as follows:

**Pathologic Diagnosis** Recurring tonsillitis and peritonsillitis on both sides (swollen ragged tonsils showing scars on cut surface and thickened tonsillar beds). Acute bilateral cervical lymphadenitis of the superficial and deep lymph nodes.

Two fresh sutured wounds, one on each thigh in the region of the obturator nerve (after operation for spastic paraplegia).

Acute swelling of the spleen.

Marked degeneration of the heart muscle, two fresh vegetations on the aortic cusp of the mitral valve (acute endocarditis). High-grade degeneration and slight icterus of the liver with some atrophy. Oedema and acute congestion of the lungs, oedema of the brain.

Acute sero-fibrinous peritonitis and pleuritis on the right side.

Atrophy of the frontal zones of the brain.



(symmetrical), and numerous foci of circumscribed atrophy, one focus (one half-dollar size) of chronic leptomenigitis on the right parietal zone, chronic hydrocephalus, especially of the right lateral ventricle, hypoplasia of the left basal ganglia

Chief diagnosis, septicæmia. Culture from spleen, a profuse growth streptococcus, non-hæmolytic

But the bacteriological report was the final factor which excluded a diagnosis of acidosis, and made certain the diagnosis of streptococcus infection

In diabetes we have symptoms of acidosis, as for example, diabetic coma. Here we have an intoxication from a chemical toxic substance which produces the symptoms. But "Acidosis" is not justifiably the name given to the disease.

In the symposium mentioned above Henry Rawle Geyelin stated that the symptoms or condition of acidosis may be produced by a too high fat intake, too high both relatively and absolute. This dietetic error may undoubtedly exist and the reduction in the diet of the too high fat intake can undoubtedly be a factor in preventing the condition. But, on the other hand, how important are simple dietetic regulations or restrictions in removing the cause or preventing a recurrence? When the condition arises from infections or from poisons formed as in enteroptosis, or from nervous indigestion due to eyestrain, there will be some advantage in prescribing a normal or rational ratio of food elements, and thereby removing a contributing cause, but if the diet is restricted enough to prevent the child's regular gain in weight, possibly so greatly restricted that it may lose in weight, are we not by this restriction possibly producing a physical depression sufficient to make a child all the more susceptible to infections or intoxications? More than once we have seen this misdirected dietetic limitation cause harm.

We feel now that amongst careful thinkers

the diagnosis of "Acidosis" as an entity is being very generally discarded. We feel that there are a few cases, and they are remarkably few in number, in which a more accurate diagnosis cannot be made with our present knowledge, but we do feel that the diagnosis "Acidosis" as an entity is unjustifiably made in too many cases. We bring this subject up to arouse more interest in the necessity of making a good proper and accurate diagnosis. If this is done, the diagnosis of "Acidosis" as a disease will become exceedingly rare, and will be eliminated from our diagnostic entities.

Summary. Acidosis is a name that should be used to designate a set of symptoms and not a disease entity.

Acidosis is due to some distinct definite cause which can usually be found.

The restriction of the diet by lowering the proteins as well as the fats may be distinctly harmful because, through malnutrition, it may decrease the child's immunity to infections or lower its resistance to intoxications.

#### Discussion

DR. T. WOOD CLARKE, Utica. Acidosis is a symptom little understood. It is really a symptom of starvation owing to too rapid burning of the body fat.

The treatment by starving the vomiting child who has acidosis is fatal, for it increases the condition. Acidosis cases should be fed as quickly as possible, even if they are vomiting, for there may be kept down part of the food, and this helps to stop the acidosis. They should be fed by mouth, by rectum and subcutaneously.

DR. WILLIAM H. DONNELLY, Brooklyn. Most of the cases of the acidosis I have seen have been either due to food sensitization or to enteroptosis. Enteroptosis in children is very much more common than is usually supposed. The X-ray has been of great service in the diagnosis of this condition.

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#### Deaths

FERGUSON, WILLIAM, New Rochelle, McGill University, 1894, Member State Society, Assistant Surgeon New York Eye and Ear Infirmary, Rhinologist House of Refuge. Died February 2, 1924.

HENNA, J. JULIO, New York City, College of Physicians and Surgeons of New York, 1872, Fellow American Medical Association, New York Academy of Medicine, Member State Society, Consulting Physician French Hospitals. Died January 28, 1924.

PETTIT, ROBERT W. Patchogue, College of Physicians and Surgeons of New York, 1905, Fellow American Medical Association, American Medical Society of Vienna, Member State Society. Died January 8, 1924.

WUEST, CHARLES, Brooklyn, College of Physicians and Surgeons of New York, 1887, Member State Society, Assistant Medical Examiner of Kings County, Visiting Physician Wyckoff Heights and St. Catharine's Hospitals. Died January 28, 1924.



# EDITORIALS

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

## NEW YORK STATE JOURNAL OF MEDICINE

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## ANOTHER ANGLE OF THE MEDICAL PRACTICE ACT

Governor Smith is sincere in his desire to help the Doctors formulate some type of law and it is ill-timed if the medical profession should not be willing to co-operate with him to establish some form of constructive legislation if this seem wise and necessary.

A resumé of the past would indicate that the medical fraternity have four types of objectors

- (1) The Bolshevik or radical disturber
- (2) The stand patter
- (3) The conscientious objector
- (4) Men who honestly differ

It is rather hard to convince any Governor if an element of distrust appears to be present that this very element does not represent the will of the medical profession. So many physicians are loath to publicly appear and voice their opinion, that a minority of objectors sounds like a majority of opinion.

Radical disturbers furnish a valuable source of constructive suggestion. They enable us to know what might happen under radical rule.

The stand patters can never get ahead as they

are not progressing with the demands of the state and are not honestly meeting the Governor half way.

The conscientious objector is a valuable asset inasmuch as he is willing to be convinced when the facts are clearly placed before him. He may be obstinate but at least he is honest.

The fourth group of men who honestly differ are usually convinced if the arguments are honestly presented.

The third and fourth groups make able allies when they understand basic facts and conditions.

It is absolutely necessary that our medical body in the state here does some constructive work.

Governor Smith has required that we shall meet the economic needs of the state. This does not mean state medicine, nor can it ever mean state medicine, but if the medical profession are to be a factor in public health we are of necessity compelled to meet public conditions. The officers of the State Medical Society are just as anxious to do the right thing for the profession as the men are to receive it. They are not



actuated by any personal motives and are just as jealous of missteps and mistakes and are using every possible method to try to safeguard the interests of the state. On the face of it, it looks as though new legislation might be unnecessary, as it has been claimed that the necessary machinery is now present, if the law is carried out. An analysis of this would indicate that this is partly true, but it is also true that while the machinery for doing this has been present for a good many years the machinery doesn't work. It is scattered, not centralized, left to the initiative of the various county societies, to District Attorneys placed in some counties where there are scarcely funds enough to maintain the work of the society and no funds at all for legal prosecutions. In other places the District Attorneys are helpless from an accumulation of other work and also a fear of political injury to themselves if they made their work of prosecution too effective.

It has been roughly estimated that the District Attorneys are efficient in about 50 per cent of the cases. This probably is a liberal view. If a centralized bureau for the prosecution of illegal practitioners is before any official it will only be because special men are appointed to do a definite object and to gather about themselves the machinery in a simplified form for securing thorough investigation of the necessary data. This is simplified spelling compared with some of the intricate methods that have been suggested. The experience in New York County has been that a few cases were prosecuted by the District Attorney, the majority were pigeon-holed.

There is no law that can make a District Attorney prosecute more cases than his time and facilities will admit. There are limits to his ability to prosecute. The argument has been suggested that the local counties at the present time could secure the necessary evidence, give it to the District Attorney and the question was solved. As we have previously stated unless the illegal practitioner is guilty of some very flagrant breach the local county is not stressed or sufficiently interested to secure legal evidence which is of any value to the prosecuting official. They have not the funds nor the time and develop a condition of apathy which encourages anyone to undertake the illegal practice of medicine with impunity. No body regrets more than the Governor the present method of doing business in the state. He agrees with us that it is poor government that the principle involved is wrong, but frankly states that it is the product of bad methods employed in the past and that it would be practically impossible to alter these conditions at the present time. We do not see how damning any object can bring about the needed reform. A distant area of the state the other day is quoted as stating that illegal practitioners, as far as they were concerned, did not exist, because only two or three

had been reported in their particular county. Little did they realize the growing and ominous problem to be met with in New York County at the present time.

The amended Medical Practice Act we feel sure will be very carefully pruned, added to, and examined with the utmost care by our eminent counsel, Mr. Whiteside, before being brought before any legal body. The men of the state should educate themselves as to the basic conditions, the needs of the whole state, and feel that when they act they are acting on behalf of all the physicians of the state and not of their particular locality. It is useless to suggest bugaboos which may never be realized but it is not a long step to imagine a public scandal which might so scare the people that they would require our State Board of Regents to examine every physician at present practicing to see if his present knowledge and activity in medicine warrants the continuance of the practice of medicine. This is within the state's province if it so chooses. Such a procedure is so extremely remote as to hardly warrant discussion, but the facts still remain that we are servants of the state, working and serving under the laws of the state and governed thereby. Therefore as partners in a great economic work we should endeavor to meet them half way and keep up with the economic needs of the times.

A free expression on the part of the medical profession as to some of the reasons for commending this law and some of the objections which are decidedly valid and proper would make interesting reading and I know the editors of the JOURNAL are anxious to present this opinion as it is received in the editor's office. There are some good ideas in a medical house-cleaning. We would be enabled to practice medicine in any part of the state instead of being required to register in each county. The state has no intention, nor can it take away a man's license to practice as granted by the Regents. This Governor Smith emphasized when the matter was brought to his attention. The fees collected will be properly administered in the conduct of our medical matters and there is every reason to believe if cases are properly chosen with the proper publicity attached a few test cases will render many prosecutions unnecessary as the offenders will promptly leave the state when they find that our authorities mean business.

The medical profession must be given the proper place in affairs of the state which they justly deserve. We can never be real co-workers if we stand pat and object to everything which differs from the experiences of our forefathers. This does not mean radical or foolish undertakings but it does mean that we cannot stand still and keep up with the rest of the state. If it is good, we want it. If it is not good, or undesirable, we don't want it.

O. S. W.



## LAY EDUCATION.

Equipped with a background of years of valuable experience, our legislative chairman will conduct his campaign for enactments favorable to the protection of the health interest of the State

The closer relationships which he has established with County Chairmen, and a livelier sense of interest in all members of the State Society which he has developed, would seem to promise him greater assistance than he has hitherto enjoyed, but he has all the handicaps that are enjoyed by an honest lobbyist who has nothing to trade

He is asking for nothing but the salvage of the children of the State, the salvage of the people who, by their citizenship, make up the State, the salvage of the crippled, of the insane, and of those incompetent to care for themselves

He has behind him only a small group of really educated, and really altruistic people

He has against him every faddist, every silly cultist, every job hunter, and every crooked place holder who has deified indirect methods of getting unearned, excessive reward from the public purse

The longer one studies the history of legislation, the attitude and arguments of legislators, the more important seems to be the education of our citizens, so that whatever professional, or business, lines they follow, they shall have impressed upon them certain fundamentals which they will respect and which will influence their mental attitude toward matters of public health, disease prevention, and the care of those who are physically and mentally in need of scientific medical attention

The special and scientific journals cover such limited fields that only a most limited influence can be attained and we must look for help to agencies of such broad distribution and influence as only the lay press possesses

While we must foster, watch, and fight legislation, we would do well to assiduously cultivate public opinion and constantly present to all the people educational matter along public health lines

Such a movement is being attempted by the Illinois State Society, a large number of the members of the Society having subscribed for its support

We herewith quote in full an editorial from *The South Side Review*, Chicago, of January 18, 1924, with the simple comment that it seems to us valuable health propaganda of the kind we should like to see every newspaper in the State of New York carrying, not only for brief campaigns, but for many years

If the members of county societies will make persistent effort they may succeed in enlisting the help of newspapers in every part of the State even to the extent of sacrificing revenue from quack advertisements

## A Portrait of Yourself by a Man Who Is Figuring When You Will Die

It is the business of E E Rittenhouse of the Equitable Life Assurance Society to figure when you will die

He keeps an eye on you all the time Not you personally, but you as an average American

And here is his report about you as presented to the life insurance presidents

You look smooth, pink and healthy

You are a good liver (He said *are*, not *have*)

You hurry The medium age at death of the American people is 43

Your eyes have been strained by inside work hence the glasses

You are seriously overstraining heart, arteries, kidneys, nerves and digestion—as the rapidly increasing death rate shows

You could detect and head off these troubles if you would go to a doctor for an occasional examination

Under exertion you are short-winded, due to lack of exercise or a bad heart.

Your four hundred muscles are virtually all soft and weak from lack of use

You are designed as an erect, outdoor animal, with feet and legs for service, but you lie down all night and sit down all day

You never walk when you can ride

The arches of your feet are gradually falling, because the muscles provided to hold them up have weakened from long disuse

Your ancestor lived on a farm, the proportion of people living in cities has increased 131 per cent in fifty years

You feed your stomach with all sorts of "tasty junk," much of which cannot be fully digested, so you develop auto-intoxication

With every pound of fat you gain your chances of a shortened life increase

You eat 30 per cent more food than your grandfather did, and 374 per cent more sugar

You spend 367 per cent more for patent medicines and drugs than your father did, and drink 54 per cent more coffee

In your easy-going, optimistic way, you are cheered by the fact that the general death rate is declining You fool yourself with the notion that this means a green old age for you

As a matter of fact, the decrease in the death rate is due to the better care of infants

Not only is the adult death rate not decreasing it is alarmingly increasing.

Since 1900 the death rate from Bright's disease has increased 15 per cent, from disease of the heart, 27 per cent

These are the diseases of adult life—the diseases of hurry and worry and overeating and nervous wear and tear



This is not our picture, remember. It is painted by Mr Rittenhouse, whose business it is to figure how much you ought to pay for life insurance, in view of the fact that you will probably die before you are fifty years old.

Mr Rittenhouse says there is hope for you. An annual medical examination, more exercise outdoors, less food, more dentistry, no booze, more walking and less taxicabs.

Most of all—no hurry and no worry.

Simple rules—sensible—guaranteed to put you across the fifty mark, with a good chance for sixty and maybe seventy-five.

But Mr Rittenhouse isn't very hopeful that you will adopt them. He has been watching you quite a long while—

Sitting up in his office, figuring away, figuring out about when you will die.

N B V E.

## PUBLIC HEALTH OBJECTIVES

**W**HAT public health objectives can be realized within the next few years? Another phase of the same question is, what are the lines along which improvement in health of a great number of persons may be expected? Twelve objectives were enumerated by Dr Hermann M Biggs a short time before his death. They are well worth the consideration of every practicing physician, for they represent the matured opinion of one who was a leader in the practice of both private and public medicine. The objectives are as follows:

- 1 The periodic examination of every individual
- 2 Broadened health education in schools, both public and normal
- 3 Reduction in the death and morbidity rates of infectious diseases.
- 4 Effective prevention of cardio vascular diseases
- 5 The solution of the causes of acute respiratory diseases and cancer
- 6 The prevention of diseases of nutrition and metabolism
- 7 The prevention of venereal diseases
- 8 An extension of the educational work of public health authorities
- 9 More effective promotion of work along

prenatal, maternity, infant welfare, and pre school age lines

- 10 The development of mental hygiene
- 11 More effective mouth hygiene
- 12 Efficient medical school inspection

The work along these twelve lines will be done by three groups of workers

- 1 Physicians in private practice.
- 2 Public officials
- 3 Lay organizations

Physicians will be the leaders of the public health official bodies and of lay organizations.

The relative responsibility for leadership in the twelve movements is indicated in the chart below.

It will be noticed that private practitioners of medicine are directly responsible for nine of these twelve movements.

Periodic examinations are recognized as essential to the preservation of health and activity of adults. Both the American Medical Association and the New York State Medical Society have voted to promote the examinations, but neither body has taken organized steps to promote them. The first essential in the movement is to provide for the education of medical practitioners in the examination of adults who are apparently healthy. This means instruction in the detection of incip-

Movements	Doctors	Officials	Lay Organizations
1 Periodic Examinations	████████████████████		████████████████████
2 Education in Schools		████████████████████	
3 Infectious Disease Prevention	████████████████████	████████████████████	
4 Cardio-Vascular Disease Prevention	████████████████████		
5 Research Into Acute Respiratory Diseases	████████████████████		
6 Diseases of Metabolism and Nutrition	████████████████████		
7 Venereal Disease Prevention	████████████████████		
8 Public Health Education		████████████████████	
9 Infant Mortality	████████████████████	████████████████████	
10 Mental Hygiene	████████████████████		
11 Mouth Hygiene	████████████████████		
12 Medical School Inspection	████████████████████		

Chart of the responsibility of the three great groups of workers in public health movements. The bars represent the relative responsibility of the groups.



ient defects and diseases while they are in the remedial stage. It also involves the demonstration of the practicality of the examinations of a large proportion of the adults of a considerable area, such as a county. The time is ripe for the medical societies to take up this subject. From a selfish point of view, this field is an undeveloped gold-mine for private physicians. It will also be promoted by lay organizations.

Hygienic education in schools is in the hands of the school officials. Dr. William A. Howe, Chief of the Division of Medical Examinations of School Children, has a practical plan of reaching the embryonic teachers in the normal schools and teaching them practical facts about infectious diseases, a teaching which is greatly needed. Hygiene teaching in public schools must be done largely by class-room teachers, and they must have the point of view of the practicing physician and the trained nurse. The object will not be to make the teachers into physicians or trained nurses, but to know enough fundamental facts to enable them to co-operate intelligently with physicians and nurses. Dr. Howe's plan deserves the support of the entire medical profession.

The next great step in the prevention of infectious diseases must be done by private physicians. The knowledge of efficient preventive methods of most diseases is now available, and yet the death rate for diphtheria and other common diseases has not been reduced materially for ten years. The New York State Department of Health has found that a big factor in the cause of death from diphtheria has been the failure of physicians to recognize the disease and to give antitoxin early. The leaders in medical societies must attack the problem of reaching those physicians who need more knowledge, and above all more inspiration to apply the knowledge which they have, and this need applies to health officers, also.

The prevention of cardio-vascular diseases depends on the education of the people as well as of physicians. Instructing the teachers in the normal schools, real medical inspection of school children, and instruction of all pupils in mouth hygiene, are all essential in preventing the focal infections which lead to cardio-vascular diseases. Physicians themselves need to be inspired to do better work on diseased tonsils, and to advise dental work for young children.

Knowledge of the causes of acute respiratory diseases is in about the same stage as that of acute intestinal diseases a generation ago, but patient observation and research by trained medical men and laboratory workers in schools and endowed foundations of learning, will doubtless solve the problem of the causation, classification, and prevention of acute respiratory diseases, and will result in their control just as it has in the control of typhoid, and the paratyphoids and

dysenteries. But already there is sufficient knowledge to enable physicians to control colds, sore throats, and pneumonias. Intestinal diseases have been controlled by the disposal of the excretions of the kidneys and intestine. An equally efficient control of the excretions of the nose and throat will prevent acute respiratory diseases. The problem is to convince both physicians and the people generally that this control can be accomplished by the application of simple methods that are already known. Private physicians will be efficient agents in this control when they insist on the disposal of excretions of the nose and throat by every person whom they treat for a cold, sore throat, and pneumonia. Health officials and school teachers will also spread the knowledge of prevention.

The control of diabetes, scurvy, rickets, gout, and other disorders of nutrition and metabolism is a problem of both private practice and the education of the people. Dietetics is a neglected study among physicians, and still more so among pupils in the public schools. Economic conditions for which officials are largely responsible also have much to do with dietaries and weakened states of the body. Intelligent advice by physicians regarding dietaries will go far toward the prevention of nutritional disorders and susceptibility to infectious diseases, and toward promoting health and vigor of the great mass of the people.

The prevention of venereal disease is primarily a medical problem. Physicians generally feel it beneath their dignity to treat venereal cases, and are not equipped to deal with them, and they have a degree of responsibility for the fact that a very great proportion of venereal victims fail to seek reliable treatment. The weekly reports of the State Department of Health have shown that syphilis is almost at the top of the list as a cause of death. Physicians in private practice have a vast field to cover in the detection and treatment of venereal diseases. Law makers and educational authorities also have a grave responsibility in the prevention of these diseases.

Public health authorities and lay organizations are co-operating in conducting vast campaigns of publicity and education along health lines. Among the efficient means of education are newspaper articles, radio talks, public-health lectures and exhibits, and moving pictures, all of which are eagerly sought and received by the public. They have a great value along advertising, inspirational, and informational lines.

The reduction of mortality in the early years of life must be accomplished by the co-ordination of the efforts of physicians, officials, and lay organizations. Expectant mothers must be reached by prenatal workers, officials are largely responsible for economic conditions, and lay organizations are responsible for financial aid, for the



creation of public sentiment, and for hospitals and other means for providing medical care. Child hygiene work has been eminently successful, and its support by physicians is assured.

The practice of mental hygiene is only in its infancy. Its success rests upon officials and lay organizations even more than upon physicians. But yet physicians must be leaders in the work of preventing insanity, and in all other phases of mental hygiene. The people must be educated regarding the dangers of the stresses and strains of modern life and pleasure. The very great influence of heredity for good and evil must be taught, and the application of eugenics in marriage must be stressed. Public officials must do better work in the control of mental defectives and criminals, and lay organizations are necessary to carry on the work of relief, social, visitation and educational propaganda. Through all these activities the work of the physician is of commanding importance.

Dentistry is becoming more and more recognized as a branch of medicine, and mouth hygiene has assumed commanding importance in the light of a knowledge of the relation of mouth infections to diseases of the heart and arteries.

Physicians of the future will acquire the habit of giving advice on mouth hygiene, and of referring their cases to a dentist at the beginning of trouble with teeth. The subject of mouth hygiene will also be taught in schools.

Medical school inspection involves the application of all lines of medical practice to all individuals of school age. The time will probably soon come when the correction of remediable defects of school children will be compulsory, and then the services of physicians will be increasingly sought and practitioners in every branch of medicine will be the gainers.

Does all this indicate that public officials and lay organizations will put the private practitioner out of business? The field of the practice of medicine is no longer confined to the diagnosis of disabling sickness, the giving of pills and powders and potions, and the performance of surgical operations. The field of service and opportunity of the future physician will be enlarged far beyond anything known at present. It will be a great satisfaction to be a physician and to share in the high honor of promoting the health, strength, and happiness of one's brethren.

F O

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## FACTORS IN FAVOR OF THE UNQUALIFIED PRACTITIONER.

"Certain external factors must inevitably work in favor of the unqualified. Of these one of the principal is the inherent tendency of the public to believe that the irregular practitioner must have some peculiar ability either special skill in methods of manipulation unknown to the profession or an almost occult power of seeing what is wrong inside or what is the effect of his manipulations. A second factor is the unrestricted power of the unqualified to advertise, either directly or through the mouths of their patients. A third is perhaps the most important. It is that the failures of the unqualified are in almost every case hidden. The patient who visits

a bone-setter and is cured boasts of the fact widely, but those who are not cured or who are made worse are perhaps a little ashamed that they have been gulled, they say nothing of their experience, unless perhaps to a medical man who subsequently treats them and who discreetly maintains silence."—From an address on Manipulative Surgery, delivered before the Section on Orthopedics of the Royal Society of Medicine, Oct 2, 1923, by R C Elmslie, M S, London, F R C S, England, President of the Section, reported to the *Lancet*, 205 821-823 (Oct. 13), 1923.

J N V V

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## INFORMING THE PUBLIC

"In the sphere of teaching the medical profession has not achieved a commanding position. The public has not been fully apprised of the information which is rightly theirs and which would contribute to their well being. An attitude of aloofness prompting a rather negative activity in the affairs of men at large seems too prominent in the ranks of medical men—a tacit acceptance in general that any form of publicity emanating from or referring to a physician, even in the interests of society, is a breach of the professional code in that attention is called to that particular physician. Such attention is called a form of personal advertising which is abhorrent to all

true disciples of medicine. This deadening point of view greatly militates against professional men being the leaders in society's uplift that their scientific knowledge, which knowledge it should be their duty to promulgate, affords them the opportunity of being.

"Now is the time to inaugurate an intensive program of acquainting the people with the functions of scientific medicine in the body politic. Here and there individual physicians have brushed aside the traditional barriers and have told the story of medicine in plain language. There is no reason why the romance of the healing art, its slow mastery through centuries over disease



should not be told. Let us all swing farther away from the narrow confines of our calling, make larger contacts with men and things in the other circles of life, and energize ourselves into a sales force in biologic education. Society needs the knowledge we possess; it has given but trifling thought in its structure of education to the real foundations—the biologic studies.

"Medicine is no more to be hedged about with mystery and heavy dignity than any other calling. We have great pride in our achievements, and there should be no discredit to us in heralding them to the world. At the same time, we must learn to tell the truth about our limitations, about the diseases which baffle and the paucity of knowledge concerning them. No presentation of truth can mar the part of true medicine in the destiny of man.

"Surely public activity of this character could not be construed as advertising, which the code of ethics defines as direct or indirect laudatory articles in the public press concerning a physician's management of cases.

"If group medicine were responsible for like advertising, it would justly be subject to condemnation. But if the members of a group, believing that co-operative practice is beneficial to the public welfare; acquaint the people with their purposes, to me it seems in consonance with the views outlined above.

"So the necessity for careful selection of the personnel of the group is evident. The members must have the same aims, be enthusiasts for success, willing to make sacrifices that the objectives may be obtained, positive heralds of the co-operative method and loyal to each other.

"This is what the Legislative Bureau has attempted to do in relation to the physicians and through the physician to reach the legislator and set before him the information which is rightly his and which would help him in making his decisions for the interest of the public good in public health matters."

Quotation from an article by Rexwald Brown, M.D., page 447, December issue of the *American Medical Association Bulletin*. J. N. V. V.

## TOO MANY COUNTY SOCIETIES SLEEPING.

"Too many of our county societies are sleeping, arousing just enough at necessary intervals to keep their names on the books. The council is held responsible for them under the constitution and by-laws of the state association. It is hard to believe that the councils in some instances realize their responsibility. Perfunctory reports made at some annual meetings indicate that they do not. Councillors' reports made up from letters sent out the week before the annual meeting of the state association are not reports—they are evasions. Councillors are supposed to visit—actually visit—the societies in their respective districts at least once each year. How many do so? Councillors are supposed to 'inquire into the condition of the profession,' to 'organize component societies where none exist,' to be 'peace-makers and censors,' to 'improve the zeal' of county societies. These things cannot be done by writing a few letters ten days before the annual meeting and then turning in what purports to be a report, which, formulated in that manner, nearly always makes it appear that everybody is happy and that medical organization is 100 per cent efficient, when, as a matter of fact, the formality of a funeral is about all that is necessary,

in some instances, to carry out the very distinct indications as presented by the situation that really exists."

The above quotation from the *American Medical Association Bulletin* portrays the trouble which we have at the Legislative Bureau when questions of moment are to be decided upon. We are loath to prod the members of the County Societies individually, but find it necessary so to do in order that we do not get an unpleasant reaction after making a decision in the Committee on Legislation, by members saying "I didn't have a chance to register my opposition."

One communication received by us from a County Legislative Chairman makes the statement that he requested the President of his County Society a number of times to call a meeting on an important matter of legislation, and a month passed before this question was acted upon, when it should have been dealt with as soon as possible, at least at an official meeting regularly called whereby the County Legislative Chairman could get some idea of the sentiment of those present, and could reason out that those who were not present probably were not interested in the question. J. N. V. V.





# LEGAL



By George W. Whiteside, Esq.

## THE GOVERNMENT'S POWER AND RESPONSIBILITY UNDER MEDICAL LICENSING LAWS

THE practice of the healing art, whether by the employment of a knowledge of science, by prayer, laying on of hands, adjustment of vertebrae, incantations or any other means, comes within the statutory definitions of the practice of medicine

"The purpose of the general statute is to protect citizens and others of the state from being treated in their physical ailments and diseases by persons who have no adequate or proper trained education or qualifications to treat them" (Peo v Cole, 219 N Y 98)

It is, therefore, for the protection of the public that our statute requires rigid pre medical academic education and four years of seven months each in an approved medical school in this state to qualify one to be licensed as a physician

Our Court of Appeals places upon the doctor the duty "of possessing that reasonable degree of learning and skill that is ordinarily possessed by physicians and surgeons in the locality where he practices and which is \* \* \* necessary to qualify him to engage in the business of practicing medicine and surgery \* \* \* He is bound to keep abreast of the times" (Pike v Honsinger, 155 N Y 201)

It would appear, therefore, that a physician who has received his license has not consummated the complete qualification under the law, for he must continue to progress in his science and keep abreast of current improvements Justice Field went so far as to say in this regard

"It would not be deemed a matter of serious discussion that a knowledge of the new acquisitions of the profession as it from time to time advances in its attainments for the relief of the sick and suffering should be required for continuance in its practice"

These rules of law appear to be most stringent in testing the qualification of the physician upon his beginning practice and for weighing his qualifications to continue thereafter in his practice. Each licensed physician of this state has met all of these requirements and has received a certificate from the state that he possesses the necessary learning and skill for the practice of his profession He has earned and is entitled to receive public recognition for his accomplishment, public support for his effort and legal protection against the inroads of impostors, frauds and incompetents

An examination of the requirements for ad-

mission to the various chiropractic schools throughout the country and a survey of the curriculum of such schools show clearly that they do not in any wise measure up to the requirements of our statute to entitle them to recognition in this state. We know that a large majority of chiropractors are uneducated and totally unqualified from the standpoint of educational standards

A license to practice a profession, particularly one dealing with the treatment of diseases, is not a mere grant of permission by the state to do a certain thing, but is a certification of the licensee's qualification to do those acts which his license authorizes The courts recognize that "comparatively few can judge of the qualifications of learning and skill which he (the physician) possesses" Our highest court has said

"Reliance must be placed upon the assurance given by his license issued by an authority competent to judge in that respect that he possesses the requisite qualifications \* \* \*

"The law intended to secure such skill and learning in the profession of medicine that the community might trust with confidence those receiving a license under authority of the state"

As the average individual is unable to judge the qualifications of learning and skill of a practitioner as the court stated, the state assumes the responsibility of passing upon such practitioner's learning and skill through an agency competent to judge such qualifications, with a view that the community "might trust with confidence those receiving a license under authority of the state." Should the state grant licenses to chiropractors to practice chiropractic in the treatment of all diseases, the state would thereby represent to the public that a push of one or more of the vertebrae is a proper and approved method for the treatment of various diseases and it would further represent that the person holding such license as a chiropractor was qualified to treat those diseases by that method and that the public could trust them with confidence in such treatment If such license were granted chiropractors after the strictest educational qualifications, the state would still be certifying that chiropractic is a proper means of treating these diseases This is the fundamental vice underlying the licensing of chiropractors in this state. The state cannot consistently by one law require vaccinations for smallpox and by licensing chiropractors license



them to treat smallpox without vaccination. The Board of Health cannot require the use of anti-toxin for diphtheria and at the same time recognize chiropractic which eschews the use of such treatment as a proper means of therapy in cases of diphtheria. These illustrations may be extended to numerous other diseases. The mortality of many of these diseases has been enormously reduced by a scientific study of their causes and the application of scientific principles for their cure. The licensing of chiropractic would constitute a legal authority to abandon the scientific treatment of these diseases and to substitute in its stead a treatment justified only by its sponsors upon an assumed dogma.

If a medical doctor in a diphtheria case fails to use the approved treatment by administering anti-toxin he renders himself liable to the law. If a chiropractor were licensed he would apparently be free to treat diphtheria without the use of anti-toxin, and escape liability, because the

state by licensing the chiropractor would certify that the chiropractic method of treatment was proper and approved in the treatment of disease. Such a certification of chiropractic as a proper means of treatment would in such cases as diphtheria and smallpox, as well, in fact, in many other diseases such as tuberculosis, typhoid, etc., constitute not a license of qualification but a license to take human life.

How many of the legislators who will vote on such a chiropractic bill are willing to be treated for any of the diseases mentioned by chiropractic means? If they are not, should they by licensing chiropractors recommend such treatment in these cases to the public? Shall the noisy political activities of the chiropractors in this state, the only objective of which is the breaking down of the wall of public protection in our medical licensing system, prevail over reason, common sense and good faith?

G W W

## IGNITION OF CLOTHES BY ELECTRIC SPARK RESULTING IN A CLAIMED BURN OF BACK

THE plaintiff, a clerk, went to the office of the defendant doctor one evening toward the close of office hours complaining of severe pains in his back and that he had been sick all his life with stomach trouble, that he had been operated upon and his appendix had been removed, after which operation he had gone to various physicians but had received no benefit from any of them, that he had pains in the epigastric region going around the thorax to the spine and then upward. His appearance was pallid and sickly. An examination disclosed some disturbance in the digestive organs for which medication was prescribed. He returned to the doctor about a week later and to relieve the pain in his back a violet ray was administered through the clothing under the scapula for about one minute. The patient then left the doctor's office.

The plaintiff's next appearance was by his counsel serving a summons and complaint in an action asking for \$10,000 damages in that the doctor had caused and inflicted upon the plaintiff's back in the application of the violet ray a second degree burn  $2\frac{1}{2} \times 3$  inches. When the case finally came on for trial the plaintiff produced the clothing which he had worn that day

showing a hole in the coat of about the size of a half dollar, and the hole getting larger in size in the garments nearer the skin, so that there was a hole in the undershirt covering almost half of the back and a hole almost as large in his outer shirt. His testimony was to the effect that after leaving the doctor's office he stood upon the street for five or ten minutes, walked five blocks to the elevated railroad station, there waited for a train and then rode a distance of about six miles and walked six or seven blocks from the station to his home, that upon arrival at his home he removed his coat and other clothing and then found for the first time that the same were burned, the holes in the clothing penetrating from the coat down to his skin and that he had a large blistered area under the scapula. From the time he left the defendant's office until he reached his home, either while on the street or in the train, he did not feel anything burning him. His story was so ridiculous and after showing the improbability of the happening of the same, it took the jury only a few minutes to resolve the question of liability in favor of the defendant, dismissing the plaintiff's complaint.

G W W





# LEGISLATION



By James N. Vander Veer M.D.

## LEGISLATIVE BILLS

The following bills affecting the practice of medicine have been introduced in the Legislature

STATE OF NEW YORK

No 127

Int 127

IN SENATE,

January 14, 1924

Introduced by Mr. Love—read twice and ordered printed, and when printed to be committed to the Committee on Internal Affairs of Towns, Counties and Public Highways.

### AN ACT\*

To amend the county law, in relation to public health nurses.

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1, Subdivision forty-four of section twelve of chapter sixteen of the laws of nineteen hundred and nine, entitled "An act in relation to counties, constituting chapter eleven of the consolidated laws," such subdivision having been added by chapter one hundred and thirty of the laws of nineteen hundred and twenty-one, is hereby amended to read as follows:

44 The board of supervisors of any county [not having a county tuberculosis hospital established under the provisions of sections forty five to forty-nine hereof], *except a county constituting a general health district created under the public health law*, shall have power to appoint and employ such public health nurses as it may deem proper.

§ 2 This act shall take effect immediately.

EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is old law to be omitted.

STATE OF NEW YORK

No 128

Int. 128

IN SENATE,

January 14, 1924

Introduced by Mr. Love—read twice and ordered printed and when printed to be committed to the Committee on Public Health.

### AN ACT\*

To amend the public health law, in relation to state aid to counties engaging in public health work.

*The People of the State of New York represented in Senate and Assembly, do enact as follows:*

Section 1 Sections nineteen, nineteen-a and nineteen-b of chapter forty nine of the laws of nineteen hundred and nine, entitled "An act in

EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is old law to be omitted.

relation to public health, constituting chapter forty five of the consolidated laws," as added by chapter six hundred and sixty two of the laws of nineteen hundred and twenty three, is hereby amended to read as follows:

§ 19 State aid to counties engaging in public health work. Whenever the board of supervisors of a county, exclusive of a county having within its boundaries a city [of the first or second class] *having a population of fifty thousand or upwards*, shall appropriate and expend moneys for the construction, establishment or maintenance by such county of a county, community, or other public hospital, clinic, dispensary or similar institution, or for the purpose of defraying the expenses of such county in any public enterprise or activity for the improvement of the public health, or any public health work undertaken by such county, *within limits to be prescribed by the state commissioner of health*, such county shall receive state aid in the manner and subject to the conditions prescribed in this article. The legislature from time to time shall make appropriations for the purpose of rendering such state aid. *The state commissioner of health is hereby empowered to prescribe limitations upon the aid to be granted, under applications now pending or hereafter made.*

§ 19 a Approval of state commissioner of health. It shall be the duty of the state commissioner of health to formulate standards of construction, equipment, service administration and work which must be complied with by such counties in order to be entitled to state aid, and no state aid shall be given to any county unless the state commissioner of health, after [inspecting] inspection and examination by him or his representative, shall make his certificate that such construction, equipment, service, administration or work is necessary to the public health and conforms to the standards so established therefor, *and to the limits prescribed by him as required by section nineteen of this article.*

§ 19 b Statement by clerk of board of supervisors, approval, amount of state aid, payment. The clerk of the board of supervisors of each such county shall on or before the first day of January of each year, transmit to the state [comptroller] *commissioner of health* a statement, verified by the chairman of the board [ ] and certified by the clerk, which shall state the



amount appropriated [and expended] during the preceding year by such county for a purpose specified in section nineteen of this article. On or before the first day of March next succeeding, the state commissioner of health shall transmit to the comptroller a certificate stating whether or not the amount specified in each such statement, or any part thereof, was [expended] appropriated by the county for a purpose mentioned in section nineteen of this article, was necessary to the public health and was conformable to the standards and limits established by the commissioner of health. On receiving such approval of the state commissioner of health, the comptroller shall draw his warrant upon the state treasurer for fifty per centum of the amount, as approved by the state commissioner of health, appropriated [and expended] by each such county, and the treasurer shall pay the amount set forth in such warrant to the county treasurer of the county entitled thereto. *No single grant of state aid shall be made covering more than one year, and no funds granted as state aid to any county shall be expended for any purpose other than that for which such aid was granted under this article and as limited by the state commissioner of health, and no funds so granted to a county by the state shall be expended unless an equal amount of county funds be expended for the same purpose or purposes. Any funds granted as state aid to any county and unexpended at the end of the year for which such grant was made shall be returned at the end of such year to the state treasurer.*

§ 2 This act shall take effect immediately

STATE OF NEW YORK

No 229

Int 229

IN SENATE,

January 21, 1924

Introduced by Mr. Byrne—read twice and ordered printed, and when printed to be committed to the Committee on Public Health

AN ACT\*

To amend the public health law, in relation to the practice of chiropody and podiatry

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

Section 1 Article thirteen of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by adding thereto a new section, to follow section two hundred and eighty-one-a, to be section two hundred and eighty-one-b, to read as follows:

§ 281-b *Any person who shall advertise to practice podiatry, without being lawfully licensed*

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted

*and registered as a podiatrist, or any business corporation which shall practice podiatry or advertise to practice podiatry, or any person who shall practice or advertise to practice podiatry under a certificate of trade name, or any person or business corporation who shall share in, accept, take or apply to his or its use, any moneys which are proceeds of the practice of podiatry by a licensed and registered podiatrist, or any person or business corporation who shall employ, contract with, or permit with his or its consent any one other than a licensed and registered physician, or a licensed and registered podiatrist to diagnose, treat, operate, or prescribe for any ailment, deformity or physical condition of the foot, shall be guilty of a misdemeanor, and shall, on conviction for each and every offense be punished by a fine of not less than fifty dollars or more than one hundred dollars or by imprisonment for a term not less than thirty days and not more than one year or by both fine and imprisonment.*

This section shall not be construed to forbid or prevent the employment by any person, association or corporation of a duly licensed and registered podiatrist to treat employees or members thereof.

§ 2 Such article is hereby amended by adding thereto a new section, to follow section two hundred and eighty-one-b, to be section two hundred and eighty-one-c, to read as follows:

§ 281-c *Any licensed and registered chiropodist who shall use, distribute, or display upon any card, sign or advertisement, the words, or any of them "foot specialist," "surgeon," "orthopedic specialist," or in any manner upon any card, sign, or advertisement hold himself out as being able to treat all diseases or all ailments or all conditions of the foot, shall be subject to the revocation of his license and the annulment of his registration in the manner provided by section two hundred and eighty-one for proceedings for the revocation of a license and the annulment of a registration.*

§ 3 This act shall take effect immediately

STATE OF NEW YORK

No 321

Int 317

IN SENATE,

January 23, 1924

Introduced by Mr. Antin—read twice and ordered printed, and when printed to be committed to the Committee on Public Education

AN ACT\*

To amend the education law, in relation to the appointment of a state specialist for eyes and ears

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted



Section 1 Article twenty a of chapter twenty one of the laws of nineteen hundred and nine entitled "An act relating to education constituting chapter sixteen of the consolidated laws" as amended by chapter one hundred and forty of the laws of nineteen hundred and ten, which article was added by chapter six hundred and twenty-seven of the laws of nineteen hundred and thirteen, is hereby amended by adding thereto a new section, to be known as section five hundred and seventy-seven a, to read as follows

§ 577-a State specialist for eyes and ears The commissioner of education shall also appoint a specialist for eyes and ears in the bureau of medical inspection who shall receive an annual salary, to be fixed by the commissioner within the amount of moneys appropriated therefor. He shall assist the state medical inspector in making eye and ear tests of the pupils of the public schools as required by this article. He shall also assist in providing for students in the state normal schools, city training schools and training classes instruction and practice in the best methods of testing the sight and hearing of children and shall perform such other duties as the commissioner of education may prescribe

§ 2 This act shall take effect immediately

STATE OF NEW YORK

No 565

Int. 565

IN ASSEMBLY

January 25, 1924

Introduced by Mr Lattin

AN ACT\*

To amend public health law, in relation to records and reports of vaccination.

*The People of the State of New York represented in Senate and Assembly, do enact as follows*

Section 1 Section three hundred and eleven of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is amended by chapter one hundred and thirty three of the laws of nineteen hundred and fifteen, is hereby amended to read as follows

§ 311 Vaccination How Made, Reports  
1 No person shall perform vaccination for the prevention of smallpox who is not a regularly licensed physician under the laws of the state. Vaccination shall be [performed] performed in such manner only as shall be prescribed by the state commissioner of health

2 (Same as old law)

EXPLANATION—Matter in *italics* is new matter in brackets [ ] is old law to be omitted

3 Every physician performing a vaccination shall within ten days make a report to the [state commissioner of] local health officer upon a form furnished by [such] the state commissioner of health setting forth the full name and age of the person vaccinated and, if such person is a minor, the name and address of his parents, the date of vaccination, the date of previous successful [vaccination] vaccination if possible, the name of the maker of the vaccine virus, [and] the lot or batch number of such vaccine virus and whether upon re-examination after a proper interval such vaccination was found to be successful or non successful

4 Every local health officer shall retain in the files and records of his office every report of a vaccination reported to him under the provisions of the preceding paragraph and shall report once in each month to the state department of health the number of vaccinations reported to him during the preceding month together with the number of those which were successful and the number non successful. Such report shall be made in such manner as shall be prescribed by the state commissioner of health

§ 2 This act shall take effect immediately

STATE OF NEW YORK

No 545

Int. 542

IN ASSEMBLY

January 23 1924

Introduced by Mr Wallace—read once and referred to the Committee on Public Health

AN ACT\*

To amend the public health law, in relation to violations of rules or orders of local boards of health

*The People of the State of New York, represented in Senate and Assembly do enact as follows*

Section 1 Chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by adding a new section to be section twenty-one d, to read as follows

§ 21-d. Violations of orders of local boards. Local boards of health may prescribe that a person who wilfully violates or refuses or omits to comply with any lawful order or regulation prescribed by it or a local health officer, shall be guilty of a misdemeanor punishable by a fine not exceeding fifty dollars or imprisonment not exceeding six months, or both

§ 2 This act shall take effect July first nineteen hundred and twenty-four

EXPLANATION—Matter in *italics* is new matter in brackets [ ] is old law to be omitted



## SENATE

Senate Bill Int No 76 (Print No 76), by Senator Robert C Lacey of Erie County, which was referred to the Senate Judiciary Committee, has appeared in the Assembly as Assembly Bill Int No 230 (Print No 230) by Assemblyman Owen M Kiernan of New York, and has been referred to the Assembly Judiciary Committee

This bill has to do with the repealing of the Charter of the Rockefeller Foundation

No further comment will be made on the bill

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Senate Bill Int No 127 (Print No 127), by Senator Wm L Love, of Kings County, concurrent Assembly Int No 267 (Print No 267), by Assemblyman Simon B VanWagenen, of Ulster County, is printed here in full for the information of the profession

No comment on this measure

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Senate Bill Int No 128 (Print No 128), by Senator Wm L Love, of Kings County, concurrent Assembly Int No 232 (Print No 232), by Assemblyman Frank H Latun, of Orleans County, is printed here in full

The attention of County Medical Societies is called as to whether this measure affects them or not as a group

No further comment will be made thereon

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Senate Bill Int No 140 (Print No 140), by Senator Michael E Reiburn, in reference to the

Workmen's Compensation Law, will be dropped  
No further comment

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Senate Bill Int No 141 (Print No 141), by Senator Michael E Reiburn, in reference to the Workmen's Compensation Law, will be dropped  
No further comment

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Senate Bill Int No 142 (Print No 142), by Senator Michael E Reiburn, in reference to the Workmen's Compensation Law, will be dropped  
No further comment

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Senate Bill Int No 175 (Print No 175), by Senator Michael E Reiburn of New York, concurrent Assembly Int No 195 (Print No 195), by Assemblyman Julius S Berg of Bronx County, in reference to the State Institute for the Study of Malignant Disease, at Buffalo, N Y

We have had no comment on the bill, so it will be dropped

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Senate Bill Int No 176 (Print No 176), by Senator Michael E Reiburn, of New York, concurrent Assembly Bill Int No 234 (Print No A 234), by Assemblyman James Male, of New York County, in reference to giving health commissioner control of hospital for care of crippled and deformed children at West Haverstraw

We have had no comment on the bill so it will be dropped

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## NEW BILLS SINCE LAST ISSUE OF THE JOURNAL

Senate Int No 229 (Print S 229), by Senator Wm A Byrne, of Albany County, concurrent Assembly Int No 507, by Assemblyman Paul T Kammerer, Jr, of New York, would add new sections 281-b, 281-c, Public Health Law, relative to the practice of chiropody and podiatry. The bill has been referred to the Public Health Committee in each house

Your Committee on Legislation is in favor of the bill and it will be dropped from further comment

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Senate Int No 285 (Print No S 289), by Senator Morton J Kennedy, of New York City, concurrent Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld, of New York. This bill was printed in the February 1st issue of the JOURNAL, under Assembly Int

No 342, and is the same bill as introduced last winter by Assemblyman Maurice Bloch, and against which the Medical Society must be strongly opposed

Individual members of the Society are asked to address communications to their representatives in the Senate and Assembly along the line of the letter which appeared in the February 1st issue of the JOURNAL. This bill is open to the same criticism in that it would penalize the general practitioner in the way of more paper work, bookkeeping, vexatious surveyance, and in no way seeks adequate means to cut off the illicit supply by adequate inspection for the prevention of smuggling of the drugs

While the physician is and always should be ready to protect the public and to favor reasonable legislation, they must at all times stand pre-



pared to protest and work against such hardships as will be thrust forward under the guise of betterment, but which in reality imposes greater hardships on the profession in the loss of time and money which in the last analysis must be pro rated among the same public who presumably would be protected by this type of legislation.

Correlation between the State Department of Education, the State Department of Health and the Attorney General's office, with the State police would seem to be sufficient under the present laws to settle the narcotic question beyond peradventure without further legislation.

A special effort should be made to address letters to the members of the Committees on Public Health of both Senate and Assembly, whose names and addresses have been printed in the February 1st issue of the JOURNAL, asking that they protest against those features of the bill which impose the hardships on physicians.

Senate Bill Int No 317 (Print No S 321) by Senator Benjamin Antin, of New York City concurrent Assembly Int No 370 (Print No

A 372), by Assemblyman F S Cole of Herkimer County, which has been referred to the Public Education Committee in both Senate and Assembly, is printed here in full for the purpose of criticism and for favorable or unfavorable action on the part of members of the County Medical Societies.

Your Committee on Legislation asks that reports of such action be immediately sent to the Legislative Bureau in order that we may be posted as to the position to take thereon.

Senate Bill Int No 347 (Print No S 351), by Senator Bernard Downing, of New York, concurrent Assembly Int No 567, by Assemblyman Joseph A McGinnies, of Chautauqua County, would amend sections 17, 65, Insanity Law, relative to approval by Governor of contracts for improvements to State Hospitals for Insane.

The Senate Bill has been referred to Senate Finance Committee.

The Assembly Bill has been referred to Assembly Ways and Means Committee.

No comment on the bill as yet.

## ASSEMBLY

Assembly Int No 10 (Print No 10), by Assemblyman Ansley B Borkowski, of Erie County, concurrent Senate Int 357, by Senator Robert C Lacey, of Erie County, in re Workmen's Compensation Law.

One communication has been received at the bureau which voices no opposition to the bill.

Assembly Int. No 43 (Print No A 43), by Assemblyman Wm S Hart, of Richmond County, concurrent Senate Int No 63 (Print No 63), by Senator Michael E Reburn, will be dropped.

Assembly Int. No 48 (Print No 48), by Assemblyman Paul T Kammerer, Jr., of New York, concurrent Senate Int No 68 (Print No S 68), by Senator Thos I Sheridan, will be dropped.

Assembly Int. No 54 (Print No A. 54), by Assemblyman Samuel Mandelbaum, of New York City, will be dropped.

Assembly Int No 65 (Print No A. 65), by Assemblyman Joseph Reich, of Kings County, will be dropped.

Assembly Int. No 66 (Print No 66), by Assemblyman Joseph Reich, of Kings County—

### THE MEDICAL INSPECTION IN SCHOOL BILL

Attention is again called to the comment on the same, under the "Special Notice" in the February 1st issue of the JOURNAL, as well as to the bill published complete in that issue of the JOURNAL. No concurrent Senate Bill has made its appearance.

Assembly Int. No 195 (Print No. A 195), by Assemblyman Julius S Berg, concurrent Senate Int No 175 (Print No S 175), by Senator Michael E Reburn, of New York, will be dropped.

Assembly Int. No 196 (Print No 196), by Assemblyman Julius S Berg, of Bronx County, will be dropped.

Assembly Int. No 228 (Print No A 228), by Assemblyman Henry O Kahan, of New York City, to re practice of optometry, would insert further clauses whereby the regents would have power to revoke any certificate of registration or exemption of an optometrist who may be guilty



of fraud, deceit, *unprofessional conduct* or *misrepresentation* in his practice or in his advertising, has been convicted of crime, or is a habitual drunkard, or grossly incompetent to practice optometry

*Comment* No comment will be made further than that it is an attempt to do away with practitioners of optometry to whom licenses have been issued and who have proven themselves incompetent in one way or another to practice optometry

Assembly Int No 229 (Print No 229), by Assemblyman Henry O Kahan, of New York City, has to do with increasing the fines and penalties and the manner of their collection in relation to the practice of optometry

*Comment* No comment thereon

Assembly Int No 232 (Print No 232), by Assemblyman Frank H Lattin, of Orleans County, concurrent Senate Int No 128 (Print No S 128), by Senator William L Love of Kings County, will be dropped

Assembly Int No 234 (Print No A 234), by Assemblyman James Male, of New York County, concurrent Senate Int No 176 (Print No S 176), by Senator Michael E Reiburn, of New York, will be dropped

Assembly Int No 267 (Print No A 267), by Assemblyman Simon B VanWagenen, of Ulster County, concurrent Senate Int No 127 (Print No S 127), by Senator Wilham L Love, of Kings County, will be dropped

Assembly Int No 277 (Print No A 277), by Assemblyman John H Conroy, of New York City, will be dropped

Assembly Int No 309 (Print No A 309), by Assemblyman Joseph Reich, of Kings County, requiring employers to furnish nursing and first aid service in factories, mercantile and other establishments

*Comment* See last week's issue of the JOURNAL The bill has not made its appearance as yet in the Senate

Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld, of New York City, concurrent Senate Int No 285 (Print No 285), by Senator Morton J Kennedy, of New York City

The Narcotic Bill See comment under concurrent Senate Int 285

#### NEW BILLS IN ASSEMBLY SINCE LAST ISSUE OF THE JOURNAL.

Assembly Int No 370 (Print No 372), by Assemblyman F S Cole of Herkimer County, concurrent Senate Int No 317 (Print No S 321), by Senator Benjamin Antin of New York City

See concurrent Senate Int No 317 for digest and comment

Assembly Int No 507 (Print No A 509), by Assemblyman Paul T Kammerer, Jr., of New York, concurrent Senate Int No 229 (Print No S 229), by Senator Wm Byrne, of Albany County

See concurrent Senate Int No 229 for digest and comment

Assembly Int No 542 (Print No A 545), by Assemblyman Edwin W Wallace, of Nassau County, referred to the Assembly Public Health Committee, is printed here in full for the information of the profession

Assembly Int No 565, by Assemblyman Frank H Lattin, of Orleans County, referred to the Assembly Public Health Committee, is printed here in full

Comment will be made later

#### CORRECTION

The Oneida County Medical Society voted unanimously in favor of the proposed Medical Practice Act, instead of against it as announced in the last issue of this JOURNAL



# Medical Society of the State of New York

## MEETING OF THE COUNCIL

A MEETING of the Council of the Medical Society of the State of New York was held at the State Society rooms, 17 West 43rd Street, New York City, on Tuesday afternoon, December 11th, 1923, Dr Orrin Sage Wightman, President, in the chair Dr Edward Livingston Hunt, Secretary

The meeting was called to order at 2 30 p m and on roll call the following answered to their names Drs Orrin Sage Wightman George M Fisher, Charles O Boswell, Edward Livingston Hunt, Seth M Milliken, Arthur W Booth Edward C. Rushmore, Frank Hernance Lasher Arthur J Bedell, Charles C Trembley, Walter H Kidder, John M Quirk, Harry R. Trick, James N Vander Veer, Henry Lyle Winter, Joshua M Van Cott, Owen E Jones and Mr Oliver, Attorney for the Society

The Secretary presented excuses for Drs E Eliot Harris, Andrew MacFarlane, and Ethan A Nevin

Moved and seconded that Drs Harris MacFarlane and Nevin be excused. Carried

A quorum being present Dr Wightman announced the meeting open for business

Moved and seconded that the reading of the minutes of the last meeting be dispensed with and that they be approved as published in the *NEW YORK STATE JOURNAL OF MEDICINE*. Carried

The Secretary read the following from the Secretary of the Medical Society of the County of New York

December 11, 1923

To the Council of the Medical Society of the State of New York

GENTLEMEN

I herewith respectfully submit for approval, the amendments to the Constitution and By-Laws of the Medical Society of the County of New York adopted, subject to said approval, at the annual meeting November 26, 1923

Respectfully,

D S DOUGHERTY, Secretary

(A) Amend Chapter II Article 2, of the Constitution by changing the word 'in' in line 2 to the word 'of', and by adding after the word 'professional' in line 2 the word 'character', and by adding after the word 'standing' in line 2 the words 'and reputation'. The first phrase of Article 2 as amended would read as follows

"Article 2 The active members of the Society shall be physicians of good moral and professional character, standing and reputation, residing or practicing in the County of New York, duly licensed and recorded in the office of the County Clerk of New York County, "

(B) Amend Chapter I, Article 2, of the By-Laws, by changing the period after the last word to a semicolon, and by adding the following

"Article 2 No applicant of sectarian titles, nor shall any applicant be elected to membership unless and until he shall have established, in a manner deemed sufficient by the *Comitia* Minora, that he is of good moral and professional character, standing and reputation, and that admission would not be prejudicial to the best interests of the Society"

(C) Amend Chapter I of the By-Laws by adding thereto a new article, to be known as Article 12, to read as follows

"Article 12 Any applicant for membership to this Society feeling aggrieved at the action of the Society shall have the right to appeal to the Medical Society of the State of New York "

(D) Amend Chapter VIII of the By-Laws by adding thereto a new article, to be known as Article 14, to read as follows

"Article 14 Any member feeling aggrieved at the action of this Society shall have the right to appeal to the Medical Society of the State of New York."

(E) Amend Chapter XII, Article 2, of the By-Laws, by striking out the entire second sentence of said Article 2, and by substituting in place thereof the following

"Article 2 It shall meet by the Secretary Before reporting favorably upon any application for membership, the Committee shall be satisfied, by proof deemed sufficient by it, that the applicant has complied with the laws of the State of New York relative to the practice of medicine, and that such applicant is of good moral and professional character, standing and reputation, and that his admission would not be prejudicial to the best interests of the Society"

Moved and seconded that the amendments to the Constitution and By-Laws of the Medical Society of the County of New York be approved subject to the approval of the Council Carried



The Secretary read the following letter

War Department  
Office of the Surgeon General  
Washington

November 20, 1923

*The Secretary Medical Society State of New York*

MY DEAR DOCTOR

In order to properly meet the responsibilities of the medical profession of America in the program for national defense, it is necessary to accomplish the enrollment of all eligible men of the profession in the Medical Section of the Officers' Reserve Corps

I am sure it is obvious to you and the members of the society of which you are a member, that the organization of an adequate medical reserve contemplates and requires the support and encouragement of all members of the profession

The advantages of enrollment and classification in time of peace of the body of the profession are conspicuous and include an avoidance of a repetition of the majority of the inequalities and defects which developed as result of our state of unpreparedness for the World War

It is the desire of the War Department to organize and develop the Reserve Corps so as to provide recognition by promotion in grade and assignment to function in organizations in time of peace which will entail the minimum imposition of hardships on men called to active duty in emergency and will insure military efficiency

In order that a better understanding of Reserve Corps affairs may be developed in medical societies it is proposed that a military committee be appointed in each society

The purpose of this committee will be

(a) To establish and maintain contact with the War Department through the Surgeon General

(b) To promote the organization of the Reserve Corps by procurement of enrollments therein

(c) To receive information from the War Department in connection with the Reserve Corps and to convey the same to the society

(d) To convey the recommendations of the society for the improvement of the organization and training of Reserve Officers

In brief, to establish an agency for the development of a more intimate association between the members of the profession and the War Department

The organization of the Medical Section of the Reserve Corps is an outstanding obligation of my office and since proper organization of the medical men of the country for its defense program is a problem which concerns and, I am sure, interests each member of your society, I am asking a

continuance of your support and suggest if appropriate that the proposed liaison be effected

It is requested that this matter be brought to the attention of your society and if it is considered appropriate to organize a military committee that this be done and the names of the committee be furnished me

Very truly yours,

M W IRELAND, *Surgeon General*

Moved and seconded that a Military Committee to consist of one representative from each District Branch be appointed by the Chair Carried

The Chair appointed the following committee  
First District, Edward R. Maloney, New York City, Second District, Walter A. Sherwood, Brooklyn, Third District, Erastus Corning, Albany, Fourth District, Edward N. Packard, Saranac Lake, Fifth District, William Hale, Jr., Utica, Sixth District, Arthur W. Booth, Elmira, Seventh District, Charles O. Boswell, Rochester, Eighth District, Nelson G. Russell, Buffalo

The President read the following letter

December 7, 1923

DR ORRIN S. WIGHTMAN, *President*

*Medical Society of the State of New York*

DEAR SIR

In the closing days of the last Congress a bill for classifying all Government Employees, known as the "Reclassification Bill," was passed and made a law

In order to make this provision effective a Board was established for the purpose of allocating the employees in Government Service to their proper grades. The allocations have now been made, but must be referred to Congress for approval

We find that Nurses, who heretofore have been in the professional class, have been allocated to the "Sub-Profession or Non-Professional class"

Will you, in the interest of high standards of nursing, which is and always has been considered a "Profession," use every influence to the end that Nurses will be classified as "professional"?

Respectfully,

ANNA B. DUNCAN, R.N.,

*Chairman of Legislative Committee, New York Hospital, Alumnae Association*

Moved and seconded that it be referred to the Executive Committee for investigation Carried

Moved and seconded that no member of the State Society be entitled to malpractice defense by the State Society until he has filled out an official application for defense, had it signed by the Secretary of the State Society and filed with the Counsel Carried



The President stated in accordance with request received from Dr Leland E Cofer Director of the Division of Industrial Hygiene of the Department of Labor, permission had been granted Dr Cofer to use the mailing list of the State Society to send out a circular letter to the members enclosing a questionnaire asking for information concerning the number of diseases coming under their care during the past year caused by industries, but without endorsement by the State Society

Moved and seconded that Dr Wightman's action be approved. Carried

Dr Wightman stated that on invitation from Governor Smith a small committee from the State Society consisting of Drs Phillips, Dougherty, Kopetzky and himself, had met with Dr Downing Assistant Commissioner of Education, and Dr Nicoll, Commissioner of Health, in the Executive Chamber at Albany and held a conference relative to the amendment to the Medical Practice Act.

At this conference the facts were brought out that it was over forty years since there had been any survey of the Doctors in New York State and also that the Medical Profession was almost the only profession in the State which did not

have an annual registration. Dr Wightman stated that he had gone to Albany very much opposed to annual registration, but when he heard the facts presented by the Department of Education, he realized that a yearly certification of physicians was necessary in order to determine who were and who were not legally licensed physicians in the State

A general discussion followed in which the members of the Council concurred in Dr Wightman's opinion

Moved and seconded, that from recent developments, it is our judgment that the annual registration law, as presented, is the most valuable and feasible plan for amending the Medical Practice Act

In view of these facts, we are presenting the annual registration act to the County Societies for their approval. Carried

Moved and seconded that this resolution be sent to the Presidents of each District Branch, to bring to the attention of their County Societies. Carried

There being no further business, the meeting adjourned

EDWARD LIVINGSTON HUNT,  
*Secretary*

## COUNTY SOCIETIES

### BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society was held at Concourse Plaza, on January 16, 1924 and was called to order at 9 P M, the President, Dr Podvin, in the Chair

The following candidates were elected Isaac B Brodsky, Benjamin Finesilver, Abraham J Fleischer, William Sargent Ladd, Rebecca T Roman

Dr Henry Roth read a letter from the Association for the Relief of Needy Physicians of Central and Eastern Europe and urged the co-operation of the members of our Society

Dr Gitlow moved the adoption of the following proposed amendments to the By-Laws

Section 7—OFFICERS Add "a Corresponding Secretary" after "the Secretary"

Section 11—COMMITTEES Add "the Corresponding Secretary" after "the Secretary"

Section 34—SECRETARY Add "The duties of the Corresponding Secretary shall be to assist the Secretary"

Dr Edward C Podvin the newly inaugurated President, addressed the Society as follows

"For many years the feeling has been constantly growing that a County Medical Society should mean more than a purely scientific body. With the development of the specialties have come the special societies or sections in which

men can follow that particular branch which in the main commands their interest. This is eminently proper, as no one society could hope to so arrange its progress that it could keep abreast of all the advances in the different subdivisions of Medicine and Surgery in their most minute detail

"But aside from our personal or special leanings or inclination toward special fields and branches, there are still many common grounds upon which as physicians we all can meet, and as the County Society is the parent organization, in order to direct its activities one needs but to study the requirements of the members in general. From a scientific standpoint the purpose of such a Society should be to place before its members the advances and fundamental principles of progress on the broad and embracing subjects, such, for example, as that which we will take up this evening, Tuberculosis, leaving to the special societies the finer development of technique and minutiae that would be of interest only to the few working in that particular field. It should, therefore, be the object of this Society to bring before its members a clear and understandable presentation of those fundamental subjects which are of interest to all and without an understanding and knowledge of which no man is competent to practice even the most narrow and circumscribed branch of our profession. I or I do not believe



that any man is properly qualified nor will he ever attain eminence in any specialty who does not possess a broad knowledge of, and who does not keep constantly in touch with, the progress made in all the general fields of our profession. The remark that is sometimes made that the program does not interest us because it does not happen to touch our special line of endeavor is usually a thoughtless one, as without a comprehensive knowledge of all branches of medicine no man can hope to cope successfully with the problems which daily confront him in his own particular work.

"And so, from a scientific standpoint, I maintain that the County Society has a field peculiarly its own, fulfilling a demand that cannot be met by the special societies, but which is absolutely necessary for the rounding out and broadening of our views.

"There is, however, another and perhaps equally if not more important field in which the County Society stands alone and that is in the advancement of the social and economic relations of the profession. It is possible to derive our scientific knowledge from reading, though rarely accomplished, but in no other way can we make life more agreeable and practice more profitable than by a united and forward-looking profession. Most of us here were thrilled by the inspiring address of the President of the Medical Society of the State of New York, Dr. Wightman, on the necessity of unity, delivered at our banquet. One could not but be impressed with the keenness of his vision and the sincerity of his purpose in placing before us those two essentials of accomplishment, namely, that we must be constructive and above all we must be united. To my knowledge there is no other unit so well adapted to bring about our solidarity than the County Society, there is no place better suited to discuss and formulate our program for advancement.

"In my opinion the aim of the County Society should be that of a Social and Scientific Center for all the properly qualified members of the profession within its jurisdiction, and I confidently hope that the day is not far distant when this Society will become such a Center with a building designed to accommodate all its activities, where the general meetings, the section meetings, the library and all other activities may be housed. Here the highest type of service might be developed along social-economic as well as scientific lines.

"If time would permit me I might dwell at great length on the many activities that well might engage our attention, such as the development of constructive legislation for the betterment of our members, providing means for social enjoyment and recreation, the establishment of health, accident and other forms of insurance, con-

tributing to or maintaining places for the care of the aged and incapacitated members, post-graduate courses, etc.

"I hope to see the time when the roster of the Bronx County Medical Society will contain the name of every practitioner within its limits and I would favor some plan whereby the young man coming out of the hospital should be received immediately into our fold without formality and without expense to him, that he should serve a sort of apprenticeship of two or three years during which he might receive the social and scientific privileges of the Society, though not a voting member or being required to pay the full amount of dues. Later, having passed through the stage of his early financial struggles and having given evidence of proper qualification, he should automatically be advanced to full membership. Later on after having served as active member for twenty or twenty-five years, or sooner if by reason of incapacity for work or retirement from active practice, he might again enter the inactive class.

"Such an organization might well assume the duties of a quasi-official body in so far at least as keeping the roster of the legally qualified practitioners residing within its confines. In this respect we might well emulate the zeal of the official organization of our sister profession, the Bar Association, for who has not read with tear-dimmed eye the sad plea which it makes for its self-sacrificing judges who are unable to maintain themselves on the meager pittance of \$17,500 per annum, especially when we recall with complacency the princely salary of our own hospital physicians?

"If I may be permitted just for a moment to trespass upon the field of my predecessor, Dr. Lerner, who at the end of a most successful administration is unable to be with us on account of ill health, I would like to call attention to what I think are the two outstanding features of the last year and are evidence of the progress of our Society. First, the establishment of a Bulletin, which I am sure is destined to play a very important part in our history and for which we owe a great debt of gratitude to Dr. Eichler and his zealous co-workers. Secondly, the bringing to a successful issue of the very enjoyable and splendid function which marked the tenth anniversary of our organization.

"In conclusion, I desire to apologize to the Society for this fragmentary and disjointed discourse which I offer as an inaugural address, the work connected with the banquet together with the fact that we have a very distinguished speaker to listen to tonight convinces me that having listened to me with patience thus far my desire that my remarks might be shortened will become unanimous.



"I cannot close, however, without expressing the heartfelt appreciation which I feel for the great honor which has been conferred upon me by electing me to this high office and pledging on behalf of all the officers, as well as myself, our most earnest endeavor to whatever lies within our power for the furtherance of the best interests of the profession. Asking you to bear with us, especially at the meetings where, on account of the multiplicity of the matters that come before us and the brief time allotted the presiding officer may often seem impatient and even abrupt, assuring you that while we realize that we will make many mistakes they will be mistakes of the head and not of the heart."

#### THE SCIENTIFIC PROGRAM

"Tuberculosis," Allen K. Krause, M.D.

Lecture 1—"The Evolution of Tuberculosis Infection"

Lecture 2, on "Points on Diagnosis," will be delivered by Dr. Krause on January 23d and Lecture 3 on "Essentials in Treatment," on January 30th, at 8:30 P. M.

#### THE MEDICAL SOCIETY OF THE COUNTY OF NASSAU

The meeting of the Society held on December 18, 1923, was attended by 53 members. The following physicians were elected to membership: George S. Reiss, Long Beach, W. T. Chamberlain, Hempstead, G. H. Cox, Glen Cove, M. B. Green, Freeport, and R. R. Gallone, Roslyn Heights.

Resolutions were adopted on the death of our late Secretary-Treasurer Dr. Cooley, and a copy of these resolutions has been suitably engrossed in book form for presentation to the family of Dr. Cooley. A copy has also been sent to the State Society in New York.

The members were urged by the Legislative Committee to get in touch with their legislators relative to pending bills. It was stated that the Medical Practice Act would be reintroduced with good chance of passing because of the recent agitation against illegal practitioners.

The tuberculosis campaign was reported to be exceeding its quota, with \$25,000 in sight.

The paper of the evening was read by Mr. J. L. Neff, being the report of a survey of Nassau County made by a special committee to determine the hospital facilities and needs of the county. This report was followed by a lively discussion, which eventuated in its unanimous adoption, with special attention to the formation of the committee called for in the report to formulate ways and means to secure relief from the situation which was disclosed. This

committee is now being formed and will consist of prominent laymen as well as members of the Society.

The January meeting was held on January 29 and was attended by 26 members. The following were elected to membership: Alice K. Higgins, Rockville Centre, J. Elmer Cummins, Freeport, John F. Donohue, Oyster Bay, James J. Shea, Hicksville, D. Dudley Krupp, Freeport, Edwin C. Brannard, Glen Cove, and Alfred Bell, Freeport, by transfer from the Kings County Society.

The Society went on record as being opposed to the theory of re-registration as outlined by Dr. Vander Veer. It adopted a resolution urging the reintroduction of the Medical Practice Act as introduced last year.

The Society endorsed the efforts of the Nassau Hospital Association in attempting to secure additional funds to support that institution in the excellent work it has been doing.

Approval was voted of the suggestion of the American Red Cross, Nassau County Chapter, to start a health center for pre-school children.

The paper of the evening was read by Dr. Robert L. De Normandie, of the Boston Lying-In Hospital, on "The Cesarean Section" in which he deplored the present abuse of this operation. The paper was very warmly received and was listened to and discussed with marked interest.

#### THE MEDICAL SOCIETY OF THE COUNTY OF WASHINGTON

The special meeting held January 21st, 1924, at the County Court House, Hudson Falls, was called to order by the President at 2:30 P. M.

The following were present members: Drs. Casey, Park, Prescott, Pashley, LaGrange, Munson, Heath, Orton, Fortune, Paris, Banker, visitors, Drs. James N. Vander Veer, Harold Rypins, V. D. Sellick.

President stated that the object of the meeting was to discuss the proposed registration law, the increased state assessment and liability insurance.

Dr. Vander Veer gave an extensive résumé of the various bills now before the Legislature that are of interest to the medical profession.

Dr. Rypins, from the State Department of Education, gave a résumé of the general features of the yearly registration bill and his opinion as to how it would work out.

Dr. Pashley moved that the Society favor the general features of the bill, seconded, carried.

An amendment was added that a copy of the motion be sent to our representatives.





# THE DAILY PRESS



*Editor's Note* People generally are becoming more and more interested in health matters if we may judge by the amount of space that is given to notices of medical topics and those of an allied nature. The daily press is especially interested in the doings of lay organizations for the prevention of disease and the promotion of health. We choose the following notices from our clippings for the week ending January 28th

The Brooklyn *Standard Union*, January 26th, carries a letter from Hon Bird S Coler, commissioner of the Department of Public Welfare, saying that the ranks of the Brooklyn doctors are being depleted so that now there is one physician to 780 inhabitants, a proportion lower than that in most other important cities. The remedy which Commissioner Coler suggests is to secure more medical students, and to add to the capacity of the Long Island College Hospital Medical School and form a Brooklyn University which shall include the Medical School. He would also extend the plan of teaching clinics which has been instituted by the Joint Committee on Graduate Medical Education which has been formed by the Medical Society of the County of Kings and the Long Island College Hospital.

From Rochester come notices of the meeting of the Monroe County Tuberculosis and Public Health Association and of preparations for a survey of health accomplishments among the 480 children who are members of the nutrition classes. One child was reported to have gained seventeen pounds in five weeks. Rochester has always been at the front in civic organizations for the promotion of health.

The Watertown papers report the opening of a building to house the public health center. It is a memorial to the soldiers of the World War, and will house the child welfare work, the tuberculosis clinic, the dental clinic, the Red Cross, and a diet kitchen—a parking space for baby carriages in the basement was stressed by the newspapers. The building cost about \$45,000, most of which was raised by the Visiting Nursing Association.

The Rochester newspapers have been carrying accounts of the additions of iodide of potassium to the city water in order to prevent goitre. One paper reports protests from home brewers who

fear that the iodine will act as an antiseptic in their brews. The St Paul *Pioneer Press* discusses the use of iodine and thinks the cost prohibitive, but in place of iodine it carries a recommendation from a local doctor that a form of iodine be added to chocolate candy and sold to school children at one cent a stick.

From Syracuse comes an account of an address of Health Commissioner Thomas P Farmer before the Exchange Luncheon Club. Dr Farmer warmly commended lay organizations for creating public sentiment in favor of better health conditions. He said that the city needed larger appropriations in order that it might extend its survey of housing and living conditions, and he mentioned the good work which was being done by workers under the Milbank fund who are spending over \$100,000 a year in making a demonstration of intensive work along public health lines. He said the city had only four deaths from typhoid last year, and that 75% of the city milk supply was pasteurized.

Several papers throughout the State comment on the use of serums from recovered cases for the prevention of measles and scarlet fever. The Syracuse *Herald* of January 25th carries a request by Health Commissioner Farmer that each adult who has recently recovered from measles be asked to donate eight ounces of blood to be used for the prevention of exposed children whose lives would be in danger if they should develop measles. The Brooklyn *Standard Union* prints extracts from the City Department of Health Bulletin describing the serum treatment and giving figures to show the great number of preventable deaths that are caused by measles.

The New York *Times* of January 27th contains an account of an incident which shows a wide interest in the health talks which are broadcasted by the New York State Department of Health. A grandmother of eleven children had heard the radio talks and wrote to know when she could get further information regarding the correction of children's defects which had been described in the radio talks and which she presumed could be found among some of her grandchildren. The radio talks certainly cause people to think.

The New York *Evening Telegram* of January 28th contains a two-column account of the work-



ings of the Health Crusade plan which is promoted by the National Tuberculosis Association. The crusades movement has been introduced into a large number of public schools throughout the United States and in foreign lands. Its principle is that of daily doing certain health chores which have a direct effect on health. The training is like that of a young man who was seeking to become a knight in olden times, and for rewards the pupil rises through the grades, as he does increasingly more difficult chores, until in three or four years he becomes a knight. The movement is a valuable means of interesting children in the promotion of their health.

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Adults, too, are thinking about the prevention of the peculiar diseases which affect the grown-up, to judge by the account of an address given by Dr. Charles S. Prest, Secretary of the Brooklyn Bureau of Charities, on January 26th, before the Associated Physicians of Long Island. Dr. Prest described the formation of a committee of Brooklyn physicians and hygienists, headed by Dr. Glentworth R. Butler, in order to promote the periodic medical examinations of adults. He also described a course of instruction which has been arranged by the Committee on Graduate Medical Education in order to prepare physicians to make an intelligent physical examination in order to discover defects and diseases in their incipency.

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Brooklyn seems to be the first community in which the periodic examinations are being promoted in a systematic manner. The demonstration will be watched with interest throughout the country.

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The local papers of Westchester County carry accounts of the fourth annual meeting of the Westchester County Council for Public Health Nursing held in Mt. Vernon. Westchester County is organized into local public health nursing districts under a central supervision. Dr. Matthias Nicoll, State Commissioner of Health, said that the work was in complete accord with the standards and ideals of the State Department of

Health which is trying to have public health nurses supported by public funds.

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Dr. I. G. Ramsdell of White Plains spoke on the plan for establishing a County Health officership as a part of the proposed new Charter for Westchester County, but said that the County need not wait for the charter, because the Board of Supervisors already had the power to install the plan as the Board of Cattaraugus County has done.

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The Buffalo News carries warning about the danger of catching pneumonia which is greater during February than in any other time of the year, still the paper carries no news to indicate that an epidemic is imminent.

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The Syracuse Telegram carries an editorial regarding the high local death rate from violence, and rebukes the increase in bootlegging.

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The Southern newspapers frequently carry stories of civic health movements. The Savannah News carries a long description of a meeting of the Health Center, at which public health work in Chatham County was discussed. The paper says that Georgia has 160 counties and only six public health nurses, two of whom are in Chatham County, one of the two nurses is a negro woman, the only colored public health nurse in the state. The report makes a very creditable showing for Chatham County and is a demonstration of what can be done in other places throughout the South.

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The Augusta, Georgia, papers carry an account of a competition among the school teachers for scholarships offered by the American Child Health Association. The award of scholarships is based on the accomplishment of health work by the teachers.



# BOOK REVIEWS

**DISEASES AND INJURIES OF THE RECTUM, ANUS AND PELVIC COLON.** By J RAWSON PENNINGTON, M.D., F.A.C.S., Proctologist to the Columbus Hospital, Veterans' Hospital No 30, and the United States Marine Hospital. Two plates, 679 illustrations. Published by P. Blakiston's Son & Co., Philadelphia, Pa., 1923. Cloth, \$12.00.

The author has the honor of producing a book unquestionably the work of a scholar and ardent student of medicine. The enormity of his research work in the form of references, biographies, modern and ancient history, and his worship of the fathers of medicine by producing their photographs is most striking.

This book is practically a medical history of his subject, and a tremendous amount of scientific tabulation and reviews is involved, which brings the history of man, of medicine and the treatment of this specialty from the dark ages to the present day and seems only suited as an invaluable reference book.

The book covers the subject thoroughly, is well written and the author is extremely modest. He has, however, permitted his personal opinions to be unhappily buried beneath too many references, the ambiguous opinions of others and irrelevant material which one tries to avoid in reading a present-day medical text-book.

MARTIN L. BODKIN

**A TEXT-BOOK OF CHEMISTRY FOR NURSES.** By FREDUS N. PETERS, A.M., Ph.D., Author of "Experimental Chemistry", Director Laboratories and Professor of Chemistry and Metallurgy, Kansas City Dental College. Illustrated. Second Edition. C. V. Mosby Co., St. Louis, 1923. Price, \$2.50.

This volume is written along a plan quite similar to that followed by the author in his "Applied Chemistry" published last year. Fundamental principles and "laws" of chemistry are clearly presented together with their more common, every-day applications. Chapters are devoted to a discussion of the more important elements and "groups," such as the "lead group" and the "copper group."

The chapter devoted to the more common poisons and the detailed glossary should prove quite helpful to nurses.

FRANK E. MALLON

**WALTER REED AND YELLOW FEVER.** By HOWARD A. KELLY, M.D. Third Edition. Revised. The Norman Remington Co., Baltimore, Md. 352 pages. Price, \$2.50.

It is good to have the story of Walter Reed and his ilk kept fresh in our minds and Dr. Kelly's work now reaching its third edition does just that thing, adding as well the story of General Sternberg's life and that of the late General Gorgas, thus associating in one volume the lives of three of the great quartette (Noguchi, the fourth, still living) whose work abolished from the list of hideous plagues, one of the most deadly—yellow fever.

W. S. H.

**PRACTICAL ANESTHETICS FOR THE STUDENT AND GENERAL PRACTITIONER.** By CHARLES F. HADFIELD, M.B.E., M.A., M.D. 12mo of 244 pages. Illustrated. William Wood & Co., New York, 1923. Cloth, \$3.00.

For the American reader books of this sort would be more attractive if written with the cis-Atlantic background, unfortunately such can be counted on half the fingers of one hand. English writers have been more

prolific of brain-children. In this instance the need of a smaller book than either Flagg's or Gwathmey's is very evident, for as illustration, of the thirty-two illustrations barely three are not of distinct English apparatus—as was to be expected.

The first interesting feature is the first place given to Nitrous Oxid. The usual sequence is Chloroform, Ether and last Nitrous Oxid. This is a deserved recognition of the new practice. The author expresses the curious hope that "it may not prove impossible to devise some form of apparatus by which the nitrous oxid exhaled gas can be collected, purified, and used again and again for the same patient." He describes a modification of a well-known American apparatus but fails to point out the modifications. I am sure Dr. Foregger, the manufacturer, would have been glad to furnish an electrotpe of the original. It is naively stated that "there should never be any secrecy when ether is used!"

The expression "mitigated ether" is employed for mixtures of chloroform and ether. Hadfield's preference and recommendation is 15 to 1 (McCardie is more United States with 16 to 1). He likes an "open method" but recognizes its limitations, hence advises N<sub>2</sub>O or Ethyl Chlorid as suitable complements. "the sequence ethyl chloride, closed ether, open ether, is the best that can be found for routine use in ordinary cases."

We like this little book because it is well written from the standpoint of clinical experience. The short chapter on Emergencies at the end, and the introductory longer first chapters on General Considerations, Signs and Stages, and Respiration, are right to the point. Even the lay woman, who is so unobtrusively prominent these days, can read these chapters with profit. A. F. E.

**THE BIOLOGY OF DEATH.** By RAYMOND PEARL, Johns Hopkins University. Being a Series of Lectures Delivered at the Lowell Institute in Boston in December, 1920. J. B. Lippincott Co., Philadelphia and London, 1922.

Raymond Pearl's "Biology of Death" is a most fascinating and instructive book. In it there is food for thought for Biologist, Physician, Public Health Worker, Sanitarian and Social Economist alike.

He begins his book with a discussion of the life of the cell. He refers to the experiments of Carrel, in which the cells of living tissues grew and reproduced for many years when incubated on artificial media. The opinion is expressed that the cell itself is immortal and he gives as an example of this cellular immortality of the unicellular organism, the case of amoeba which goes on multiplying indefinitely.

Death, according to Pearl is only a characteristic of the multicellular and more highly specialized organism, and is due not to the death of the individual cell, but to the break in the harmonious co-operation which must exist between the various groups of cells. Thus, if the cell group which is excretory in function (kidney) becomes impaired or dies, the whole animal dies, or if the heart breaks down or any other vital organ ceases to function, the whole organism dies. This is different from the conception of death of an organism due to senility or the gradual and simultaneous break down and aging of all of the component cells of the animal.

According to the author, death due to senility in this sense practically never occurs. Then he reviews the causes of death and finds that diseases of the gastrointestinal tract contribute most largely to the infant mortality rate, and that pulmonary disease, tuberculosis and



pneumonia are the most potent factors in the production of mortality rate throughout youth and young adult life. During middle life (from 40-60) cardiovascular and renal diseases produce the highest death rate and beyond this the causes of death are manifold and difficult of classification. Embryologically speaking the least resistant to bacterial infection and general wear and tear of life are the ectodermal structures the lungs and the alimentary system. Next in importance come the mesodermal structures the cardio-renal system, and the most resistant of all are the ectodermal organs namely the central nervous system and the skin. It is comparatively seldom that the disease of the latter causes death.

The next important question which the author raises is what determines the life span? In the most logical fashion he concludes that heredity is the most important factor and that environmental factors assume but a subsidiary and secondary role. In his discussion on the question of heredity he points out the very interesting fact that the increase in the life span of the individual in the last half century is not the result of the public health measures and the crusade against infections notably tuberculosis, etc. but is true to the general decline in the death rate occurring all over the world, both in the diseases which have and those which have not any relation with sanitary or public health measures. In other words, that there is some biological reason quite different from the preventive measures now employed which is responsible for the universal reduction in mortality rate. He gives as examples mortality curves of the countries having the best and those having the worst sanitary conditions, and finds that the general mortality curves are quite parallel.

Another one of the very interesting revelations in the book is the fact that the mortality rate among the wealthy classes and the poverty stricken is not very different and that while external or environmental conditions may play a part in the production of morbidity or disease, the mortality rate which is an inherent biological characteristic of the organism is not definitely altered by reason of social status.

His final remarks deal with the question of Public Health and he shows that the population of the world is generally on the incline. In other words that the birth rate exceeds the death rate. In some countries it is more striking in others it is less so.

Inasmuch as a given area of the earth can only maintain a certain maximum of inhabitants if this increase in population is to continue, there must come a time when some very serious problems must arise. At the present time there are countries in which the population is excessive for its area, but where the necessities of life can still be met with by the purchase of the surplus from other less densely populated countries. If the increase in population continues there must come a time when this will be impossible. It is hardly to be wondered therefore, that we have very serious minded individuals who advocate such measures as birth control or some who even speculate on the derivation of synthetic foods from the atmosphere or elsewhere.

All in all it must be confessed that there is found in this little book a wonderful array of facts which are stimulating to everyone interested in biological problems.

C. S. DANZIE

HISTORY OF THE GREAT WAR BASED ON OFFICIAL DOCUMENTS—MEDICAL SERVICES. Edited by Major General Sir W. G. MACPHERSON K.C.M.G., C.B., LL.D. Major General Sir W. B. LEISHMAN K.C.M.G., C.B. F.R.S., LL.D., and Colonel S. L. CUMMINGS C.B., C.M.G., LL.D. London His Majesty's Stationery Office, Imperial House, Kingsway,

W. C., 2 1923. Octavo of 600 pages illustrated. Cloth 21s. 9d.

The volume of the series is deserving of extended review. It is a valuable contribution to medical literature consisting of special articles by eminent British physicians among which one notes such distinguished names as Adams, Leishman, and Eir, Almoth Wright. These men were the heads of the Pathological Service of the British Army. The medical problems they met and solved during the war were on the same vast scale as the military problems. In these articles they tell how they solved them and also found time for much original research.

Chapter 1 gives a résumé of the organization of the Pathological Service in the British Army before and during the war. It is interesting to note there was no central control of this service, that from 1903-14 but 59 officers qualified as specialists in bacteriology and that there were but 8 appointments at home and 3 abroad. The war demonstrated the importance of the service which pathology could and did render. This chapter tells how the British expanded the service to meet demands.

Chapter 2 on the physiology of wounds is in many ways the most interesting and instructive. In 1914 the consensus of military and medical opinion was that medical progress had almost eliminated the badly infected wound. However in the first year of the war, the impossible happened, the hospitals were swamped with terribly infected wounds the surgeons were confronted with a septic disaster of undreamed of proportions. As Keogh said "We have in this war gone straight back into all the septic infections of the Middle Ages." Investigation showed the trouble to be due chiefly to delay in operation and the heavily infected and fertilized soil of Europe. Sir A. Wright was led to turn his original genius to the study of infected wounds. In the Research Laboratory at Boulogne, he made an experimental study of wounds and recommended a method of treatment based upon the phenomena he discovered. The story of this research should be read by all surgeons for Wright's laws are equally applicable to civil surgery.

One can only mention the subsequent chapters on gas, gangrene, anaerobic infections, tetanus, enteric fevers, dysentery, typhus, cerebrospinal fever, influenza, trench fever, war nephritis, encephalitis, etc. The war brought vast opportunities for pathological research, and pathology proved itself of indispensable value. These articles are packed with information yet the story they tell of conquest of the bacterial scourges of war has a dramatic quality that makes most interesting reading.

E. B. SMITH

HISTORY OF THE GREAT WAR BASED ON OFFICIAL DOCUMENTS—MEDICAL SERVICES. DISEASES OF THE WAR. Volume 2. Edited by Major General Sir W. G. MACPHERSON, K.C.M.G., C.B., LL.D., Major General Sir W. P. HERRINGTON, K.C.M.G., C.B. Colonel T. R. ELLIOTT, C.B.E., D.S.O., and Lieut.-Colonel A. BALFOUR, C.B., C.M.G. London His Majesty's Stationery Office, Imperial House, Kingsway W. C., 2, 1923. Octavo cloth 26 shillings.

This volume compiled by the British Government of the series of the diseases of the war presents the reports and conclusions of those officers who cared for the nervous conditions arising among the soldiers the medical aspects of aviation, and gas warfare. It is a complete presentation of these subjects and gives one some idea of how these new problems of the war were met. All conditions are here given together with the treatment. It is an instructive volume and should be studied by all who may be interested.

H. M. M.



**THE FORM AND FUNCTIONS OF THE CENTRAL NERVOUS SYSTEM** By FREDERICK TILNEY, M.D., Ph.D., Professor Neurology, Columbia University, Consulting Neurologist, Roosevelt Hospital, and HENRY ALSOR RILEY, A.M., M.D. Foreword by George S. Huntington, Sc.D., M.D., Professor Anatomy, Columbia University. Second edition, 591 figures, 763 illustrations, 56 colored. New York: Paul B. Hoeber, 1923. Priced, \$12.00.

The first edition of the above work appeared in 1921. The demand has been sufficient to exhaust the first printing and to compel a new edition after only two years. Because of this short lapse of time, the authors state that they have made no material changes in the book beyond the correction of typographical errors. The index has been slightly enlarged.

**THE PRACTICAL MEDICINE SERIES, COMPRISING EIGHT VOLUMES ON THE YEAR'S PROGRESS IN MEDICINE AND SURGERY** Under the General Editorial Charge of CHARLES L. MIX, A.M., M.D. Volume I, General Medicine. Edited by GEORGE H. WEAVER, M.D., LAW-RASON BROWN, M.D., ROBERT B. PREBLE, A.M., M.D., BERTRAM W. SIPPY, M.D., RALPH C. BROWN, B.S., M.D. Chicago, Ill., The Year Book Publishers, 1923.

This series is well established and well known as a system of reviews of the year's progress in the various departments of medicine. This volume on "General Medicine" is edited by George H. Weaver, Lawrason Brown, Robert A. Preble, Bertram W. Sippy, and Ralph C. Brown, men of standing in their respective fields. The text is divided into four parts, of which the first is given over to Infectious Diseases, Endocrinology and Diseases in Lower Animals. The second section deals with Diseases of the Chest, the third with Diseases of the Blood and Bloodmaking Organs, of the Heart and Bloodvessels and of the Kidney, while the fourth takes up Diseases of the Gastro-Intestinal Tract, of Metabolism, of the Liver and Gallbladder and of the Pancreas.

As usual, there are numerous editorial footnotes which contribute one of the most valuable features in this system of handbooks.

W. H. D.

**BÉCHAMP OR PASTEUR? A LOST CHAPTER IN THE HISTORY OF BIOLOGY** By E. DOUGLAS HUME. Founded upon M.S. by MONTAGUE R. LEVERSON, M.D. (Baltimore), M.A., Ph.D. With a Foreword by S. JUDY LEWIS, D.Sc., F.I.C. Covici-McGee, Chicago, 1923.

This little book is ostensibly a plea for greater recognition of the genius of Antoine Bechamp, a brilliant chemist and physician who was contemporary with Pasteur. It consists chiefly, however, of a savage attack upon Pasteur personally, his work and the medical profession at large—an attack having all the marks of anti-vivisectionist propaganda.

One must credit the author with being an able advocate for Béchamp, who appears, in these pages, as a gentleman, a worker of extraordinary energy, a prolific and lucid writer and a great scientist who has not received due recognition. His claim to priority over Pasteur in research on fermentation and silk-worm diseases appears a good one and the latter seems to have used him shabbily on several occasions. However, one feels sure that Bechamp, if living, would now retract or modify his microzymian theory and be the first to resent the use of his name in this vicious attack on medicine.

Two-thirds of the book are devoted to an arraignment of Pasteur personally, an attempt to discredit the germ-theory of infectious disease, claims that the use of biologicals has increased disease incidence and accusations of commercialism against the medical profession. The author knows nothing about bacteriology, yet tries

to prove that bacteria are a product and not a cause of disease. He quotes voluminously from sources of no scientific value and distorts extracts from good authority to prove his argument.

Written with apparent sincerity, almost with fanaticism, this book contains a plausible argument based upon false premises. It is undoubtedly propaganda intended for lay consumption, it will, no doubt, convince many readers and thus do its share of harm.

E. B. SMITH

**THE RIDDLE ON THE RHINE, CHEMICAL STRATEGY IN PEACE AND WAR.** By VICTOR LEFEBURE, Officer of the Order of the British Empire (Mil.), Chevalier de la Legion d'Honneur. With a preface by Marshal Foch and an introduction by Field Marshal Sir HENRY WILSON, Bart., Chief of the Imperial General Staff. New York, E. P. Dutton & Company, 1923.

In this book the author outlines the salient points in the development of chemical warfare, its causes, results and future. The chief cause of the chemical war, which played so prominent a part in the recent world conflict, was an unsound and dangerous world distribution of industrial organic chemical forces. As a safeguard against a similar catastrophe in the future the author would have the League of Nations suppress many of the munition factories still existing in Germany and also decentralize the organic chemical establishments now operating in that country, for such establishments would have dangerous potentialities in the event of another war.

As far as the complete elimination of chemical warfare itself is concerned the author is not very optimistic. Until universal peace is fairly well implanted he recommends that research and training in chemical protection be continued by keeping abreast with offensive chemical warfare.

The book is a post-war propaganda volume of an intensely anti-German character.

FRANK E. MALLON

**PRACTICAL LOCAL ANESTHESIA AND ITS SURGICAL TECHNIQUE** By ROBERT EMMETT FARR, M.D., F.A.C.S. Octavo of 529 pages with 219 engravings and 16 plates. Philadelphia & New York: Lea & Febiger, 1923. Cloth, \$8.00.

This book is, without question, the most practical one that has ever been published in this country on local anesthesia. It is divided into three parts. Part I describes anesthetics, equipment, technique and a description of the sensory nervous system. Part II takes up the subject of local anesthesia regionally, all parts of the body being considered except the abdomen. Part III discusses in detail local anesthesia in surgery of the abdomen.

Not only is this profusely illustrated book a great aid in the best and most practical method of producing local anesthesia, but contains many very helpful suggestions in surgical technique and surgical strategy. Instruments invented by the author and the methods of using them are described in detail.

We feel that Dr. Farr is to be congratulated for his great effort in giving the Profession this wonderful book, and also that every progressive physician should read it and become familiar with the possibilities of local anesthesia and how to accomplish them.

J. M. SCANNELL

**PRACTICAL MORPHOLOGY: A Handbook for the use of Students and Practitioners.** By ROBERT DONALDSON, M.A., M.D. Octavo of 364 pages. London: William Heinemann, 1923. Cloth, 15 shillings.

This work embodies a new departure of the study of gross and microscopic histology and pathology. Instead of taking it for granted that the student possesses a mind picture of the normal structure of the body,



the author pictures the normal histology for the reader in a short resume preceding the pathological description. As a whole, the book should prove a very handy help beside the microscope. The descriptions are concise, understandable and complete, and promise to be a very valuable asset to those who work in the domain of tissue pathology.

MAX LUDWIG.

**ORTHOPEDIC SURGERY.** By SIR ROBERT JONES, K.B.L. CB, and ROBERT W. LOVETT, M.D., F.R.C.S. Octavo volume of 699 pages with 712 illustrations. William Wood & Co. New York, 1923. Cloth \$9.00.

This comprehensive work on Orthopedic Surgery is a collaboration of Sir Robert Jones of England with Robert W. Lovett, Buckminster Brown Professor of Orthopedic Surgery in Harvard University. Both of these names are well known in the medical profession and do not need an introduction. As a result of the combined work of these two gentlemen we have the best thought both of England and the United States in this division of medicine in a single text.

The text consists of seven hundred pages and is well arranged. A consideration of anatomy, physiology and pathology of joints is first given followed by a chapter on the traumatic affections of joints in general. Some eight pages are given to dislocations of specific joints other than disease and includes adhesions and ankylosis, a very valuable portion of the book. Tuberculosis is considered at length with a broad exposition of treatment.

Arthritis deformans, pyogenic infections of joints and the more unusual affections of bones and joints follow.

The chapter on anterior poliomyelitis is excellent and very complete with a fair consideration of operative procedure. Under the head of congenital deformities the principal deformities are considered only such as club foot, dislocation of the hip, torticollis and elevation of the scapula.

The last one hundred pages are given over to static deformities and disabilities.

The authors have produced an excellent text book for the student and the doctor, well illustrated and well arranged. The publishers' work is very well done and is a whole establishes a standard text on this subject.

J. C. R.

**TRY POST GRADUATE LECTURES DELIVERED BEFORE THE FELLOWSHIP OF MEDICINE AT THE HOUSE OF THE RIVAL SOCIETY OF MEDICINE 1919-1920.** Octavo of 266 pages. William Wood & Co. New York, 1922. Cloth \$3.50.

In this volume of ten post graduate lectures before the Fellowship of Medicine, we have excellent examples of exegesis by eminent English experts. The topics are timely such as Combined Treatment (Surgery, X Ray and Electricity), 'After Effects of Anesthetics', 'Prognosis of Exophthalmic Goitre', 'Deformities and Disabilities of the Feet due to Paralysis'.

Sir George Savage (now deceased) writes most entertainingly on "Syphilis and Insanity" and "Morbid Mental Growth."

In this year book for 1919-1920 we have a collection of interesting contributions to medical literature.

W. S. H.

## BOOKS RECEIVED

**AN INTRODUCTION TO SURGICAL UROLOGY.** By WILLIAM KNOX IRWIN, M.D., Aberd., F.R.C.S., Edin., Hon. Cas. Out Patient Surgeon St. Paul's Hospital for Genito-Urinary Diseases. William Wood & Co., New York, 1924. Price \$2.50.

**PRACTICAL CHEMICAL ANALYSIS OF BLOOD—A BOOK DESIGNED AS A BRIEF SURVEY OF THIS SUBJECT FOR PHYSICIANS AND LABORATORY WORKERS.** By VICTOR CARL MYERS, M.A., Ph.D. Professor and Director of the Department of Biochemistry, New York Post Graduate Medical School and Hospital. Second Revised Edition. Illustrated. C. V. Mosby Company, St. Louis, 1924. Price \$4.50.

**HERNIA. ITS ANATOMY, ETIOLOGY, SYMPTOMS, DIAGNOSIS, DIFFERENTIAL DIAGNOSIS, PROGNOSIS AND OPERATIVE TREATMENT.** By LEIGHTON WATSON, M.D., Associate in Surgery Rush Medical College, Chicago. III. 232 original illustrations by W. C. Shepard. C. V. Mosby Company, St. Louis, 1924.

**MANAGEMENT OF THE SICK INFANT.** By LANGLEY PORTER, B.S. M.D., M.R.C.S. (Eng.), L.R.C.P. (Lond.). Professor of Clinical Pediatrics, University of California Medical School, Visiting Physician, San Francisco Children's Hospital, Consulting Pediatrician, Babies Hospital, Oakland, and WILLIAM E. CARTER, M.D., Assistant in Pediatrics and Chief of Out Patient Department, University of California Medical School. Second Revised Edition. Illustrated. C. V. Mosby Company, St. Louis, 1924. Price \$3.50.

**GERIATRICS. A TREATISE ON THE PREVENTION AND TREATMENT OF DISEASES OF OLD AGE AND THE CARE OF THE AGED.** By MILDRED W. THOMAS, M.D., Editor. Medical Review of Reviews. Associate Editor The Therapeutic and Dietetic Age. With Introductions by A. JACOBI, M.D., LL.D. and J. L. NASCHER, M.D. Second Edition Revised and Enlarged. C. V. Mosby Company, St. Louis, 1924. Price \$4.50.

**FIGHTING FOES TOO SMALL TO SEE.** By JOSEPH McFARLAND, M.D., Sc.D., Professor of Pathology in the Medical Department of the University of Pennsylvania. Illustrated, 64 engravings. F. A. Davis Co., Philadelphia, 1924. Price \$2.50 net.

**INTRAVENOUS THERAPY. ITS APPLICATION IN THE MODERN PRACTICE OF MEDICINE.** By WALTON FORREST DUTTON, M.D. Medical Director Polyclinic and Medico-Chirurgical Hospitals. Graduate School of Medicine, University of Pennsylvania. Illustrated 50 half tones and line engravings, some in colors. F. A. Davis Company, Philadelphia, 1924. Price, \$5.50 net.

**INTRANASAL SURGERY.** By FRED J. PRATT, M.D., F.A.C.S., Assistant Professor Eye, Ear, Nose and Throat Medical School, University of Minnesota, and JOHN A. PRATT, M.D., F.A.C.S., Assistant Professor Eye, Ear, Nose and Throat Medical School, University of Minnesota, Minneapolis. Illustrated 195 half tone engravings. F. A. Davis Company, Philadelphia, 1924. Price \$5.00 net.

**SELECTED ESSAYS ON ORTHOPEDIC SURGERY.** From the writing of NEWTON MELMAN SHAFER, M.D. (University of the City of New York 1867). F.A.C.S. Illustrated. G. P. Putnam's Sons, New York, and London, 1923.

**CLINICAL MEMORANDA FOR GENERAL PRACTITIONERS.** By ALEX. THOMAS BRAND, M.D., C.M., V.D., and JOHN ROBERT KEITH, M.A., M.D., C.M. Second edition. William Wood & Co., 1924. Price, \$3.00.

**GENITO-URINARY DISEASES AND SYPHILIS.** By HENRY H. MORTON, M.D., F.A.C.S. Fifth Edition, Revised and Enlarged. With 328 illustrations and 38 full page colored plates. Physicians and Surgeons Book Company, New York, N. Y., 1924.





# PRUNES



## Contributions Solicited

### The Chemical Union

JAMES J. MONTAGUE

("Oxygen men should marry nitrogen women"—Dr R. Kendrick Smith of Boston)

Oh, lovely nitrogenous lady,  
Each oxygen atom in me  
With love is aflame, and demands that you name  
The day when our wedding shall be  
Yea! even the tiny electrons  
Of which the said atoms are built  
Would droop in despair if a maiden so fair  
Were to prove a perfidious jilt  
So hark to my passionate pleading,  
Let our hearts and our souls have communion—  
With never a sigh as the years hasten by—  
In a perfectly chemical union  
I wedded, before I had wisdom,  
A maid of the oxygen sort,  
Our marital life was a record of strife  
Which ended, of course, in a court  
Identical atoms composed us  
Our wants were exactly the same.  
It's a fatuous plan for an oxygen man  
To marry an oxygen dame  
We both wanted fat for dinner,  
Unlike Mr Spratt and his spouse,  
And for seven long years, filled with curses and tears,  
Our rows made a wreck of the house  
But you're a nitrogenous maiden,  
Your atoms are friendly with mine,  
For the fat I'll be keen, you'll be strong for the lean,  
And our dinners will all be divine  
We'll dwell in delightful contentment,  
According to chemical law,  
And our joys will increase in molecular peace  
With never the sign of a flaw  
So prithee, accept my proposal,  
Send me word that you'll surely be mine  
We'll be happy through life as a husband and wife,  
For our atoms will get along fine.

Nick—We agree with you that Lally Lax—but what?

Patient—I can't pay that bill. It's too much.

Medic—Well, I'll show you that I'm a good sport  
I'm going to forget half that bill.

Patient—That's fine. I certainly appreciate that favor,  
Doc, and to show you what kind of a sport I am, I'll tell  
you what I'll do.

Medic—What's that?

Patient—Forget the other half.

### Most Effective

"I suppose, Henry," said the old gentleman to his  
new son-in-law, "that you are aware the check for fifty  
thousand dollars I put among your wedding presents  
was merely for effect."

"Oh, yes, sir," responded the cheerful Henry, "and  
the effect was excellent. The bank cashed it this morn-  
ing without a word"—*Vanity Fair*

### Dollars and Sentiments

"Are you engaged to Algernon?" inquired Miss  
Cayenne.

"Yes. I have promised to marry him as soon as he  
makes a fortune."

"That isn't an engagement. That's an option"—  
*Washington Star*

### Remarkable Demises

The ways in which application forms for insurance  
are filled up are often more amusing than enlightening,  
as the *British Medical Journal* shows in the following  
selection for examples.

"Mother died in infancy."

"Father went to bed feeling well, and the next morn-  
ing woke up dead."

"Grandfather died suddenly at the age of 103. Up  
to this time he bade fair to reach a ripe old age."

"Applicant does not know anything about maternal  
posterity, except that they died at an advanced age."

"Applicant does not know cause of mother's death,  
but states that she fully recovered from her last illness."

"Applicant has never been fatally sick."

"Applicant's brother, who was an infant, died when he  
was a mere child."

"Grandfather died from gunshot wound, caused by  
an arrow shot by an Indian."

"Applicant's fraternal parents died when he was a  
child."

"Mother's last illness was caused from chronic rheu-  
matism, but she was cured before death"—*The Chris-  
tian Advocate*

### A Mother's Prayer

May I endeavor now to be  
A modern in maternity,

Instead of pressing to my breast,  
To kick the fledgling from the nest,

Instead of soothing him by night,  
To psychoanalyze his fright—

Frcud! help me seek, instead of love,  
His mother-complex to remove!

V W M, in *Life*

### No Time to Scold

A Boston physician who was on a Western trip with  
his wife wrote home that they would return Monday  
on the 10 P M train. Their two children, aged nine and  
eleven, wanted to meet them, but received very definite  
instructions not to do so.

When the parents arrived at 11 30, their train being  
an hour and a half late, they were surprised to see  
Ernest and Alice waiting for them on the platform.  
The mother hurried forward to expostulate, but was cut  
off by the shrill voice of Alice crying, "Hurry up,  
Mother! Don't stop to talk. The taxi's up to \$7.60  
already"—*Boston Transcript*



# NEW YORK STATE JOURNAL of MEDICINE

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## OBSERVATIONS ON LEUKEMIA.\*

By THOMAS ORDWAY, M.D

ALBANY N Y

THE Problem of the Leukemias requires further elucidation, for the leukemias are pathological conditions the specific cause of which is still unknown. It is, therefore, impossible clearly to define the limits and to arrange the accumulation of isolated observations in orderly sequence with the proper conception of cause and effect. I shall, therefore, merely present certain facts which various methods of study have yielded and discuss their possible relationship to the disease. Detailed and critical reviews of the entire subject of leukemia have been published in recent systems of medicine by Vogel and by Gorham and myself among others. I shall therefore, restrict these remarks largely to those phases of the subject to which I have given special attention.

The general conception of leukemia or leucocythemia is that it is a disease of the blood-forming tissues manifesting itself by a marked hyperplasia of these tissues. When fully developed in its classical form it is characterized clinically by a remarkable increase in the number of white blood cells in the blood and by varying degrees of splenic and glandular enlargement. The white corpuscles of leukemic blood vary from the normal leucocytes in many instances and are considered pathological unripe cells which have gained access to the blood stream before reaching maturity. It is not the increased number of white blood cells but their immaturity which distinguishes leukemia from leukocytosis.

Increased knowledge has forced us to amplify this definition of the classical leukemia for there are cases in which the blood picture suggests leukemia, and yet autopsy shows no evidence of leukemia. These cases may be considered as instances of an unusual response of the blood-forming tissues to infection. On the other hand cases are seen in which the blood picture is sub-leukemic or even relatively normal and yet autopsy reveals leukemic changes in the tissues. It is evident therefore, that the essential point in the diagnosis of leukemia is the hyperplasia

of the leucocyte producing tissues and not the presence of an excessively high white count, nor the discovery of a certain percentage of abnormal white cells which differentiate it from ordinary leukocytosis. The distribution of this cellular hyperplasia may vary in the individual case but it has the same general characteristic in all.

Our present point of view considers leukemia as consisting of several states rather than a single picture and so the condition has been termed "leukemic states." All of these states, however, are consistent in showing histological evidence of leukemic hyperplasia. Clinically and hematologically there may be extreme variations from the generally accepted picture of hyperleukocytosis, enlarged spleen and lymphatic glands. Such a concept would include, therefore, the leukemic, subleukemic and aleukemic myeloses and lymphoses.

Clinically there may be a very close similarity between cases of so-called purpura hemorrhagica, scurvy, grave anemias, particularly of the aplastic type, and certain cases of leukemia, notably the acute leukemias or the acute exacerbations of the chronic variety. It is not infrequent that histological evidence and even special stains are necessary to arrive at the correct conclusion.

## OCCURRENCE OF LEUKEMIA.

In 1909 Tyzzer and I reported a series of tumors in the common fowl among which was a case of leukemia and five cases of lymphoma without invasion of the blood stream. This bore marked resemblance to so-called chloroma of the human. The pseudo or aleukemic variety in fowl has been described also by Nihonmatsu. As early as 1858 Leisering described leukemia in animals, stating that it is more frequent in dogs than in other house animals. Up to 1889 only five cases of leukemia in swine had been described. Auberlin and Morel have shown that lymphatic leukemia is well known in the dog and in the pig but is considered rare in cattle, although lymphadenic the aleukemic form, is reported by veterinarians in the ox and cow. Many of the cases have not been sufficiently studied to draw

\* Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 23 1923



accurate conclusions regarding their true nature. These authors believe that lymphatic leukemia in cattle is an established fact and suggest that it would be interesting to study the connection and transition between lymphadenic and lymphatic leukemia.

Wells states that in studying mice in the course of tumor work a lymphatic condition indistinguishable from leukemia and pseudoleukemia in man has been repeatedly observed. Slye has found that true leukemia and pseudoleukemia in mice occur only in strains that have tumors and in heredity studies these diseases behave exactly as the true tumors. They have not, however, been successfully inoculated into normal mice in spite of many attempts. These observations lend support to the view of those pathologists who maintain that leukemia and pseudoleukemia are tumors of the myeloblastic and lymphoblastic tissues.

#### AGE AND SEX INCIDENCE

The number of cases of leukemia occurring in children is not so small as was previously thought. In the very young the condition is very liable to be overlooked. In acute febrile forms it is easily mistaken for typhoid fever or paratyphoid fever, or the ulcerative stomatitis and hemorrhages may cause it to be mistaken for malignant diphtheria, scurvy, purpura, or some severe infection. Adler, 1914, has searched the literature since 1845 and found only seventeen reported cases of leukemia in infants. He also emphasizes the frequency with which the diagnosis in infants is mistaken for other conditions.

We have observed a case of chronic myelogenous leukemia in a woman seventy-five years old.

#### HEREDITY

Various authors have suggested a possible hereditary factor in leukemia in man, but there is very little evidence in its favor.

In mice Slye has found that true leukemia and pseudoleukemia occur only in strains that have tumors and in heredity studies these diseases behave exactly as the true tumors.

#### PREGNANCY

We have personally seen two cases associated with pregnancy, one of which was in the latter months of pregnancy and the presence of the greatly enlarged spleen was less evident because of the gravid uterus. In the other the leukemia was noted a few months after parturition. Although the actual relationship of pregnancy and parturition to the development of leukemia is not proved, it is possible that in certain individuals the extra demand upon their blood-forming organs might result in the very abnormal response characterized by the condition of leukemia.

#### TRANSMISSION

In confirmation of the work of previous investigators, notably Ellerman and Bang, leukemia of the fowl was successfully transmitted in the same species from a spontaneous case into the fifth generation by Schmeisser by intravenous and intraperitoneal injection of organ emulsion.

The occurrence of a typical case of leukemia in the course of the experimental transmission of an acute disease of the fowl known as fowl typhoid suggests a close relationship between these two conditions. In the animals that do not die acutely after the first injection of the fowl typhoid bacillus there is an intermediate stage characterized by changes in the blood picture, and along with this myeloid infiltration of the organs may also occur.

This suggests the possibility of producing typical chicken leukemia by properly regulated doses of the bacillus of fowl typhoid. This work is of considerable interest from the point of view that the condition, leukemia, is not a distinct entity but an unusual blood reaction to various agents. In the fowl, however, in comparison with mammals the inflammatory response to stimuli is unusually marked. This tissue and blood response characteristic of the fowl, as shown by the work of Winternitz, Schmeisser, and by Rous (in the so-called chicken sarcoma) makes it impossible to apply directly the results of studies in fowl to similar conditions in man.

#### VARIETIES AND TYPES OF LEUKEMIA

In addition to the usual classification of leukemia into chronic myelogenous, chronic lymphatic and acute leukemia, the latter variety being further subdivided into the myelogenous and lymphatic types by certain observers, it has been suggested by Ward that the leukemias be considered and classified in a manner similar to that which is the usual custom in anemia, that is, that conditions where no contributing causal factor is discernible, be considered as *primary*, and all other leukemias as of *secondary* type.

*Primary leukemia* would indicate the response of the blood-forming organs to a stimulus of unknown nature. This stimulus is thought to be aroused by excessive destruction of white blood cells, and in response to this there is a great and irregular exaggeration of white cell formation. The liver, and even parts of the body which are not associated with blood formation in foetal life take part in this process of white cell formation, and this fact is one of the surest criteria of the presence of leukemia. Such a hyperplasia suggests a response to the demands of this hypothetical stimulus. Hence it is assumed that we must have primitive cells, hematoblasts or hemoblasts, capable of forming blood cells under the influence of a special and particularly powerful stimulus. The mechanism by which newly formed



white cells of the lymphocytic and bone marrow series gain access to the blood stream is little known, but from clinical evidence it seems to be a very variable factor even in individual cases. This variation may account for the aleukemic phases in leukemia.

It is apparent that *infection*, particularly in children, may under certain circumstances give rise to unusually high relative and also absolute increase in the white blood cells, as well as to abnormal forms of white cells in the blood.

Fractures are also supposed in some instances to produce so-called secondary leukemias. These are at times accompanied by peculiar blood changes. Simon reports a case of an adult negro with fracture of the ankle and crushed leg.

Cases of cancer reported by Kurpius and Kast showed greatly increased numbers, or the presence of many abnormal cells, chiefly myelocytes, in the blood and tissues. Various other conditions have been associated with leukemic like changes in the blood, such as variola hereditaria, syphilis, and also other types of syphilis, rickets, intestinal infections and tuberculosis. Experimentally Dominici produced myeloid changes in the blood in experimental tuberculosis, typhoid sepsis and potash poisoning although such changes are not comparable with those of true leukemia.

#### THE ACUTE LEUKEMIAS

The separation of the acute leukemias from the two well established chronic forms is not always easy and in some instances the dividing line is very indistinct, as subacute cases occur which bridge the gap between the typically chronic and acute cases. In general, however, the acute types of the disease present a stormy onset and the course is rapid usually terminating fatally in a few weeks or months. It may be doubted if any truly acute cases last over six months. Instances of longer duration raise the question whether in these a chronic leukemia, existing for some time without symptoms, may not suddenly have developed an acute exacerbation, a not infrequent occurrence.

When it comes to the separation of the acute leukemias into two subsidiary groups of acute myelogenous and acute lymphatic leukemia, even greater difficulty is encountered. The clinical picture and the course of the disease is practically identical in both, but in many instances a differentiation is possible by means of careful cytological studies and the newer methods of staining of the blood and tissues. There remains, however, a small group where the type of cell is so embryonic in character that it is almost impossible to decide whether the cell belongs to the myeloid or lymphocytic series.

The first case of leukemia running an acute course was described by von Tiedreich in 1857. The patient died two months after the onset of

the disease. Ebstein in 1889 described the clinical picture, and A. Fraenkel in 1895 called special attention to the pathological changes of the blood, stating that acute leukemias were all lymphemias in which the increase in the white cells was almost, if not entirely in the lymphocytes. From that date contributions to the literature of acute leukemia have been many, although the cases have been almost exclusively classified as acute lymphatic and indeed the existence of an acute myeloid leukemia was denied by the majority of writers until 1904.

In recent years it has become more generally recognized that an acute leukemia of the myeloid type is of more frequent occurrence than was formerly supposed. Undoubtedly many of the cases reported as acute lymphatic leukemia before the last decade would now be called myelogenous in the light of our present knowledge. It seems more reasonable to suppose that the acute myelogenous cases have been wrongly classified as acute lymphatic leukemia than to believe that the incidence of myeloid cases of the acute type has suddenly become greater. Indeed, a review of the more recent literature seems to indicate that acute lymphatic leukemia is actually the rarer disease.

#### ACUTE MYELOGENOUS LEUKEMIA.

The application of the oxydase test to the tissues as well as to the blood may give important confirmatory evidence in diagnosis. The myeloid cells reacting positively appear in sharp contrast to the lymphatic elements present. Here again a positive test only is conclusive as very young myeloblasts may not react. The demonstration of a proteolytic ferment will also add further proof of the myeloid nature of the tissue in any specific case.

#### ACUTE LYMPHATIC LEUKEMIA

Histologically one sees in these cases a gradual line of transition from the picture of chronic lymphatic leukemia with a tendency toward the preponderance of large lymphocytes as the infiltrating cells. Many cases of typical acute lymphatic leukemia however, may show few or no large lymphocytes in the tissues, the cells all being of the small type as they may be in the blood during life.

#### METABOLISM IN LEUKEMIA

The metabolism of leukemic blood is more active than that of normal blood. The nitrogenous balance is usually negative in acute, and is variable in chronic leukemia. The endogenous uric acid elimination and the uric acid content of the blood are usually increased. There is often retention of phosphates. This is seen clinically by intolerance of heat as seen in certain cases of marked hyperthyroidism.



### EFFECT OF RADIUM ON METABOLISM IN LEUKEMIA

The urine analyses in a case of myelogenous leukemia treated by radium have been made and charted. On observing this chart it is seen that after the first series of radium treatments the total nitrogen, urea nitrogen and ammonia nitrogen began to increase immediately, at the end of seven days the excretion reached a maximum and was more than double.

It seems evident that the changes in the nitrogenous metabolism depend upon the amount and nature of tissue autolyzed. Both the tissue autolysis and the products of nitrogenous metabolism are marked in the two cases of leukemia, Cases I and II. In these two cases also the phosphates show an extraordinary increase due to the nature of the tissue autolyzed. In a case of sarcoma similarly treated by radium, the bulk of tissue autolyzed was obviously less than in the cases of leukemia, but following radiation there was definite softening and fluctuation of the growth. The nitrogenous products in this case while definitely increased were much less so than in the cases of leukemia above referred to. In a case of carcinoma of the breast the lesion consisted of hard, brawny, fibrous tissue in which one would expect little or no autolysis. In this case there was practically no increase in the products of nitrogenous metabolism, and only a moderate increase in the total acidity of the urine.

It would appear that the changes in the urine as a result of the radiation over the spleen are due in part at least to the products derived from the autolysis of the abnormal tissue under the influence of the radiation from radium. These results throw no light upon the nature of the constitutional symptoms which occasionally result from the radiation of radium and of the X-rays.

### PHAGOCYTIC POWER OF THE WHITE BLOOD CELLS IN LEUKEMIC BLOOD

The work of Tschistovitch and Arinkine confirms our own observations that (1) the phagocytic power in leukemia is usually enfeebled, (2) the phagocytic power is especially marked in the polymorphonuclear neutrophils which are also the phagocytes par excellence of normal blood, (3) the unripe forms of leukocytes, which one finds in great quantity in the blood of leukemias, possess a feeble phagocytic power or they may lack it entirely.

### COMPLEMENT CONTENT OF SERUM AND PLASMA OF LEUKEMIC BLOOD

The view has been advanced that complement is formed by the white blood cells. Gurd believes that complement occurs in the circulating plasma as complementogen and is rendered active as a result of the liberation of some substance, prob-

ably similar to thrombokinase, which is produced chiefly by the white blood cells. As the white cells in leukemia are in great part abnormal morphologically, it may be argued that their function is likewise perverted.

The blood in leukemia shows such striking numerical and morphological changes that it seems possible that alterations in the function of the cells or plasma might be detected by examining certain biological properties of the serum. A study was made by Ordway and Kellert on the hemolytic property of the blood serum and citrated plasma, with particular reference to its complement content. It was thought that if the complement is produced by the activity of or the disintegration of white blood cells it might be correspondingly increased in cases of leukemia.

It was found, however, that the hemolytic complement of the serum in lymphatic and myelogenous leukemia is not increased.

### PRODUCTION OF ANTISERUM, LEUKOLYTIC FOR LEUKEMIC WHITE BLOOD CELLS

We have been able to produce an active leukolytic serum by repeatedly injecting into a rabbit white blood cells from cases of myelogenous leukemia. The degree of its specificity is as yet undetermined.

### PRODUCTION OF BACTERIAL ANTIBODIES IN LEUKEMIC BLOOD

Investigations of the serum in cases of leukemia in reference to the production of antibodies have been made by several observers. Moreschi in twelve cases of leukemia, by means of the injection of typhoid vaccine, was able to detect very little or no formation of agglutinins, nor was there local or general reaction to the vaccine. Hoke showed that leukemic blood contains products which destroy bacteria, and Stenstrom found that when leukocytes and bacteria were injected into rabbits there was less antibody production.

### PRESENCE OF A LEUKOTOXIC FACTOR IN LEUKEMIC BLOOD

Packard and Ottenberg believe that there is a leukotoxic factor in lymphatic leukemia. They draw a close analogy between the aleukemic or sublymphemic stage of leukemia and aplastic anemia, in both of which there is a great diminution of the granular leukocytes in the circulation. They consider the toxic factor similar in certain respects to the action of benzol which was used by Selling experimentally to produce a similar destruction of granular leukocytes.

These authors think that there is in leukemia both an overproduction and also an accelerated destruction in leukocytes, and that the number of white cells in the circulation at any one time depends upon which of these two processes predominate.



## PRESENCE OF FERMENTS IN LEUKEMIC BLOOD— PROTOPLASMIC OXIDIZING

It has long been recognized that the leukocytes from the blood of cases of myelogenous leukemia contained a ferment which is capable of digesting fibrin. Both the polymorphonuclear leukocytes and myelocytes contain enzymes that are capable of digesting blood serum. This enzymotic action has been found in the cells from the blood of cases of myelogenous leukemia by Joelmann and Müller and by others, but these investigators have failed to demonstrate that lymphocytes either from cases of lymphatic leukemia or lymph nodes from cases of pseudoleukemia, possess any such action.

In view of the discussion as to the origin of the large lymphocytes in so-called acute lymphatic leukemia and their relation to the granular myelocytes on the one hand and the non-granular lymphocytes on the other, the conclusions of Longcope and Donhauser are of interest. These authors found that the leukocytes of the blood of normal individuals and of patients showing a marked polymorphonuclear leukocytosis contain enzymes capable of digesting coagulated blood serum in neutral, alkaline, or acid solutions.

This result seems to show that the large cells of the so-called acute lymphatic leukemia are not true lymphocytes, but are related to the granular myelocytes, and should probably be considered as the forerunners to these cells. This view is further strengthened by the way these cells react in studies on phagocytosis and to staining methods for the demonstration of the so-called peroxidase or oxidizing ferment.

The oxidizing ferments of polymorphonuclear leukocytes and myelocytes were first recognized through observations that pus and leukemic blood contain some substances capable of producing a color change in tincture of guaiac. The method developed by Winkler for demonstrating the so-called oxydase or peroxidase substances consists of aqueous solutions of alphanaphthol and of dimethyl para phenylene diamine. The oxidation of such a mixture results in the formation of indophenol.

Brandenburg advocated the use of the Winkler reaction on blood smears as a means of differentiation of leukemia, and emphasized its value particularly in the differentiation of immature myelocytes, sometimes encountered as the predominating form in acute myelogenous leukemia, from the large cells of acute lymphatic leukemia. The method of Winkler, however, has not proved entirely satisfactory. The solutions rapidly deteriorate even when carefully protected from air and moisture. The compound is very unstable in the aqueous solution used for the reaction and the stained preparations are not permanent, but usually fade out in the course of a few hours or days. Evans gives the life of the stain as ten

minutes. Graham has modified the Winkler method of treatment of blood smears and tissues with an alphanaphthol solution containing small amounts of hydrogen peroxid. Blood smears treated with the alphanaphthol solution followed by pyronin and methylene blue present a picture suggesting the Romanowsky stains. The granules of polymorphonuclear leukocytes and myelocytes are however much more definitely indicated. In frozen sections stained with a mixture of alphanaphthol solution and pyronin and counterstained with hematoxylin the granule bearing cells are sharply differentiated and the sections can be cleared and mounted in balsam. More recently Graham has described a method in which benzidine is employed as a peroxidase reagent for blood smears and tissues. This stain is permanent easily prepared, and it may be counterstained by any of the so-called polychrome stains, such as Wright's stain, or a modification described by McEwen. As a result of these improvements in technique, the evidence seems to indicate that there is an enzyme of the so-called peroxidase group. The presence of this body in the leukocytes of the myelocytic series and its absence in the lymphocytic series is another biological argument for the fundamental dissimilarity of these two cell groups.

## THEORIES OF CAUSATION AND RELATIONSHIP TO OTHER PATHOLOGICAL CONDITIONS.

The leukemic and aleukemic character of various lymphomata is seen not only in the human being but in fowl. Tyzzer and Ordway reported a series of tumors in the common fowl among which was a case of lymphoma associated with lymphatic leukemia and five cases of lymphoma without invasion of the blood stream. The main distinction between aleukemic lymphoma and lymphoma with leukemia is that in the former the tumor is extravascular, while in the latter it is largely intravascular. In certain cases the tumor is both extravascular and intravascular in its growth. The cells of these lymphomata in the fowl most frequently resemble those of the germinal centers of lymph follicles. Such tumors, when inoculated, readily grow in the same individual but with considerable difficulty when inoculated into other hens. They apparently demand peculiar conditions which are more suitable in the individual in which they arise. Such tumors present the properties of malignancy, that is, unlimited growth, infiltration of normal tissue and metastasis. The leukemic or aleukemic tumors in fowl may occur as a definite primary growth either with or without secondary nodules, or the condition may be so disseminated that the site of origin cannot be determined. The peculiar cellular reaction of fowls, however, makes it difficult to apply directly the results obtained to the subject of tumors in mammals. Whether the char-



acteristic growth of cells in aleukemic and leukemic leukemia, in both lower animals and man, is the result of cell stimulus from within, as in most forms of true tumor growth, or is due to the introduction of a stimulus from without, a filterable substance, ultra-microscopic virus, or a physical or chemical irritant, is at present in doubt. It is possible that several etiological factors are involved and that these upset the normal balance of blood cell production and blood cell destruction and hence lead to leukemic, subleukemic and aleukemic phases or types of the disease. The significance of the presence of the so-called Auer's bodies in certain of the cells, chiefly the myeloblasts, in blood smears and in sections of tissue in some cases of leukemia is unknown.

#### RADIUM TREATMENT

Peabody reports symptomatic improvement in all cases of myelogenous leukemia treated by radium under his observation. Of thirty cases of myelogenous leukemia treated by radium Giffin reports a marked improvement in twenty-six and in thirteen of these the improvement was remarkable. Hemorrhage was checked after one or two series of radium treatments.

Striking changes are found in the urine of patients with myelogenous leukemia treated by radium. There is a marked increase in the total nitrogen, urea nitrogen and ammonia nitrogen. The uric acid is slightly increased. The total phosphates are increased remarkably. There is apparently no accumulation of uric acid in the blood, at least when the kidneys are in normal condition. Because of this marked increase in the metabolism it seems advisable to have the patient on a purin-free diet during and following the series of radium treatments. The changes in the metabolism of patients treated by radium resemble in certain respects those resulting from treatment by X-ray.

#### CONCLUSIONS CONCERNING VALUE OF RADIUM TREATMENT

1. Surface applications of radium in leukemia produce striking, indeed remarkable, improvement in (a) the blood picture which becomes almost normal, (b) in the size of the spleen and glands which are reduced almost to normal, (c) in the general condition of the patient who from an emaciated and weak condition may become plump and strong.
2. The duration of remission is variable, it may last from months to years.
3. The results of radium treatment are not regarded as curative. It is believed to be, however, the safest, as well as the promptest palliative measures in cases of chronic leukemia whether refractory or not to benzol or X-ray treatment. From the results of radium therapy in leukemia it is believed to be the best form of treatment now at our disposal.

#### SPLENECTOMY FOLLOWING RADIUM TREATMENT FOR MYELOGENOUS LEUKEMIA

Although the results of splenectomy in leukemia have been almost universally fatal when undertaken while the spleen was enormously enlarged and the general condition of the patient was very poor, we suggested that when the spleen had been reduced to normal size and the general condition of the patient had greatly improved, following radium treatment, splenectomy at this time might prevent a relapse.

Giffin reported that ten of the patients who were operated upon were living and in good condition nine months to a year and seven months after the operation. Yet the disease may recur. Of seven patients operated upon within six months of the onset of the disease, six patients were alive at the time of this report. It is believed that in certain chronic types of myelogenous leukemia with fibrous spleen and a relatively low white count, splenectomy may be justified for the comfort of the patient, but there is no evidence that the disease is altered in any definite way by splenectomy, for recurrences are not prevented. The results of radium treatment were so good temporarily that it led to the inference that possibly malfunction of the spleen might be an important factor in the production and continuance of leukemia, for these results, remarkable temporarily, have been secured by direct radiation over the enlarged spleen. The results of splenectomy as reported by Giffin, however, do not justify this supposition.

#### UNUSUAL FORMS OF LEUKEMIA AND RELATED CONDITIONS—ATYPICAL LEUKEMIA

The term leukanemia should be discarded. It was proposed by von Leube, who described a case of severe anemia which showed features of both pernicious anemia and leukemia. The red cells and hemoglobin were markedly reduced, the color index was high, while macrocytes and megaloblasts were present. The white count was approximately ten thousand with 13.6 per cent myelocytes. The autopsy findings proved that this case was neither pernicious anemia nor leukemia, while the abscesses found in the liver and spleen with areas of necrosis in the marrow, indicate that von Leube was probably dealing with a severe anemia of infectious origin in which a stimulation myelopoiesis occurred. The fallacy of classifying leukemia on a purely hematological basis is here evident and the necessity for conclusive histological proof is undisputed. If the cases in the literature reported as leukanemia are carefully scrutinized they will be found to be instances of severe infectious anemia, pernicious anemia, tumor of the bone marrow, aleukemic leukemia, or acute leukemia.

Another term which should be discarded is that of mixed leukemia. Since it has become



generally known that there must be careful study of the large mononuclear cells which show no granules in leukemic blood, to determine whether they are myeloblasts or lymphocytes, there have been much fewer cases reported as of the mixed type. Transition from lymphatic to myelogenous leukemia or vice versa does not occur, but is described because of the same confusion existing with regard to myeloblast and lymphocyte. An acute myeloblastic leukemia with its large non granular cells and intermediate forms (premyelocytes) may suggest a mixture of lymphatic and myelogenous leukemia. A chronic myelogenous leukemia may show an acute exacerbation with large numbers of myeloblasts. Here one might think that the type was a mixed one or that a transition from chronic myelogenous to chronic lymphatic leukemia was taking place.

### CHLOROMA

Another instance in which confusion of classification has been manifest is seen in the case of the so-called chloroma. This condition was formerly classed with the tumors, but as a result of increasing knowledge, it is now believed to be a somewhat atypical form of leukemia. Indeed it is now generally conceded that chloroma is closely related to, if not a form of leukemia. It shows a remarkable similarity to the acute types of leukemia and in many instances the clinical symptoms, the blood picture and the pathological findings are identical with those of acute leukemia. The green color of the nodules, the tendency to periosteal proliferation and the peculiar localization about the orbit points which were originally considered as of infallible differential diagnostic value, have been found to be inconstant and therefore unreliable. In a recent case of chronic myelogenous leukemia, Sulzman has reported an orbital deposit of myeloid hyperplasia.

We may distinguish two types of chloroma according to the type of hyperplastic cell, (a) a myelogenous or myeloid chloroma (myelogenous chloroleukemia of Nageli, chloromyelosarkomatosis of Sternberg) and (b) a lymphatic or lymphoid chloroma (chlorolymphosarkomatosis of Paltauf, chloroleukosarkomatosis of Sternberg and chlorolymphadenosis of Lehdorff). Boechat, reviewing the literature, says that twenty-one out of twenty-six cases are described as showing large lymphocytes. Since 1907 all cases reported except one have been described as showing large lymphocytes or myeloblasts. The oxydase reaction has subjected the large mononuclear cells to a more critical study, and just as there has recently been an apparent increase in the number of cases of acute myelogenous leukemia over acute lymphatic so too, there is an ever increasing number of cases of myelogenous chloroma and a diminishing group of cases reported as lymphatic chloroma.

It is difficult, indeed in certain instances, impossible to draw a sharp line between myelogenous chloroma and acute myelogenous leukemia. The presence of a green color in the nodules or the tendency to growth under the periosteum and especially about the orbit, seems to be too arbitrary a standard, for cases occur in which the green pigment is absent, and still others in which the peculiar proliferative growth and localization are missing but yet green tumors are found. Again, cases of acute myelogenous leukemia may show the same tendency to localization and growth as does the typical case of chloroma.

The clinical symptoms do not serve surely to differentiate myelogenous from lymphatic chloroma nor from the acute leukemias. Thus there may occur the same acute onset and rapidly progressive course with severe anemia, fever, stomatitis ulcerative and gangrenous processes of the mouth and throat, hemorrhagic diathesis, perosteal growths and enlargement of the spleen and lymph glands of varying degree.

The blood picture is usually that of an acute myelogenous leukemia. The red blood count and the percentage of hemoglobin usually fall rapidly. The number of white blood cells is generally low at first, increasing to fifty thousand or much above, even to nearly a million. The stained smear shows large mononuclear cells some without granules and others with a very few, typical myeloblasts and premyelocytes. Eosinophilic and basophilic cells are unusual. Nucleated red cells may be few or numerous. The red cells also show the characteristic changes in size, shape and staining reaction of a severe anemia. Some cases may have a relatively low white count throughout their course. Evidence of typical cell formation such as marked irregularities in the shape of the nuclei of the myeloblasts may occur, identical with the changes in acute myelogenous leukemia.

The presence of oxydase or a peptic ferment in the abnormal cells is often demonstrable. A positive reaction may be of great diagnostic value as in a case which is now under our personal observation, where the blood was followed from day to day with the oxydase reaction (Graham's modification) and though negative at first, later there were found increasing numbers of cells with positively staining granules suggesting that the case was a chloroma of the myelogenous type.

Jacobæus describes the blood from a case of chloroma, and states that the supernatant layer of leukocytes in a centrifuged specimen of plasma showed a greenish tint. We have previously noted this coloration of the leukocytes in citrated blood from several cases of chronic myelogenous leukemia, particularly in cases in which the more primitive cells predominated. This also argues for the close relationship existing between chloroma and leukemia.



The green color of the nodules is striking but may be absent in some cases. In some instances green areas of infiltration are found without pre-dilection for massive growth in the subperiosteal layer of the bones. Splenic and lymph gland enlargements vary in degree. The green coloration may be slight or marked. In the bone marrow there may be diffuse or localized greenish areas of hyperplasia.

Histologically there is found evidence of a circumscribed or diffuse infiltration of the blood-forming organs and in a varying degree of other organs. The myeloid system of cells is involved and the predominant cell type is generally the myeloblast, although myelocytes in varying numbers may occur. The proliferation is frequently of such high grade, however, as to resemble true tumor growths.

## TREATMENT OF ANÆMIA BY TRANSFUSION \*

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THE transfusion of blood as a therapeutic measure in pernicious anæmia has received a fair trial over a period of a little more than a decade. Similar to many other experiences in medical therapy, the advent of transfusion was heralded as a great advance in the treatment of this really pernicious disease. Much was expected, in fact, the possibility of cure was even suggested, but we were not long left in doubt as to its value, for it is not a panacea for Addison's anæmia. The widespread use of blood in the treatment of pernicious anæmia should give us at least a fair idea at the present of its actual therapeutic status. A considerable literature has been developed pertaining to transfusion as a medical measure, and with much of this writing you are no doubt familiar. There is certainly a uniformity of opinion as to the usefulness of this procedure in pernicious anæmia. We can add nothing further to what has been written already, but merely state our clinical impressions, which, in general, are in agreement with those of other observers of this relatively common disease.

A great deal has been done to simplify the technique of transfusion so that there is little need today to regard the actual giving of blood as a more complicated procedure than the introduction intravenously of bicarbonate or salt solution. This is undoubtedly due to the development of the citrated method. There is certainly something to be said for a method which is readily portable and can be carried to the sick room, with minimum discomfort to the recipient and to the donor. Whole blood naturally must be better than citrated blood. But how much better? Are the results in pernicious anæmia treated by one method so different from those treated by the other, that we can answer this question? Personally, we do not think that they are. We have had the opportunity of following both methods and cannot see any difference in the results. In my opinion there is no question that the citrated

method is much simpler to carry out and less taxing to the patient and to the donor. The donor is entitled to some consideration and, therefore, a puncture wound by a needle is preferable to dissecting the vein. There are a number of citrate methods of transfusing and while we believe that the proper method to use is the one to which you are accustomed, it is a wise procedure to adopt the simplest one possible. For whole blood, the Unger method appears to me to be the most satisfactory.

More important, however, than the question of simplicity, is the factor of danger. Here again one must say that whole blood naturally should be better taken than that to which citrate has been added. One may again question on practical grounds whether this is true, particularly in dealing with amounts of blood not exceeding three or four hundred cubic centimeters. With larger amounts of blood there may be more reactions but with the smaller amounts it has been my experience to observe no more reactions than when the whole blood was used. We have been very much impressed by the fact that reactions follow more frequently when using the citrated method, if the transfusion is given rapidly, an error very liable to be made.

In the early days of transfusion the donors were chosen chiefly by matching their blood with that of the recipient. This method is, to be sure, the most accurate and without doubt the best, but it is time-consuming. With the introduction of blood grouping, by the methods of Jansky and of Moss, on account of their great convenience and at the same time their trustworthiness, this method of the selection of donors in general has appeared to replace the older method of individual matching. Some observers, however, who have had a large experience in blood transfusion, remained true to the individual blood matching, and one is inclined to feel that this method is again becoming more popular. Guthrie and Huck, in their recent study on blood grouping, in which they have demonstrated clearly

\* Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 23, 1923.



more than the four known groups, certainly supply an argument in favor of the individual matching of blood. One hesitates, however, to give up such convenient methods as the Jansky or the Moss, particularly if, in addition, one has experienced little or no serious results by using donors classified in this manner. If all reactions following transfusion are to be attributed to agglutination then this last work referred to is an argument for the return to the individual matching of blood. The answer to this question can be left to the future.

There are, in general, two types of reaction to be observed. The more common one consisting of a chill lasting from ten minutes to a half hour followed by a rise in temperature often to 104 or 105 degrees, is familiar to anyone seeing a number of transfusions. This temperature drops rapidly and, as a rule, the patient is normal or nearly so on the following day. Varying degrees of this reaction may occur. The chill may be absent or the patient merely feel somewhat uncomfortable and the temperature be not so evident. At other times, one observes a rise of one or two degrees in temperature, the patient being entirely unaware of this condition. Guthrie has called attention to a point in reference to these reactions which is often overlooked. He suggests that if frequent and regular temperature readings be recorded after transfusion, many will show a rise in temperature with no other signs, these cases ordinarily being considered as having no reaction. A more alarming and certainly more serious but fortunately a rare reaction, is the one which occurs after the giving of a few cubic centimeters of blood. This usually develops with acute pain in the lumbar region, followed by a feeling of constriction in the thorax, flushing of the face, rapid and difficult breathing and a weak, rapid pulse. The conjunctivae are as a rule suffused. We have never seen edema of the face develop although this has been described. This reaction was observed on six occasions and in three instances a hemoglobinuria developed. To say the least this state is extremely alarming, however, none of our cases died and all were subsequently transfused with, of course, another donor. I have observed both of these reactions in citrated and in whole blood, and therefore believe that we must seek their explanation in other factors than the added citrate solution. It is more like an anaphylactic phenomenon. None of these cases developed urticaria. It is unwise to continue the transfusion in the presence of this latter reaction. The severe second type may be fatal but even when this disastrous result does not occur it is usually harmful, although in a case of secondary anemia this violent reaction following the injection of 10 cubic centimeters of blood produced a subsequent rise in the blood equal to what one would expect from a successful trans-

fusion. The first or milder type may not appear to have any subsequent ill effect, although my impression is that the severer the reaction, the less benefit appears to result from the transfusion. However, in some instances this does not seem to hold true.

Is it possible that there is some other factor than agglutination concerned in the reactions following the introduction of blood into the circulation of the recipient? It would appear to be difficult to explain the severe reactions that very occasionally are noted after giving very small amounts of blood on the basis of the agglutination of the donor's cells. We have noted this in cases that have been properly typed by the Moss method and in others that were individually matched. It may occur when using the citrated blood or the whole blood and be present at the first transfusion or after several transfusions have been made. A year ago, while transfusing a patient who was in group IV from a donor of the same group who had been used three times prior to this in other cases, satisfactorily, after giving about 20 cubic centimeters of blood, the very severe reaction referred to previously developed. The transfusion was stopped at once and as the blood was quite fresh it was decided to give it to another patient with pernicious anemia who was also of the same group. With about the same amount of blood a similar reaction occurred. The patients and donor were retyped and the same grouping was confirmed. Unfortunately, the bloods were not individually matched thus depriving this observation of a great deal of its value. We cannot help but feel that this type of reaction is not to be eliminated by blood grouping or by individual matching of blood. Guthrie has recently suggested that the explanation lies in the plasma rather than in the cellular elements. It is well known that in some instances of emergency where it is impossible to get a proper donor and where the life of the patient is at stake, the transfusion of blood from another group, or where the blood matching was not satisfactory, has been followed by no ill effects. We have seen this demonstrated in cases of shock and of hemorrhage following severe injuries received by coal miners. It is also not unlikely that mistakes are made in the blood grouping due to the deterioration of the stock serum. Guthrie has pointed this out and we agree with his observation. We are aware of several instances where this occurred with apparently no reaction or ill effect. It seems not unlikely that the amount of blood transfused in these instances is a factor. We do not, in any way, wish to indicate that agglutination is not the most important factor in reactions associated with transfusions, but there may be others which further research will bring to light. Already, a great deal of work has been done in attempting to solve this problem.



but it would take us too far afield to venture into a more detailed discussion of this question

Since transfusion has become a recognized procedure in the treatment of pernicious anæmia, we have been inclined to forget certain characteristics of the disease, particularly the spontaneous return to the normal or near normal after periods of ill health. A pernicious anæmia has usually a certain number of remissions. If we could only prove that transfusion added one or more remissions to the course of pernicious anæmia, we would solve the question of the value of this procedure. It is known that cases have been practically unconscious and yet have returned to comparatively good health without the aid of blood. An excellent example to indicate this point could be taken from the case reported by Stone, of a farmer who was admitted to his service in December, 1905, having been ill since March of the same year. He was in a semi-comatose condition on admission. On January 4, 1906, his red count was 296,000 with a hemoglobin below 10 per cent. Three days afterwards the red cells were 582,400, hemoglobin 10 per cent. The blood count gradually rose and on January 19th the red cells were 1,286,300, hemoglobin 20 per cent. The patient was well enough to leave the hospital in five weeks and he resumed the active work of a farmer in the month of May of that year. In November, 1906, he had 2,768,000 red cells and 81 per cent hemoglobin. One year later, October 19, 1907, red cells were 3,792,000, hemoglobin 92 per cent and in December of the same year, or two and one half years after the onset of his illness, the red cells had risen to 4,438,000 and the hemoglobin was 94 per cent. This case was not transfused. I recently wrote to Dr. Stone regarding the later history of this patient and he told me that the man lived until 1911 apparently perfectly well when, as is usually the case, his symptoms returned suddenly and he died in a couple of months. One would have been almost justified in attributing to transfusion in a case of this type life saving qualities, if it had been used. Further, it should be remembered that this disease, like others, varies considerably in its severity and although the majority of cases die within the three year time, some have been known to live for as long as nineteen years, while the shortest duration has been a question of but a matter of weeks. With a disease, therefore, having these natural variations of such a wide latitude, it behooves us to be very careful in expressing dogmatic statements with reference to therapeutic procedures.

One should also take into account the stage of the disease in that individual. Is the disease early, or has the process about run its course? Naturally the results from transfusing will appear more beneficial and more striking in the early stages of the process than in the terminal stages. Hence,

it is very difficult to compare cases of pernicious anæmia with reference to their reactions to blood transfusions unless this is kept in mind. Further, in a given case of pernicious anæmia showing a steady decline in the blood the response to transfusion is different than in the same patient who has gone through the decline and is now on the up grade. At this later point, stimulation may be obtained with very much less blood than at any point on the down grade.

The quantity of blood transfused was, in the early days, usually a large amount—from 800 to 1500 cubic centimeters. Subsequent work seems to indicate that smaller amounts of blood given more frequently is the more popular method. These small amounts have been so diminished that some workers have reported the giving of only 20 cubic centimeters of blood on different occasions with apparently good results (Colwell). We prefer to give from 200 to 250 cubic centimeters and repeat the amount when the rise in blood seems to have stopped. In some of the chronic types where there is no response after two or three transfusions and when the reticulated cells are below normal it is useless to continue this form of therapy.

There are several methods of indicating improvement in cases of pernicious anæmia. The general appearance of the individual with the disappearance of symptoms is probably the best guide that we have. As a rule, the blood count corresponds with this change. Probably an increase in red cells occurs before the clinical signs of improvement are manifest and therefore, although there are exceptions to the rule, one of the best guides that we have as to an oncoming remission is an increase in the red cell count. It is well known, however, that the actual number of cells do not necessarily always give an indication of the actual condition of the disease. Some individuals with a count under two million appear to be infinitely better in every way and able to carry out fairly arduous duties, whereas some, especially those patients with nervous manifestation, may be virtually bedridden with a blood count over three million. For the whole of last year a patient of mine who has had pernicious anæmia for three and one half years, worked steadily as the foreman of a large railroad shop with at no time a blood count over two million cells. On the other hand, we have had recently from our medical service two cases of pernicious anæmia which came to autopsy showing clinically a red blood count of almost four million with hemoglobin percentages of 80 and 95, profound ataxia and loss of bladder control. Improvement, therefore, in the red count must be correlated with the general clinical picture before it can properly be interpreted.

As a practical measure, the finding of an increased number of nucleated red cells is of little



value, as the presence of nucleated reds during the varying stages of this disease is by no means as frequent as we are led to believe. It is our impression that not more than half of the cases of pernicious anaemia that one sees in a hospital clinic show nucleated reds in the blood. Possibly if they were seen earlier these cells would be noticed more often. Evans has recently called attention to the relative increase in the percentage of polymorphonuclear leucocytes as indicating the beginning of a remission. Minot and Lee have emphasized the value of a rise in platelets as an index of improvement.

The vital staining method to demonstrate reticulated red cells was brought out a few years ago but never has been made use of routinely to the extent that we believe the method deserves. Possibly this is due to the fact that it was difficult to get a good brilliant crystal blue. Certain toluidin blues and Nile blue sulphate work just as well. Considerable information as to the activity of the blood-forming structures is most accurately brought out by vital staining. The method of staining is very simple but the counting is tedious. We consider the normal individual to contain not more than a half per cent of reticulated cells. In pernicious anaemia this count is often increased to between two and five per cent or higher especially in the early stages of the disease, while toward the latter months the reticulated cells as a rule fall below the normal and may reach a figure as low as one-tenth of one per cent. Occasionally, we have observed instances where we could not demonstrate a reticulated cell. If after transfusion the reticulated cells are increased in number and this increase persists there is a strong likelihood that a remission is going to occur. But on the other hand if after two or three transfusions there is no increase in reticulated cells the likelihood is that a remission is not coming or as one occasionally sees a time period of several months elapses before a remission occurs. The blood level in remissions of this type as a rule is not high. One notices infrequently a particularly high reticulated cell count occurring under different conditions. Shortly before death these cells may reach as high as 30 per cent and then almost disappear from the blood stream. One may compare this to what has been observed and called the bone marrow crisis, the bone marrow in making a final effort throws off into the blood stream many nucleated red cells. We were interested in these cases to notice that nucleated red cells were not found at the time when the reticulated cell count was at this high level. One might refer to this as the reticulated cell crisis and in pre fatal cases it probably indicates an almost agonal effort of the bone marrow. Bowcock has described a similar condition but with an increase of nucleated red cells at the same time. We have however, recently observed this

same increase in an old case which was associated with subsequent extremely rapid improvement and the course in the past two months has indicated that the improvement has been lasting, at least for this short period of time. In this case, moreover, no nucleated red cells were seen. It is our belief that observations on the reticulated cells are of decided value.

My impression of the results that we may expect from transfusion is very similar to the one expressed by Bloomfield in reviewing the results noted in the Johns Hopkins Hospital. The easiest and quickest way of bringing on a remission is by transfusion. After the remission has developed there is no indication that it is of longer duration than one which comes on normally, so therefore in this sense, transfusion does not prolong life. It may well be asked, can a blood transfusion bring on a remission which would otherwise not appear? Everyone has seen an occasional case where the use of blood has been so intimately related to recovery that one would almost be forced to answer our question in the positive. Nevertheless we are by no means convinced that transfusion adds to the number of remissions of this disease. The case reported by Stone and referred to previously indicates how difficult it is to give a positive answer to this question. It is obvious that the giving of blood may hasten a remission and thus the patient is made more comfortable by his period of illness being shortened. If his remissions however, are not increased in length and the intervening period of ill health is shortened by transfusions, is it not reasonable therefore, to suppose that by this method of treatment we actually decrease the period of life? This may sound somewhat hypothetical but there is reason for holding this view. One must not be misled by the easy manner in which these cases can be returned to the near normal by transfusion. The immediate result is often so good and so startling that we are at times possibly liable to lose sight of the ultimate result. At best, it is a measure which brings temporary improvement while occasionally this improvement is so striking that it almost suggests that the patient's life was saved by the procedure. On the other hand, in cases with spinal cord lesions it is valueless from the nervous system point of view even in the presence of some blood improvement. On the whole we think it better to give small doses of 200 to 250 cubic centimeters repeated at short intervals observing the red cell and reticulated cell count. Failure of these cells to respond under these conditions is an indication to stop transfusing as the case is probably a chronic one and time must be allowed if the remission is to develop. But if numerical improvement is noted, further transfusion should be delayed until there is evidence that the increase in cells has ceased. Try to give as little blood as is possible to attain the result.



In closing, it would be well to refer briefly to the use of blood in secondary anæmia. This is really a far greater field and a more important one than the primary anæmias because there can be little question that under certain conditions life is saved by the adoption of this procedure. Therefore, in referring to this type but briefly, we do not mean to underestimate its importance. There are some secondary anæmias which it would be well to mention. In pregnancy an anæmia developing prior to delivery and not associated with any marked loss of blood at delivery the response to transfusion is very striking. The anæmia of lead poisoning also reacts very favorably. Possibly this will be unnecessary in the future in view of the recent work of Aub, who has given large amounts of dilute phosphoric acid with the subsequent rapid elimination of the lead retained in the bones. Hemorrhoids, bleeding over a long period of time, are associated with a secondary anæmia which often persists even after the removal of the hemorrhoids and is very refractory to the usual treatment. The response to transfusion in this condition is particularly good. To counteract the anæmia associated with bleeding from a chronic peptic ulcer and to make the operative procedure a safe one, the use of blood is almost demanded. The results obtained in pyæmic states have been variable. It has been our impression that the end results were better with repeated transfusions of small amounts, 250 cubic centimeters, at frequent intervals rather than a large amount on one or two occasions. The extensive use of transfusion in children for various conditions has been well brought out by the work from the Sick Children's Hospital at Toronto.

The response following transfusion in a secondary anæmia is, as a rule, entirely different from that in a primary anæmia. A few years ago we made certain observations on twelve consecutive cases of primary anæmia and it seemed to us that the response in a given time, 24 hours after transfusion, bore a certain general relation to the amount of blood injected. We believed that 100 cubic centimeters of blood at the end of 24 hours would produce from 100,000 to 200,000 red cell increase and the same ratio would be present if larger amounts were given. Huck has made some similar observations but was not willing to draw any conclusions. In a secondary anæmia, however, with the injection of 250 cubic centimeters of blood, one may note in 24 hours that at times the cell increase has been almost one million. In other words, the response in secondary anæmia is very much greater than it is in primary anæmia. The same is true for the hemaglobin percentage. In primary anæmia, it is unusual for 250 cubic centimeters of blood to produce in 24 hours a rise in the hemaglobin percentage of more than 5 per cent, while in a secondary anæmia the rise may be

10 to 15 per cent in the same period of time. Although we have not followed the secondary anæmias by the reticulated cell method as closely as the primary anæmias, it has been somewhat of a surprise to find very little increase in reticulated cells associated with a great numerical change in the reds.

NOTE Since this symposium, the author has been able to confirm the statement of Guthrie and Huck that errors in the grouping of blood are liable to occur due to the deterioration of the serum and that subsequent reactions may be explained on this basis. It would seem to us advisable that all severe reactions occurring during the transfusion should be investigated, particularly in reference to agglutination by the method of direct matching. We believe the direct matching of blood is the most satisfactory method for selecting donors.

#### BIBLIOGRAPHY (Partial)

- 1 Archibald *St Paul Med Jour*, 1917, vol xiv, p 43
- 2 Bowcock *Johns Hopkins Hosp Bull*, 1921, vol xxxii, 83
- 3 Bloomfield *Johns Hopkins Hosp Bull*, 1918, vol xxix, p 101
- 4 Colwell *Penna State Med Jour*, 1923, vol xxvi, p 232
- 5 Crile *Hæmorrhage and Transfusion*, Appleton & Co., New York, 1909
- 6 Drinker and Brittingham *Arch Int Med*, 1919, vol xxiii, p 133
- 7 Evans *Penna State Med Jour*, 1923, vol xxvi, p 228
- 8 Guthrie and Huck *Johns Hopkins Hosp Bull*, 1923, vol xxxiv, p 37. Guthrie and Huck, *Johns Hopkins Hosp Bull* 1923, vol xxxv, p 80. Guthrie and Huck, *Johns Hopkins Hosp Bull*, 1923, vol xxxvi, p 128
- 9 Huck *Johns Hopkins Hosp Bull*, 1919, vol xxv, p 63
- 10 Libman and Ottenberg *Tr Coll Phys*, Phila., 1917, vol xxvix, p 266
- 11 Lindeman *Jour Am Med Assoc*, 1914, vol lxii, p 993
- 12 McClure and Dunn *Johns Hopkins Hosp Bull*, 1918, vol xxviii, p 99
- 13 Minot and Lee *Bost Med and Surg Jour*, 1917, vol clxxvii, p 761
- 14 Moss *Johns Hopkins Hosp Bull*, 1910, vol xxi, p 63. Moss *Jour Am Med Assoc*, 1917, vol lxxviii, p 1905
- 15 Ottenberg and Libman *Am Jour Med Sci*, 1915, vol cl, p 36
- 16 Ottenberg *Jour Ex Med*, 1911, vol xiii, p 425
- 17 Robertson, O. H. *Jour Exper Med*, 1917, vol xxvi, p 221
- 18 Robertson, L. B. *Canadian Med Assoc Jour*, 1921, vol xi, p 744
- 19 Stone *Jour Am Med Assoc*, 1908, vol i, p 245
- 20 Unger *Jour Am Med Assoc*, 1921, vol lxxvi, p 9
- 21 Vogel and McCurdy *Arch Int Med*, 1913, vol vii, p 707
- 22 Weil *Jour Am Med Assoc*, 1915, vol lxxv, p 425

For a more detailed and complete bibliography, see Keynes' "Blood Transfusion," Oxford Medical Publications, London, 1922



## THE OBLIGATIONS OF THE MEDICAL PROFESSION \*

By EUGENE H POOL MD

NEW YORK CITY

A GROUP, like an individual, is prone to exaggerate its privileges and to minimize its obligations at the same time magnifying the obligations of unrelated groups. My aim is to remind you of some of the obligations of this body.

The County Medical Society represents organized medicine. Organized medicine is an essential. It affords, among other attributes a link between the profession and the public for their mutual advantage. But organized medicine must acknowledge deep obligations.

Constructive work, within our rank, should be our first aim, negative, critical, protective efforts, while essential, should be secondary. A few features will be cited to render this discussion somewhat concrete.

The subject of outstanding importance at the present time has to do with unlicensed or sectarian practitioners of medicine.

The cults are objectionable, not because they interfere with the doctor, but because they are a menace to the public. It is often said that every person who consults a quack has first gone to one or more doctors, that the patient seeks something new on account of some form of dissatisfaction. This dissatisfaction is based largely upon impatience with the ordinarily protracted processes of repair and the somewhat tardy evidence of the efficacy of therapeutic measures. At times it is because the medical man has erred in not treating the patient—only the disease, as a result, while the body may mend, the mind is restless and dissatisfied and other advice is sought. This suggests an obvious means of improving our services. The *Literary Digest* September 22 1923 discusses 'What People Think of the Doctors'. An analysis, we are told, shows that some 6,000 persons in Chicago think of the medical profession and why they patronize other agencies. Twenty-two reasons are given in detail, but careful analysis shows that these are "chock-full of unadulterated lies polite half truths and delirious fancies." Some one, the writer states should tell those 6,000 persons the truth about medicine.

The important feature is for the profession to train the public as to the absurdities of most of the claims of the cults and their ignorance of disease. In the interest of the public let us insist that anyone practicing medicine under whatever title shall be prepared by knowledge of the structure and physiology of the human

body and of the diseases to which it is subject. Let this preparation be satisfactory to the State Board of Examiners. The man with such knowledge may be allowed to practice as he elects. But he must recognize that the law imposes upon the practitioner the duty of possessing and using that reasonable degree of learning and skill which is ordinarily possessed by physicians and surgeons in the locality where he practices. (Pike-Honsinger 155 N. Y.) This is an educative and legislative matter, it involves broad interpretation and enforcement of the Medical Practice Act or, better a drive to reconstruct and strengthen the Medical Practice Act. Further, the public should recognize that treatment is less important than diagnosis, that correct diagnosis must precede any treatment. Of course, any man or woman may safely massage, twist, wrench or electrify the neck, limbs, spine or abdomen provided there is no pathological process present which will be increased by such activities or may advance as the result of delay. If however there is bone tuberculosis, early cancer or an acute pulmonary infection the failure to recognize the true condition may and often does result fatally. Therefore everyone treating disease by any method should be qualified to diagnose disease. Everyone, therefore, who treats patients practices medicine and comes under the Medical Practice Act. The chiropractor appreciates the danger to him of such an interpretation and therefore states in his advertisements that "chiropractic is not the practice of medicine" (cf. Red Book, 1923). Yet in the same article is given the cause of smallpox, vaccination is decried and the treatment of the disease by adjustment of the vertebrae is logically portrayed. What more is involved in the practice of medicine? All this is in reality a matter of public interest, of public safety, and it is intolerable that the burden of the public protection should be placed entirely on the shoulders of the medical profession. Law makers and the press cooperate enthusiastically in financial laws, prohibition propaganda and such but are relatively inert and uninterested in regard to this question which involves the life and health of the community. It becomes our duty to fight for the protection of New York State from the character of malpractice that has been recently perpetrated in Connecticut. The members of the profession have a public duty in bringing to the attention of the authorities knowledge of illegal or incompetent practitioners. The *Times* of November 22nd quoted a prominent Connecti-

\*Address of President read before the Medical Society of the County of New York January 28 1924



cut physician as saying that the prevalence of bogus diplomas and unlicensed physicians had been known for some time to many physicians in Connecticut, but that it had been a condition to which the public and the legislature had remained indifferent. The same paper states that the death records of a single town show that one bogus diploma practitioner signed six death certificates in eleven months. These serious and fatal cases were treated by a man who was, in medicine, uneducated and untrained. It is for the public to prevent such occurrences in this State. It is for us to stimulate the public to bring appropriate pressure to accomplish this through our legislature.

Among the suggestions under consideration for strengthening the Medical Practice Act are:

- 1 A system of inspection through inspectors appointed by a state department to uncover unlicensed practitioners

- 2 Prosecution through the Attorney General

- 3 Registration of physicians each year. The merits of these and similar propositions cannot be estimated without careful study. They should have your serious consideration.

There has been considerable discussion of pay clinics. Just what constitutes a pay clinic has not been defined and much confusion exists in regard to it. There are several types:

First—Those which confine themselves to special types of diseases, charging sufficient only to cover expenses. This group is not generally discussed. Many institutions, including my own, operate this type. Certain specialized subjects demand specialized lay assistants, medications and tests, others involve new principles which require cooperative investigation and research to determine the best methods of treatment. There must be a charge sufficient to cover expenses or the clinics cannot function and the public will be neglected. The general practitioner is not prepared to give appropriate services. Therefore, clinics in such conditions as diabetes, diseases of the thyroid, hay fever, asthma and other forms of hypersensitiveness are not only justifiable, but necessary.

Second—Those clinics which restrict their activities to reference and diagnostic work. This group must meet with universal approval.

Third—Those which treat all cases irrespective of whether or not the patient is referred by a doctor. It is upon this group that opprobrium has come to rest. Such a clinic, which does not stop at diagnosis on referred cases, but does everything for all comers comes into direct competition with the local practitioners. From the standpoint of the public such a clinic is attractive, in that the charges are relatively low, all specialists are under one

roof, so that a complicated diagnosis can be expedited, and the qualification of each worker is vouched for by the institution. Moreover, the well-equipped clinic affords an opportunity for the scientific study of medicine in the nature of post-graduate work. Such are some of the advantages.

What are the objections? It is stated that such clinics cut down the revenue of the medical men of the community. This contention, however, should not be urged without due consideration of the welfare of the public and this over a long period, even when you and I have passed from the stage. Look ahead, therefore, 20, 30 years, assume that pay clinics have then become general. They will pay salaries, but these must be small. The young man contemplating a career will see the mass of people of moderate means going to pay clinics. He sees the men working in them on small salaries. He appreciates that the first essential of a career—namely, a respectable living—is not offered. He turns his back on medicine and turns to that which is better in terms of dollars, the reduced number who embrace medicine will depend largely upon industrial, insurance and commercial jobs for their upkeep, in which case they are killed for scientific medicine. Of course, the least desirable men, those to whom the commercial inducements are the strongest, will be most affected, but the deterrent influence will affect all classes. To the community this will mean a dearth of doctors. The rural districts have this now for other reasons, the cities will have it, in my opinion, if pay clinics become general. But it seems unlikely that they will become general for the following reasons. Regularity, enthusiasm and interest on the part of the doctor are essential to hold patients either in a clinic or in a private office. These qualifications cannot be perpetuated for long periods by small salaries, and large ones are prohibitive. The stimulating influence of scientific leaders will not be permanently present in the clinics to compensate in training for that which is deficient in salary, for it is a matter of common knowledge that outstanding men quickly rise to heights beyond the dispensaries, leaving the mediocre men struggling with the routine. Finally, the burden of expense will prevent the popularization of pay clinics. Such clinics, then, seem prone to die of these inherent weaknesses. If they are killed, the murder will excite sympathy, for the public, viewing only its immediate interest, wants them, if they die, the object lesson will be of permanent value. It seems best, therefore to allow the experiment to continue.

Preventive medicine is one of the most important steps towards general health and happiness. This is furthered to a large extent by



periodic examinations of all individuals. An institute which does this is subject to criticism. But why not recognize the desirable features of this policy, and as practitioners of medicine teach such precepts to our patients. The medical schools have under advisement the question of instruction in such routine health examinations. The coming generation of medical graduates will doubtless be fully prepared and stimulated to carry this out. But you can do this now quite as well, if not better, than an institution. The trouble is you have not been alive to the importance of so doing. Our aim should be to improve our individual and collective services to the community, thus securing and retaining our following rather than to stand pat and attempt to retain our clientele by eliminating competitors. The race should be run and won by superiority, not by default. But the ethical practitioner should not be handicapped by advertising which is forbidden to him but is indulged in by certain competing groups.

Efforts are being directed more and more to the development of questionable types of group medicine. Since no individual assumes the responsibility, commercialism is unrestrained. One sees this in the institution which suggests that when cases are referred to a doctor his bill will be collected for him and 25 per cent deducted for services. Few individuals would consider doing this. The division of responsibility however softens one's sensibilities. The dictum in unity there is strength applies to the crooked as well as the straight. Here in New York wide opportunities are offered for commercialized medicine. Many such

propositions are couched in attractive terms and so subtly as perhaps to allow the sinister features to be overlooked. It is therefore, up to the members of this Society scrupulously to avoid joining or lending their names to ventures which thus reflect upon the profession.

The popularization of *broadcasting* has opened a field of responsibility and opportunity in that educational medical information, especially instruction in preventive medicine, may be transmitted to all corners of the country. We must strive, however to prevent this avenue being used for individual exploitation and objectionable propaganda.

*Conclusions.* Our obligations, then demand constant observance of high standards. It is unnecessary to outline the means for the improvement of the individual. The opportunities are ever present. The group or society can improve by harmonizing with other similar bodies for the unselfish attainment of high ideals: the purification of the profession, the uplift of education. It must view both sides of each question. Its first objective must be the interests of the public.

It is striking that some outstanding individuals in the profession refuse to participate in organizations whose sole aim is community interest. The fact that there are features to criticize within the organized body should not repel but rather attract such men to the work with the object of lending their influence to the correction of existing weaknesses. The good citizen should contribute and not quiescently accept the protection and privileges which accrue to him through the efforts of others.

## THE PERSISTENT PUERPERAL MORTALITY \*

By ROBERT DICKINSON M.D.

NEW YORK CITY

ACCORDING to the mortality statistics as compiled by the United States Census Bureau the lethal rate from puerperal causes for 1 000 live births in the birth registration area of the United States has been increasing. The statistics for the period from 1915 to 1920 are as follows:

### Death Rate per 1 000 Live Births

Year	Total Puerperal Causes	Puerperal Septicemia	Other Puerperal Causes
1915	61	24	37
1916	62	25	37
1917	63	26	37
1918	89	23	66
1919	68	23	45
1920	76	26	51

Puerperal septicemia remained practically stationary through this period and was not affected during the influenza year when the mortality from puerperal causes was exceptionally high.

The census report publishes statistics for the same years for England and Wales, Australia, Ireland, Japan, the Netherlands, New Zealand, Scotland, and Sweden. All these countries show a considerably lower death rate. The highest death rate in the group of the foreign countries is that of Scotland in spite of the fact that the death rate from puerperal septicemia is only half what it is in this country.

According to the statistics of the Health Department in this city, the puerperal death rate has likewise been increasing, although the rate is considerably lower than for the country as a

\*Read at the Annual Meeting of the Medical Society of the State of New York in New York City May 23, 1923.



whole The following are the rates per 1,000 births, live and still

1915—	4 8
1916—	4 5
1917—	4 4
1918—	4 6
1919—	4 7
1920—	5 1
1921—	5 3

The following table indicates the decrease in the employment of midwives

#### *Statistics of Midwives in New York City*

Year	No of Midwives Registered	No of Births Attended by Midwives	Percent of Total Births
1909	3,131	49,616	40 35
1910	1,515	51 996	40 28
1911	1,488	51,756	38 48
1912	1,325	52,743	38 88
1913	1,488	50,364	37 27
1914	1,488	52 997	39 69
1915	1,469	49,915	35 34
1916	1,799	46,487	33 78
1917	1,656	47,525	33 60
1918	1,612	36,720	26 60
1919	1,695	41,876	32 10
1920	1,517	36,369	26 60

The statistics of the Health Department indicate that a smaller number of puerperal deaths occur in cases attended by midwives than by physicians In this city this is undoubtedly due to the fact that the difficult cases of labor are delivered by physicians In a study however, made by Dr Julius Levy for the State of New Jersey and published in the *American Journal of Public Health* in February, 1923, the statistical procedure was to charge to the midwife all cases in which the midwife was called in, even if the delivery was made by a physician, and if she had nothing to do with the case The study led to the following conclusions

(1) That the mortality rates are not unfavorably influenced by the percentage of births attended by midwives,

(2) That the lowest rates are frequently found in cities and counties with the highest percentage of births attended by midwives,

(3) That even among primiparae the puerperal death rate is lower among women attended by midwives, and

(4) That the puerperal death rates by nativity of mother are lowest among those groups that have the highest percentage of births attended by midwives

Dr Levy believes that something more should be done to meet the situation than adequate training of physicians in schools and hospitals He states that in certain types of practice the young physicians neglect their technic and develop methods and practices which are time-saving but frequently disastrous to the patient He indirectly suggests a method of supervision similar to that which yielded encouraging results with midwives Then the question arises—how is this supervision to be carried out, through the county medical societies, through a special group of consultants, or through the Department of Health? In a paper published in the *Medical Record* of April 23, 1921, Dr Abraham J. Rongy describes at length the slovenly type of obstetrics practiced by physicians in the Bronx

The maternal mortality rate in the hospitals of this city is lower than the general mortality rate and is particularly low in the hospitals devoted to maternity

There are no available statistics indicating the extent to which births take place in hospitals, but the proportion is undoubtedly increasing, and with the increase in the so-called "prenatal work," the rate should decline

In analyzing the situation, one comes to the conclusion that the most important factor requiring particular attention is the physician delivering the woman in her home We maintain strict supervision over the work of the midwives, and hospitals are endeavoring to combat the influences which have been responsible in some instances for a high mortality Prenatal work is being likewise developed and standardized

## HISTORY OF A BLAND REQUEST—A SYMPOSIUM ON CHIROPRACTIC EDUCATION

LOUIS J BRAGMAN, M D, Kings Park

### ONE FOR ALL—ALL FOR ONE

Why study chiropractic? Why not, indeed?

One fated day, while perusing through *Life's* pages, my eye caught a small square of advertisement towards the back of that magazine It said—among the other things "Write for Chiropractic literature"

I did! Here are the consequences

First came a letter, under the heading "The Uni-

versal Chiropractors Association—One for All—All for One," giving me fair and frank warning "Your name is to be sent to each of the ten schools which are supporting our advertising campaign, and you will doubtless receive literature from them relative to the merits of their respective institutions" Only ten? The other fifty of the "Sixty chiropractic schools in the United States, with a very small number of



accredited or desirable ones" are not to bask in the sunlight of this associated advertising campaign! This is so, because only "those in the list we are using are acceptable to the Association and we do not hesitate to recommend them for your consideration"

Considerate enough On then, with the Trusty Ten!

## I

### THE FOUNTAIN HEAD

Inasmuch as one B J Palmer is secretary of the Universal Chiropractors Association is it to be wondered at that the first of the "literature" to arrive bears the postmark of Davenport, Iowa? "Your name has been given us (someone has glanced over his own shoulder) by the U C A, as one who is interested in the Science of Chiropractic as a profession and contemplate taking up this work" (The bland request begins to expand) If you are a "truly ambitious man who would break the fetters of dependency \* \* \* (then) you are eligible to our Scientific Course \* \* \* tuition for which is \$400 00"

How can one help but feel elated at the prospects, realizing further that the Palmer School is "Universally recognized as the hub of all things chiropractic \* \* \* and a diploma from this institution (the Palmer School of Chiropractic) stands primarily for two things The most thorough training offered in the world today in Chiropractic, and an absolute adherence to a fixed standard of grades and attendance" Consider the teaching staff—"every man is a specialist in his particular subject," and as an added mark of distinction carries the exalted title of philosopher of chiropractic (Ph C), consider "Our High Standards—the standards of Chiropractic are high, and they should be"

And consider the curriculum which includes philosophy—"which has been defined as the questioning and answering of the why of things conditions or affairs either human or divine," physiology, of all the subjects studied physiology is, perhaps, the most common to the ordinary man" gynecology, "there is no question but that diseases of women are of great prevalence and that a great deal of the practice one is required to meet is of this character", salesmanship 'of what benefit is a graduate chiropractor if he does not know how to sell his specialty?' and consider the microscopical department 'for instance, a patient asks what the effect is in pneumonia or in some other disease, a chiropractor educated at the Palmer School is able to describe disease minutely'

All this and more for \$400 00 But wait—what's a wife worth? 'Husband and wife both enrolling at the same time, \$500 00!' Are you still hesitating to "break the fetters of depend-

ency'? Then read the glowing testimonials, of the true patent medicine variety, from one who was "saved from the scrapheap" by becoming a Palmer graduate at 62, from another who "grew old and independent by matriculating at 64 (and only last week I saved one from the operating table for appendicitis), and another who "made more money in my four years' of chiropractic work than I had made in twenty years in my former work" and from countless others who cannot too fully express their joy and gratitude!

Are you still unmoved? Remember, 'the question is, whether you want to get chiropractic first-handed, or whether somewhere between second and twenty fourth handed will suffice to save human lives? And where else study first-handedly than under the recognized leader of the chiropractic profession, who though 'maligned, abused, disqualified and seriously threatened on every hand—was he not sapping the life blood of the powerfully organized medical fraternity,' nevertheless has emerged unscathed and "a lovable character," addressed as he is by his fond students and associates "simply as B J P"?

But that impulse must not be obeyed too hurriedly as there are other supporters of the advertising campaign, who in all fairness, must be given a chance!

## II

### IN THE LATIN QUARTER.

The Mother School stayed at home, but the National College of Chiropractic, although "founded in Davenport \* \* \* was transferred to Chicago to secure the clinical, laboratory, dissection, hospital, and other facilities and advantages that were lacking in a small town" Not only that, but remember "it is situated in the center of one of the largest districts in the world devoted to the healing art \* \* \* the so-called 'Latin Quarter of Chicago'" And noting further 'that Chicago has a surprisingly moderate climate' who can withstand the temptation to fly there immediately?

But even so the wheat must be separated from the chaff While 'students of the National College are admitted to all the clinics and autopsies of the ——— Hospital \* \* \* witnessing the operations it is true, is of no value to a chiropractic student so far as their technic is concerned, as chiropractors are not interested in surgery and medicine."

What they are interested in lies in the hands of a faculty "composed of eighteen members nearly all are men and women of academic, medical and chiropractic training, and hold a license in one or more States" (Of the fourteen men on the faculty six sign after their names M D and one D O) They are absolutely competent to take one through a "full collegiate course of eighteen months' leading up to the degree of



"doctor of chiropractic" However, any student who wishes to leave at the completion of the Junior year (at the twelfth month) will be dubbed simply "chiropractor" On the other hand, for those who wish to "question and answer the why of things," if "a general average of ninety per cent" is obtained, and "a thesis on the Philosophy of Chiropractic, consisting of not less than ten typewritten pages" is submitted, the euphonious title of "philosopher of chiropractic" will be conferred

The royal road to success leads through the following subjects "Anatomy, (which) is the keynote to Chiropractic", Bacteriology, which is "that branch of science which has to do with the study of those minute organisms that are a contributing or exciting factor in the production of disease", Chemistry and Toxicology, which course is "very comprehensive, and yet not complex", First Aid and Minor Surgery, which "no student is obliged to take", and Obstetrics, which is "taught, not in the expectations that students will practice mid-wifery, but \* \* \* that they may recognize pregnancy" Not to omit "Philosophy, with which every department is permeated"

So much for the scientific end of it Thick and fast come a series of follow-up letters, expressing appreciation of "your interest in the National College of Chiropractic," and anticipating "the pleasure of numbering you among our students" Beware of "the catch-penny slogans" of other chiropractic schools, which "give the prospective student the impression that they have a monopoly, as it were, on all things Chiropractic" (An obvious slap at the Fountain Head) Further, becoming impatient at lack of responsiveness—"we would greatly appreciate an expression from you as to when you contemplate taking up the study of Chiropractic \* \* \* The cause for your delay, as we see it (sic), must be a purely personal one Write us about your particular problem and more than likely we can be of assistance in helping you to decide" After a brief respite, "we presume you are not in a position to begin your studies at this time" \* \* \* Hence, why not let us sell you two books (one is "Stedman's" medical dictionary) at \$15 50, "so that a positive advantage in your studies at a later date, may be obtained" Why not enroll, any way, for a future date? Or not falling for this, why not enter our evening course?

Perhaps Philosophy could give the reply!

### III

#### THE CITY OF ROMANCE

Leaving the "surprisingly moderate climate of Chicago," we embark for San Antonio, where the Texas Chiropractic College flourishes, where the "mean average temperature for the year is 69 9", and where there is an atmospheric pressure of

29 99" (For further details, says the catalogue, confer with the Chamber of Commerce)

"We have learned," a communication states, "that you are interested in the study of chiropractic \* \* \* You naturally wish to go where the advantages are the best" Therefore, do not overlook "our location in historic and romantic San Antonio" Lurid inducement!

"It is a pleasure to know you are considering chiropractic as your life's work Our college teaches a most thorough and complete course, \* \* \* it stands above other colleges in the close personal attention given each student and in its ideal location in the city of San Antonio"

One enticing epistle follows another, until the supreme is reached in a "Dream Book" "Slip away to some quiet corner and read (it) in a spirit of reflective meditation" It will soon draw you "out of the rut" Which is easy enough, for "the only mental equipment necessary before entering any of our classes is an ordinary common school education or its equivalent"

But it is pertinent to remark that "we never allow our social affairs to interfere with the studies" An atmosphere can be too romantic!

### IV

#### THE STANDARD OF THE EAST

"As one experienced chiropractor put it 'Start right, or don't start at all Go to the Palmer School in Davenport, or to the Eastern College of Chiropractic in Newark'" And you can't go wrong in New Jersey, for the college there "stands in the same relation to Chiropractic as Johns Hopkins does to medicine, and as Oxford does to literature \* \* \* Shorter, cheaper, and less thorough courses may be had in other colleges, but not here", yet, nevertheless, the circular insists, "you can become Doctor of Chiropractic easily and quickly, \* \* \* start now—and in a few months' time you will be graduated" How the "Standard Course (which) consists of three years of six calendar months each" is condensed down to a few months all told, is part of the mystery that makes the school "one of the two chiropractic institutions whose superiority is unquestioned, and further serve to make it unique among chiropractic schools"

"The chiropractor who has graduated from the E C C practices no recondite method, (and) doesn't hide his science in a lot of Latin terminology or formulæ" And, furthermore, the College "has no special course for the medical physicians, osteopaths, nurses, dentists, or other professional people" because "experience has shown us that such practitioners are no better fitted to learn chiropractic properly than intelligent laymen" Therefore, "medical men who will sit next to you in class will be required to pursue the same studies and spend the same length of time here as you"



He will have to ponder, simultaneously, over chiropractic philosophy (once more) "which colors the teaching in every department, over Histology, which tells how "every part, organ, and tissue of the body is made up of cells built up in formation", over Neurology, under which heading "diseases of the nervous system are also included", and over Anatomy, which will reveal "that many statements of the greatest medical authorities are inaccurate" In brief the non layman will be introduced to a science which is so perfectly simple that a child could see its rationality."

But do not imagine enrollment to be a mere matter of money, for "only persons of good moral character (are) accepted for matriculation and unless you can show at all times a correct and dignified deportment as befits a professional man or woman" you must be prepared for disappointment.

And a final thought "Don't consider cheap courses, that enable you to barely squeeze through and leave you bewildered in the presence of a critical questioning public. The Eastern College, 'unique among chiropractic schools, will prevent such a situation!

## V

### FROM MISSOURI

Comes the *News*, published in St. Louis by the Missouri Chiropractic College. "Our October enrollment must be two hundred," says the back page (the rest of the magazine being divided 'twixt chiropractic science and chiropractic advertisements). It must be so because "our College is one of the largest and best equipped institutions of its kind and is rated as one of the foremost Chiropractic Colleges in this country."

Every man his own rater. "The Stamp of Approval" is put on "but six, namely The Missouri Chiropractic College, The Palmer School of Chiropractic, The Eastern College of Chiropractic, The Texas Chiropractic College, The Ratledge School of Chiropractic (Los Angeles), and the Canadian College of Chiropractic (Toronto). That Missouri is first named is no mere coincidence, in view of the all-important circumstance that "the faculty of this college is composed of men possessing remarkable ability." Substantiation of this assertion, however, is only forthcoming on filling out a "blank prospect slip" as no literature is needlessly squandered on the idly curious! Obviously the Missourians must first be shown

## VI

### QUE VOULEZ VOUS?

Is not the 'Ratledge System of Chiropractic Schools' in California? Hence, is it not in "an ideal location for a chiropractic school? \* \* \*

The equable climate makes each school day en joyable. Ocean and mountains \* \* \* and Los Angeles, Senorita of the South. As the French say, "Que voulez vous?" True enough!

"Much credit reads the Annual, the climate off its chest 'is due to those men who have collaborated with Dr. Ratledge during the last fourteen years, notable among whom was his friend D. D. Palmer." Honor where honor is due. But despite the notable collaborations one can still soar free and independent, since "all opinions truly about chiropractic are private opinions. The Ratledge school has something to teach and teaches it, and has no fear of being charged with reflecting private opinions." Fearless ever, he allows "no M. D., osteopath or other therapeutically educated person to enroll as a student, because when once the erroneous theories of medicine have been accepted as true and basic it is practically impossible to divest himself of what he honestly believes to be scientific facts for a sufficient length of time to ever grasp the great truths of their philosophy." Thus does the therapeutically educated person reach the end of his gamut battered from acceptance to tolerance and now to disdain!

Having, then no erroneous theories to divest oneself of it is consoling to learn that in order to qualify for matriculation in this school, \* \* \* character, honesty, mental poise, and mental capacity are essential. Academic training and the mental discipline it brings are helpful. We hold that it is un-American to require that knowledge shall have been gained in any fixed manner in order that the individual may be permitted to join in the march of progress. \* \* \*

The curriculum throughout is comprehensive. Each member of the faculty is selected by Dr. T. F. Ratledge, President of the R. S. C. S., with the greatest care and after close observation, and "has exclusive access to Ratledge's technique and superior system of adjusting, and to his complete and highly scientific philosophy of chiropractic, which will undoubtedly become the future standard for the profession."

Que voulez vous?

### THE MARCH OF PROGRESS

Thus ends the history of the bland request. The last four supporters of the grand advertising campaign are missing, and sunk into oblivion are the insufferable and undesirable remaining fifty. But the noble half dozen provide ample reflection for him who desires to question the 'why of things'. In these blurbings of bounteous climate, excursions into pseudo science and dabbings into philosophy at ten pages a throw, are revealed the inner workings of an even greater American fraud than Samuel Hopkins Adams once so mercilessly laid bare!





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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## THE LEGISLATIVE BILLS

The last two issues of this Journal contain descriptions of twenty-seven bills that have been introduced into the Legislature on subjects directly affecting physicians, and this is only the beginning of the session. Dr. Vander Veer, Chairman of the Legislative Committee of the Medical Society of the State of New York, has a herculean task to keep track of all these bills for his own information, but to keep the members of the State Society fully informed is an impossibility. Fortunately, most of the bills are not important, and do not affect procedures by physicians generally.

The great mass of the work of Dr. Vander Veer is done quietly and with no publicity, and the same is true of the work of President Wightman, Secretary Hunt, Treasurer Milliken, and all the other officials of the State Medical Society. The editor is appalled at the amount of time and effort which the leaders

are giving to the State Medical Society. Most of the work is of a routine nature, and a description of it makes dry reading, but we are planning to make regular reports of the activities of the officers and committees. When the members realize the disinterested faithfulness of their officers, every member will be inspired to do his part as quietly and efficiently as the leaders are doing theirs.

The principal activity of the State Medical Society at present is along legislative lines. The principal bill of all is the Medical Practice Act. The great stimulus to that bill came from the exposure of illegal practitioners in Connecticut, and was aided by the prosecution of a chiropractor in Brooklyn. The bill is comprehensive, and much careful research is required to perfect it. Mr. Whiteside, counsel for the State Medical Society, is giving days to its perfection. To delay the publication of



the bill for a few days is better than delays of weeks in reshaping it after an imperfect bill has been introduced

Discussions of the Medical Practice Act in County Medical Societies seem to have been confined to one feature of the bill that requiring the registration or certification of physicians licenses. Doctors generally are annoyed with this feature of the bill and strongly desire its elimination. However, the registration feature is only an incident in the bill and the reasons for its inclusion are largely historical.

It is a fundamental principle of American lawmaking that new laws shall be a development of old ones. The great mass of common law consists of court decisions regarding former laws, which must be respected no matter what new legislation is passed. To adapt a new law to old historical conditions is always easier than to create entirely new laws and decisions. Some features not one hundred per cent desirable will necessarily be incorporated in the Medical Practice Act, simply because these same features are in other statutes relating to similar subjects. For example the imposition of a fee for registration is undesirable,

but it is imposed on seven or eight other professions, and to remove the imposition will involve the changing of seven other laws. While a doctor will be annoyed by the registration fee, let him remember that his insistence on its elimination is annoying to the lawmakers on whom physicians must depend for relief. A physician may consider the fee as part of the purchase price that he pays for the passage of an efficient Medical Practice Act. Every physician loses two hundred dollars a year from his patients who seek chiropractors, and one per cent of this, whether it is rightfully or wrongfully collected, is a small percentage to pay for the returns to himself. The leaders of the State Medical Society are earnestly striving to secure an adequate Medical Practice Act, and they believe that physicians will lend their hearty assistance by minor sacrifices and by active work in favor of the bill.

The Medical Practice Act will be published in full as soon as Mr. Whiteside has perfected its legal aspects. Let each member defer judgment until he has considered the bill as a whole in the light of the historical development of its salient features. F O

### "MASQUERADERS"

From the 'Fountain Head News' of January 26 on page 2 we learn that 'The fighting that we have been going through for the past twenty-eight years has taught us that it does not pay to use 'Dr' as a prefix nor to use the word 'cure treat or heal,' and to in other ways misrepresent ourselves to the public. It always leads to trouble that costs us dearly when we ignore these sensible and sane precautions.

'The Fountain Head News' carries on the play by announcing its publication date as 'January 26, A.C. 29' which we hazard a guess is the 29th year of 'Chiropractic,' whatever that really means.

The instructions on pages 14 and 15 of the same issue suggest a course in music with possibly the xylophone as the instrument, all in a 'major' key, and as they jump from spine to spine they tune or adjust not "cure or treat or heal" either "Pls," "Pl," "Prs," "Pri," "Pl," or "Pr," and describe the pathologic conditions they tune up or adjust or play upon not 'cure or treat or heal' in a most curious jumble of popular, or indefinite, or scientifically technical terms.

The scientific terms used have been evolved through the study of medicine through the ages,

the common terms are evidently for the popular understanding of their plumber and blacksmith practitioners, and the indefinite terms are possibly lures to further courses under 'B J' as the head of the school likes to style himself.

While the case histories are jumbled statements that any first year medical student would be ashamed of there is evidently an attempt to camouflage the idea that they are practicing a system of healing the sick and thus invading the field of licensed medical practice.

Masquerading under a group name and pretending not to do things controlled by laws regulating the practice of medicine, and therefore in no culpable sense violating law or requiring license they carry signs in their windows advertising themselves as doctors of sorts, inviting the credulous or inexperienced to consult them or to bring their children sometimes in a grave emergency, such as diphtheria, or nephritis, or endocarditis, and then carry on treatments for these dangerous conditions which would qualify a regular physician for ostracism or jail.

Strutting outside of the law and disguised in a cloak of professionalism, how they must enjoy the limitations of the regularly licensed physician!

N B V E.



## STATE AID FOR PUBLIC HEALTH WORK IN COUNTIES

The New York State Legislature of 1923 passed a law giving State Aid to rural counties that undertake to establish local hospitals and laboratories and do other work for the diagnosis and treatment of disease.

The passage of this bill marked the first close cooperation between the organized physicians of New York State, the State Department of Health, the Governor and the lawmakers. The initiative for the bill came from the State Commissioner of Health who reported an increasing shortage of physicians in rural sections of the state.

Acting on the report Governor Smith called together a number of representatives of every county medical society and the State Department of Health to consult with him personally regarding the diagnosis and treatment of the medical conditions in rural counties. The conference was held on February 26, 1923, and as a result the Governor appointed a Committee of Fifteen, chosen from the State Department of Health and the State Medical Society, who should prepare a plan of action to be adopted by the State.

This committee reported that rural counties need hospitals, nursing and laboratory facilities, and that the counties should meet their own needs, and if they cannot do so, then, and only then should subsidy and central control be provided. The Committee further recommended that the State Department of Health adopt "an extensive educational campaign to urge the local county authorities to meet their own needs." The report of the committee is found on page 220 of the May, 1923, issue of *NEW YORK STATE JOURNAL OF MEDICINE*.

Governor Smith accepted the recommendations of the committee and on April 11th he sent a special message to the Legislature recommending a law authorizing the State to duplicate the money raised by a rural community, either for small community hospitals or public health activities of any other kind. This message was printed on page 219 of the May, 1923, issue of the *NEW YORK STATE JOURNAL OF MEDICINE*.

The Governor recommended that the aid be limited to those counties which had no cities of

the first or second class, thus practically defining what is to be considered a rural county. He also suggested that the State Commissioner of Health should be the judge of the standards to which the counties must conform in order to receive state aid. The Governor added "no existing project would be eligible for State aid, as the purpose is solely to stimulate new undertakings applied to rural conditions in the field of public health."

The Legislature acted on the Governor's message and passed a law embodying practically all the Governor's suggestions. The State Department of Health has conducted an educational campaign along the lines suggested by the committee of physicians and has had numerous requests for duplication of the funds expended by rural counties on public health projects. The Governor's wish to stimulate public health work in rural counties has been abundantly fulfilled.

The State Department of Health has had to decide local questions that have arisen in connection with the execution of the law and therefore minor amendments have been introduced in order to clarify some of the general provisions of the law. This new bill is the one introduced by Senator Love, Print No 128, and by Assemblyman Lattin, Print No 232. It is printed on page 82 of the February 1st issue of the *NEW YORK STATE JOURNAL OF MEDICINE*. Under the Department of News Notes of this issue we are printing a letter from Dr. Brooks, Deputy Commissioner of Health explaining the proposed amendments.

Some physicians seem to think that the bill will place the expenditure of the County funds in the hands of the State Commissioner of Health. Dr. Brooks says "There must of necessity be someone authorized to determine what projects especially merit State aid. By inference the Commissioner of Health now has this authority. The proposed amendment establishes the fact definitely." We are sure that the physicians of New York State wish no one else than the Medical Department of the State government to pass upon applications for State aid of Public Health work. F O

## CHIROPRACTIC ARGUMENTS

We have just received an illuminating article entitled "History of a Bland Request: A Symposium on Chiropractic Education," by Dr. L. J. Bragman of the Kings Park State Hospital, and we are printing it on page 162 of this issue. The article is apropos at this time, for it affords an excellent setting for a discussion of the Medical Practice Act. Dr. Bragman describes in a lively

style his experiences in corresponding with chiropractor schools. He shows the shallowness of their pretenses and the ridiculous and mercenary nature of their appeals to students to register and study chiropractic.

Read the article in order to prepare yourself to discuss chiropractic with intelligence and interest. F O





## LEGAL



### CHIROPRACTIC LIVES AND THRIVES ON PUBLICITY

Some time ago we said, 'Chiropractic lives and thrives on publicity. Without publicity chiropractic would have gone the way of earlier delusions and superstitions long ago. Chiropractors have learned that the people seek quick return to health by magic cures are impressed by testimonials and put their faith in promises of quick and marvelous results. The chiropractor seeks to break down the public's belief and faith in science, in order to rear and build a new faith in his claims. The chiropractor knows that the ethical medical practitioner cannot reach the public through the advertising columns of the lay press but must make his name procure public support and confidence by his works rather than by his words. One of the chiropractic schools recommends to its practitioners a principle of advertising, which is 'He that bloweth not his own horn—for him no horn shall be blown.'

The Penal Law of this state Section 421 makes it a misdemeanor for a person by advertisement to make "any assertion, representation or statement of fact that is untrue, deceptive or misleading."

In the case of the merchant who violates this section proof is quite simple. If his advertisement represents that a certain garment is all wool when in fact it is cotton, or that fur is real when in fact it is cat skin, or that his merchandise is of certain quality when in fact it is of a much lower quality, the falsity of his claims is readily susceptible to proof that can be easily grasped by the average layman. Prosecutions of merchants therefore, under this section of the law have in many instances been successful and the tone of commercial advertising by the class that the penal law only influences as a result has greatly improved. It is a strange fact that while the advertising of merchants generally has been on a higher plane, advertisements of unlicensed and unqualified practitioners of various cults have become more glaringly offensive and this section of the Penal Law has been of no value in suppressing the quacks' advertisements. Were the chiropractor to advertise "I cure diphtheria by adjusting the fifth dorsal" there can be little doubt that he could be prosecuted successfully for an untrue advertisement. He probably knows this so that he is not definite in what he states but is veiled and suggestive. He has been schooled by experts in the art of making his advertising copy so skillful that he escapes by a hair's breadth from stepping over the line into the criminal realm. His advertising is a type of

sharp practice that constitutes a moral fraud and probably not a legal wrong or if a legal wrong one difficult to prove. This condition probably explains why the principal schools of chiropractic have publicity departments in which are provided all types of advertising to be used by the chiropractic practitioners. Those in charge of these departments have evidently made a close study of how to impress the public mind without transgressing the law.

One of the pamphlets used tells of a chiropractor who wages a consistent fight against great odds with the 'school physician and Board of Education against the vaccination evil.' Articles of fiction are written interwoven in which is chiropractic propaganda in order to carry "the message of chiropractic." Some of this advertising material contains suggestions 'how to sell chiropractic to a prospective patient.' One of the mottoes sponsored by one of the schools is

Early to bed early to rise, work like hell and advertise makes a man healthy, wealthy and wise.' Then, also, a chart which states that the medical slogan is "Keep off the grass" and the chiropractic slogan "Keep from under the grass." A system of yearly subscription at the rate of ten dollars a year brings this advertising material to the practitioner's door, so that the chiropractor may receive on the first of each month all the copy he needs for his newspaper advertising during the ensuing month. In this regard they state "There is nothing cut and dried about the copy. Each member is given real personal service and is furnished with copy that is especially adapted to the needs of his own particular locality. Your newspaper man does the rest as it is to his interests to display the copy in as attractive a looking advertisement as possible."

As opposed to these methods of the chiropractors consider the provisions of Section 31 of the Principles of Professional Conduct recently adopted in this state by your Society.

Advertising. Sec. 31. Physicians should not make use of special cards or any other form of advertisement for the purpose of inviting attention to themselves; they should not boast of cases, operations, cures or remedies nor aid or permit the publication of any of the foregoing in the public prints."

Legally the physician has much more right to advertise than has the chiropractor but he refrains from so doing because, as a class physicians recognize that there are even higher obligations imposed upon them than a mere mandate of the laws that their profession must be conducted on a high ethical plan that success



must come as the well-deserved reward of learning, skill and effort. The physician, therefore, governs his life and conduct by principles that should entitle him to respect and public recognition. The physician and the chiropractor are, therefore, as far apart in the conception of their duties and obligations to the public as are the two poles. The physician is not satisfied simply with keeping within the law, but strives to conduct himself according to the higher principles

of ethical conduct. The chiropractor apparently seems content with keeping out of jail. He can, by playing upon the fears, the credulity or the distress of the afflicted enrich himself financially and by artifice, shrewd counsel and cleverness escape the heavy hand of the law. The physician and the chiropractor have no common ground upon which, therefore, they can meet and no purpose in common in their relation with the public. G W W

### BURN FROM GREEN SOAP

The defendant conducted a small private hospital to which the plaintiff went for her confinement.

It is claimed that in the necessary preparation of the parts for delivery the nurse was negligent in the application of green soap and in shaving the plaintiff resulting in a burn upon the plaintiff's leg and thigh. The plaintiff's confinement and delivery were otherwise normal except for the claimed reaction of the green soap, which the plaintiff claimed caused blisters lasting for many weeks, causing her great pain and resulting in scarred tissue.

Upon the trial it was shown that the nurse who had prepared the plaintiff was competent for this type of work having had about seventeen years of experience, that the green soap which

was used was properly prepared chemically and like soap had been made and sold by the manufacturer for a number of years. It was further shown that in the absence of supersensitiveness green soap would not cause any burn or reaction. The plaintiff contended that strong lysol had been used by mistake instead of green soap. The jury awarded the plaintiff damages in a nominal sum.

The husband had likewise sued to recover for loss of services of his wife and for moneys expended because of the burn, but apparently the jury were not very sympathetic with the husband or his cause of action, for while he proved actual damages in the expenditure of certain moneys, the jury, most likely by way of criticism for his actions, awarded the husband six cents damages. G W W

### DEATH FROM POST PARTUM HEMORRHAGE

A general practitioner about a week prior to a patient's confinement was called to attend her and engaged for the confinement.

It was charged that the patient suffered from a post partum hemorrhage, which continued from the time of her delivery until her death. The physician was charged with improperly caring for the patient in that he improperly administered pituitrin failed to take the necessary steps to prevent the hemorrhage and did not remain with the patient for a sufficient time after the delivery so as to control the hemorrhage.

After labor had started she was seen one evening by the physician, who found that she was in the first stage of labor and that her condition was normal except for a tardiness of labor pains. He returned early the following morning, keeping the patient under observation for several hours, during the course of which a vaginal examination was made. He returned again in the early afternoon of the same day and determined that her condition was still normal and that she would be ready for delivery in about two or three hours. On his next call, in the early evening, a vaginal examination disclosed that she had made some progress in labor though the pains were more or less infrequent. After keeping the patient under observation for about fifteen minutes he administered hypodermically 1 c c of pituitrin.

This application of the pituitrin was effective and within three to five minutes thereafter the fetus was delivered normally, the placenta being likewise normally expelled. The delivery was not accompanied with any profuse amount of bleeding. He remained with the patient for about ten minutes after the delivery had been completed and left her in the care of her family. During the balance of the evening and until late at night he was busily engaged in his attendance upon other patients and did not return to the patient's home until early the following morning, when he was apprised of the fact that the patient had died the preceding night of hemorrhage.

A suit was subsequently instituted by the husband, as administrator, to recover for his wife's death. During the trial, which lasted for three days, a sharp conflict arose between the testimony adduced by the plaintiff and that of the defendant as to the length of time that he had remained with the patient after the delivery and as to the failure of the defendant to return to the patient after her delivery. The members of the family of the deceased testified to repeated efforts to get the doctor to return, of frequent telephone calls to his office and also a visit to the office for this purpose. The doctor had meanwhile been called elsewhere, he stated. The jury decided the issues in favor of the plaintiff, awarding damages for the death of the patient. G W W





# LEGISLATION



By James N. Vander Veer, M.D.

The question has often been asked of the members of the Committee on Legislation as to why and how they can devote their time without remuneration to the great interests of the medical profession.

The Chairman of the Committee has sought far and wide at different times for an answer to that question that would concretely make reply

to such individuals whose vision is limited by the horizon of their own little hamlet or circle and have come across the following article which appeared in the American Medical Association bulletin for January, 1924, and which is copied in its entirety for the perusal of the profession of New York State.

## MEDICAL IDEALS TO BE ATTAINED

Without ideals we accomplish nothing. Idealism is implied in Osler's definition of medicine and it is the propelling force which carries many physicians through their practice consciously or otherwise. The physician's native instinct of service makes him too often blind to the fact that materialism festers all about him and he leads a life which someone has described in these words: "The world does not owe me a living. I owe the world a life."

At the risk of repetition it might be well briefly to point some of the ideals which must be constantly sought after since they insure future advance.

(1) The ideal of keeping alive the scientific inquiry spirit in everyone. The business of scientific medicine is nothing more than the making of medical observations, classifying them according to resemblance in succession and summarizing them in their relation to the abnormal phenomena of disease. Vast opportunities therefore confront the general practitioner as well as the scientist to share in medical achievement and though all cannot be a Sir James McKenzie everyone can at least try to emulate his example. More and more must it be recognized that the ideas which stimulate research work come in large part at least from sick people themselves.

(2) The maintenance of an altruistic, optimistic, broad-minded outlook on life is a prerequisite to professional progress. One of the greatest glories of our profession has been its deep interest in the physical betterment not merely of mankind, but of man. The older philosophers of the Greeks submerged man to the interests of the state. The priest too often places the welfare of the church above that of the communicant. Physicians minister not only to humans at large, but to man himself. The moment medicine becomes egocentric, or the scientific spirit ignores the humanities, disaster is inevitable.

(3) The ideal of eradicating all forms of the

irregular practice of medicine is imperative. Irregular practice is by no means confined to the ever-growing horde of charlatans, quacks and healing cults. Physicians fight none too well that vicious form of thing which Robinson terms 'rationalizing,' that is finding arguments for going on believing as we already do. An insatiable credulity betrays the crime. The physician, although often forced to act without full knowledge, should never draw the cloak over his own ignorance. Any symptom of progress is a peg on which to hang the swindle. The use of some new chemical substance simply because it is vaunted by a crafty advertising manufacturer, the indiscriminating resort to thousand and one varieties of vaccines, the excesses of contemporaneous devotees to glandular therapy, the orgiastic intemperance of some psychotherapeutic fanatics, the pushing of specialization beyond its reasonable bounds, the organization of pretentious diagnostic groups which are incapable of performing the functions they promise—all these are a few examples of irregular practice within our ranks. It is very easy to prefer the evasive way of deduction from a *a priori* proposition, and hard to pursue the stony path of inductive science irrespective of where it leads.

(4) The ideal of fraternalism must be kept alive. Jealousy, criticism and intolerance lamentably weaken medical influence. Much can be done to perpetuate the tradition of a brotherhood by earnest attempts to create a scientific unity. This gospel must be preached especially to those backward members of the profession who rarely attend county, city, state or national medical meetings. Fraternalism with workers whose daily life is occupied not with the care of the sick but with the scientific study of conditions underlying such care, is quite as important. The benefits to be derived are equally reciprocal.

(5) The ideal of public service cannot be shunned. By oath physicians have pledged their support to the enforcing of laws and the sus-



taining of institutions dedicated to the service of humanity. It is their moral duty to give advice and to sit in council with others whose work concerns the betterment of community hygiene. Upon all questions of local public health their opinion should be openly and frankly expressed. It must not be forgotten that we are in a period of legislative morality and that the field of medicine has been a fertile one for the reformer, agitator and propagandist. The physician faces a serious menace in the spread of the idea that medical socialization will bring higher standards of health. Both political doctors and medical politicians are foisting subtle arguments and insidious pleas to secure public patronage. We pay a tax for the privilege of giving morphine to a patient in agony, but there is no evidence of the utilization of the money thus derived for medical uplift or the reclamation of unfortunate narcotic derelicts. It is no time to be complacent. The physician has nothing to fear in backing preventive medicine to the utmost.

(6) There must be no let down in ideals which govern our ethical standards of conduct.

(7) Finally, just a word about their personality ideal. We are, fortunately, beginning to

realize that what we think of as mind is so intimately associated with what we call body, that one cannot be understood apart from the other. Bodily reactions to emotional states are well recognized and the "unconscious" is probably but the domain, as yet poorly explored, of physiological changes which have escaped our notice. Hidden impulses, repressed desires, not always improper ones either, conflict with inherent instincts, influence conscious thought and physical fitness tremendously. We are apparently unaware of a great part of what we perceive, remember, will or infer. "The brain is the organ of forgetfulness as well as of memory," and the forgotten, or the habitual, constitute a great part of the so-called "unconscious," a psychic state, which far outruns in activity our conscious being. It cannot be denied that physicians, scientifically trained in the investigation of special organs or functions, take too little note of the emotional and mental reactions marking the actions of the human body as a unit. Until the study of human behavior and the personality factor becomes more animated and consistent a lack of logical motive in the work of many physicians is likely to continue.

## LEGISLATIVE BILLS

### SENATE

Senate Bill Int No 285, Print No 289, by Senator Morton J. Kennedy of New York City, concurrent Assembly Bill Int No 342, Print No 342, by Assemblyman Morris Weinfeld of New York. *THE Narcotic Bill*, is still in the Public Health Committee in each house, no action taken.

Senate Bill Int No 317, Print No S 321, by Senator Benjamin Antin, of New York City, concurrent Assembly Int No 370, Print No A 372, by Assemblyman F. S. Cole of Herkimer County, is still in the Public Education Committee in each house, no action taken.

Senate Bill Int No 347, Print No S 351, by Senator Bernard Downing of New York, concurrent Assembly Int No 567, Print No A 570, by Assemblyman Joseph A. McGinnies of Chautauque County, is still in Committee. No action taken.

Senate Bill Int No 376, Print No S 380, by Senator Henry G. Schackno, referred to the Senate Codes Committee is printed here in full for the information of the profession.

### STATE OF NEW YORK

No 380

Int 376

IN SENATE,

January 28, 1924

Introduced by Mr. Schackno—read twice and ordered printed, and when printed to be committed to the Committee on Codes.

### AN ACT

To amend the penal law, in relation to the name, sale, use and labeling of methanol, formerly known as wood naphtha, wood alcohol or methyl alcohol.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

Section 1. The penal law is hereby amended by inserting therein at the end of article forty, three new sections, to be sections four hundred and forty-six, four hundred and forty-seven and four hundred and forty-seven-a, to read as follows:

§ 446. On and after September first nineteen hundred and twenty-four, the liquid known as wood naphtha otherwise known as wood alcohol, or methyl alcohol, either crude or refined, whatever may be the name or trade mark under or by which the said liquid may be called or known, shall hereafter be designated and known as methanol, and the use of the terms wood naphtha, wood alcohol methyl alcohol, or any other term or designation of the liquid, except methanol, is forbidden and shall be discontinued.



§ 447 Any person who shall sell, offer for sale, give away, deal in or supply or have in his or her possession with intent to sell, offer for sale deal in or supply, any article of food or drink or any medicinal or toilet preparation intended for human use internally, which contains methanol, either crude or refined, whatever may be the name or trade mark under or by which methanol was formerly called or known, is guilty of a felony

§ 447-a No person shall sell offer for sale give away deal in or supply, or have in his or her possession with intent to sell offer for sale give away deal in or supply any methanol either crude or refined whatever may have been the name or trade mark under or by which methanol was heretofore called or known unless the container in which the same is sold, offered for sale, given away, dealt in, or supplied shall have imprinted upon said container or upon a label pasted upon the container, the following device and words, in bold characters in red colors, viz

(Skull and cross bones represented)

#### POISON

WARNING—It is unlawful to use this fluid in any article of food, beverage or medicinal or toilet preparation, intended for internal human use

Any violation of the provisions of this section shall be a felony

§ 2 This act shall take effect September first nineteen hundred and twenty-four

Senate Bill Int No 389, Print No S 394 by Senator Michael E Reiburn, would amend section 203, Public Health Law, by making penalty for unauthorized practice of dentistry a felony Referred to Public Health Committee

No comment

Senate Bill Int No 425, Print No S 434 by Senator Charles Hewitt of Locke, N Y, concurrent Assembly Bill Int No 642 Print No A 651, by Assemblyman G S Johnson of Wayne County, would add new section 438-a Penal Law, making it a misdemeanor to peddle from house to house raw or unpasteurized milk other than such milk from tuberculin tested cattle. Referred to Codes Committee in both Houses

No comment

Senate Bill Int No 430 Print No S 439, by Senator Wm Love of Brooklyn N Y concurrent Assembly Bill Int No 565 Print No A 568 by Assemblyman Frank H Lattin of Orleans County, which has been referred to the Public Health Committee in both Houses is printed here in full for the information of the profession

No comment

STATE OF NEW YORK

No 439

Int. 430

IN SENATE,

January 30 1924

Introduced by Mr Love—read twice and ordered printed and when printed to be committed to the Committee on Public Health

#### AN ACT\*

To amend the public health law in relation to records and reports of vaccinations

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1 Section three hundred and eleven of chapter forty nine of the laws of nineteen hundred and nine entitled 'An act in relation to the public health constituting chapter forty-five of the consolidated laws' as amended by chapter one hundred and thirty three of the laws of nineteen hundred and fifteen, is hereby amended to read as follows

§ 311 Vaccination, how made, reports 1 No person shall perform vaccination for the prevention of smallpox who is not a regularly licensed physician under the laws of the state. Vaccination shall be [preformed] performed in such manner only as shall be prescribed by the state commissioner of health

2 No physician shall use vaccine virus for the prevention of smallpox unless such vaccine virus is produced under license issued by the secretary of the treasury of the United States and is accompanied by a certificate of approval by the state commissioner of health, and such vaccine virus shall then be used only within the period of time specified in such approval

3 Every physician performing a vaccination shall within ten days make a report to the [state commissioner of] local health officer upon a form furnished by [such] the state commissioner of health setting forth the full name and age of the person vaccinated and, if such person is a minor the name and address of his parents, the date of vaccination, the date of previous successful [vaccination] vaccination if possible, the name of the maker of the vaccine virus, [and] the lot or batch number of such vaccine virus and whether upon re-examination after a proper interval such vaccination was found to be successful or non successful

4 Every local health officer shall retain in the files and records of his office every report of a vaccination reported to him under the provisions of the preceding paragraph and shall report once in each month to the state department of health the number of vaccinations reported to him during the preceding month, together with the num-

\*EXPLANATION—Matter in italics is new; matter in brackets [ ] is old law to be omitted.



ber of those which were successful and the number unsuccessful. Such report shall be made in such manner as shall be prescribed by the state commissioner of health

§ 2 This act shall take effect immediately

Senate Bill Int No 448, Print No S 457, by Senator Daniel J Carroll, concurrent Assembly Bill Int No 646, Print No 655, by Assemblyman Frank H Lattin of Orleans County, would amend section 4, Public Health Law, by authorizing State commissioner to create health districts comprised exclusively of lands owned or held in trust for people of the State. Referred to Public Health Committee in both Houses

No comment

Senate Bill Int No 455, Print No 464, by Senator George L Thompson of Kings Park, N Y, concurrent Assembly Bill Int No 513, Print No 515, by Assemblyman Edwin W Wallace of Nassau County, is printed here in full for the information of profession. Referred to Codes Committee of both Houses

STATE OF NEW YORK

No 464

Int 455

IN SENATE,

January 31, 1924

Introduced by Mr Thompson—read twice and ordered printed, and when printed to be committed to the Committee on Codes

#### AN ACT

To amend the code of criminal procedure, in relation to jurisdiction of courts of special sessions

*The People of the State of New York, represented in Senate and Assembly do enact as follows*

§ 1 Section fifty-six of the code of criminal procedure is hereby amended by adding at the end a new subdivision, to be subdivision forty, to read as follows

40 For a wilful violation or refusal or omission to comply with any lawful order or regulation prescribed by any local board of health or local health officer where the penalty prescribed does not exceed fifty dollars nor the imprisonment six months

§ 2 This act shall take effect July first, nineteen hundred and twenty-four

Senate Bill Int No 459, Print No 468, by Senator George L Thompson of Kings Park, N Y, concurrent Assembly Bill Int No 542,

Print No 545, by Assemblyman Edwin W Wallace of Nassau County, is printed here in full for the information of the profession. Referred to Public Health Committee of both Houses

STATE OF NEW YORK

No 468

Int 459

IN SENATE,

January 31, 1924

Introduced by Mr Thompson—read twice and ordered printed, and when printed to be committed to the Committee on Public Health

#### AN ACT

To amend the public health law, in relation to violations of rules or orders of local boards of health

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by adding a new section, to be section twenty-one-d, to read as follows

§ 21-d Violations of orders of local boards of health may prescribe that a person who wilfully violates or refuses or omits to comply with any lawful order or regulation prescribed by it or a local health officer, shall be guilty of a misdemeanor punishable by a fine not exceeding fifty dollars or imprisonment not exceeding six months, or both

§ 2 This act shall take effect July first, nineteen hundred and twenty-four

#### ASSEMBLY

Assembly Int No 66, Print No A 66, by Assemblyman Joseph Reich of King County, *The Medical Inspection in Schools Bill*

No concurrent bill has as yet made its appearance in the Senate

Still in Assembly Public Education Committee

Assembly Int No 309, Print No A 309, by Assemblyman Joseph Reich of Kings County, is still in Assembly Labor and Industry Committee

No concurrent bill has as yet made its appearance in the Senate

Assembly Bill Int No 342, Print No A 342, concurrent Senate Int No 285, Print No 289, is still in Public Health Committee *The Narcotic Bill*

Assembly Bill Int No 370, Print No A 372, by Assemblyman F S Cole of Herkimer County,



concurrent Senate Bill Int No 317, Print No S 321, by Senator Benjamin Austin is still in Public Education Committee in each House

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Assembly Int No 542, Print No 454 by Assemblyman Edwin W Wallace of Nassau County concurrent Senate Int No 459 Print No 468 by Senator George L Thompson of Kings Park N Y, is still in Public Health Committee in each House.

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Assembly Int No 565, Print No 568 by Assemblyman Frank H Lattin of Orleans County concurrent Senate Int 430 Print No S 439 is still in Public Health Committee in each House

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Assembly Int No 639, Print No 648 by Assemblyman Murray Hearn of Kings County concurrent Senate Int No 389 Print No 394 by Senator Michael E Reiburn of New York City see concurrent Senate Bill for digest

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Assembly Bill Int No 642 Print No 651 by Assemblyman G S Johnson of Wayne County, concurrent Senate Bill Int. No 425 Print No S 434, see concurrent Senate Bill for digest

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Assembly Int No 646 Print No 655 by Assemblyman Frank H Lattin concurrent Senate Int. No 448 by Senator Daniel F Carroll of Kings County, see concurrent Senate Bill for digest.

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Assembly Bill Int No 682 Print No 693 by Assemblyman A I Miller of Westchester County, would amend section 118 Workmen's Compensation Law by authorizing physical examinations and practical tests of claimant to determine loss of use and proportionate loss of use of member result and test thereof to be made part of record Referred to Labor and Industries Committee

This bill is not as yet printed It will be followed and if found to affect the medical profession to any great degree will be commented on

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#### IN RE THE NARCOTIC BILL

It is earnestly hoped that the individual members of the State Society, have written to Mr Morris Weinfeld the introducer of Assembly Bill Int No 342 or to the members of the Assembly Committee on Public Health as well as to the Senate Committee on Public Health to which the concurrent Senate Bill Int No 285, introduced by Senator Morton J Kennedy, protesting against those sections of the bill which have to do with the making out of triplicate blanks and of the commitment features of the bill

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#### IN RE PROPOSED BILL

The following County Medical Societies have taken favorable action on the bill proposed by the State Department of Education, the State Department of Health and the Attorney General of the State

Albany, Cayuga Chemung Dutchess-Putnam, Essex, Franklin, Greene, Jefferson Monroe Montgomery, Oneida, Ontario Richmond, Rockland St. Lawrence, Schoharie, Schuyler, Seneca, Suffolk, Sullivan Tompkins, Washington Wayne, Warren, Westchester Yates

The following County Medical Societies are opposed to the bill

Broomie, Erie Fulton (any bill requiring registration) Genesee Kings Livingston, Madison (no vote) Nassau Orange Rensselaer (any bill requiring registration) Schenectady and Ulster, and Queens

No action taken as yet Niagara

Society about evenly divided Clinton





# State Department of Health



## PUBLIC HEALTH COUNCIL HOLDS ONE HUNDREDTH MEETING

On January 10, 1924, the Public Health Council held its one hundredth meeting. The Council met for the first time September 30, 1913. Three of its original members are still active. Dr. Simon Fleener, who succeeded the late Dr. Biggs as Chairman, Mr. Homer Folks, and Professor Henry N. Ogden. Dr. T. Mitchell Prudden may also be included as one of the original members, as he was appointed in March, 1924, to take the place of Dr. Biggs, who became an ex-officio member by virtue of his appointment as Commissioner of Health.

## PATENT MEDICINE AD REFUSED BY NEWSPAPER

Recently Deputy Commissioner Brooks received an inquiry from a newspaper in Utica in regard to a patent medicine known as "Mark H. Jackson's Rheumatism Cure," the proprietors of which wished to secure advertising space in the paper. Quoting from a letter from the Propaganda Department of the A. M. A., Dr. Brooks in no uncertain terms furnished the desired information. The ad was refused.

## CONGENITAL SYPHILIS TREATED AT CLINICS

During December, 1923, there were 264 children suffering from congenital syphilis treated at the clinics supervised by the Venereal Disease Division of the State Department of Health. For the entire year there was an average attendance at these clinics of 240 children, the Department supplying the drugs necessary for their treatment.

## ORTHOPEDIC CLINICS

Orthopedic clinics were recently held by the Department in Walton, Monticello, White Plains, Mineola and Huntington. Not only were cases of poliomyelitis advised, but many children were brought to these clinics by reason of postural defects.

## ACQUIRED SYPHILIS IN AN INFANT

Recently there came to the attention of the Division of Venereal Disease a case of acquired syphilis in an infant eight months of age. The child was suffering with chancre of the tongue. Typical treponemata were found in a specimen from the lesion.

## SMALLPOX CASE DISCOVERED THROUGH DEMAND FOR VACCINE VIRUS

Drug stores in three adjacent towns recently had such a demand for vaccine virus that an investigation was made as to the cause. It was discovered that there was an isolated mild case of smallpox in the vicinity, the presence of which was known among the neighbors, all of whom immediately desired to be vaccinated.

## MATERNAL, PRENATAL AND CHILD CONSULTATIONS IN 1923

At rural health consultations conducted by the Department in 1923, 4,183 children were examined in 158 communities in 28 counties. Six hundred and twenty-six prenatal examinations were made in nineteen communities.

## TOXIN-ANTITOXIN ADMINISTERED DURING AN EPIDEMIC

Dr. Frank W. Laidlaw, district state health officer, reports the results of giving toxin-antitoxin to all children in East Kingston at the progress of an epidemic of diphtheria. It occurred this winter. It requires from weeks to several months for complete immunization following the use of toxin-antitoxin, but in these cases children who had received this treatment and subsequently developed diphtheria a few weeks later, before immunization was completed, the disease followed by an extremely mild course. Dr. Laidlaw reports this in several instances in which it was possible to contrast the results with those of children who had not been immunized.

## BAD RESULTS FROM VACCINATION ON LEG

During the recent outbreak of smallpox in the city of Albany practically all employees of the State Health Department were vaccinated. At their request a few of the women vaccinated upon the leg, the results emphasized the inadvisability of such procedure. Out of thirty-seven who had never been previously vaccinated, three so vaccinated were incapacitated to such an extent that they lost more time than the other thirty-four who were vaccinated upon the arm. One of these was crippled for seven days, one for eleven days, and one for fourteen days.





## NEWS NOTES



### LEGISLATION ON STATE AID FOR COUNTIES

We are glad to print the following letter from Dr. Paul B. Brooks, Deputy State Commissioner of Health

Albany, N. Y., February 9, 1924

My Dear Mr. Editor

A bill amending sections of the public health law relating to State aid for county health work introduced in the Senate by Dr. Love and in the Assembly by Dr. Lattin, was briefly reviewed on pages 81 and 82 of the NEW YORK STATE JOURNAL OF MEDICINE, of February 1st. To avoid possible misunderstandings as to the scope and purpose of the legislation, the State Health Department presents the facts which follow

The present law constituted Chapter 662 Laws of 1923, and was designed to provide financial aid in connection with new and essential health work to counties in which such undertakings without aid would be difficult. It provides that the legislature shall appropriate a sum necessary to make grants of 50 per cent of the amounts appropriated and expended for health work by counties when the applications for such aid have been approved by the State Commissioner of Health

Several applications have been received and are now pending. These call for aid in connection with a variety of undertakings, a majority covering employment of nurses in rural counties. There must of necessity be someone authorized to determine what projects especially merit State aid. By inference the Commissioner of Health now has this authority. The proposed amendment establishes the fact definitely.

The law and amendment are designed to encourage and promote, and not to limit, health work in rural counties. The only restrictions imposed on expenditure of funds granted as State aid is that they shall be expended only for the purposes for which the aid is granted and that any balances not so expended shall be returned to the State treasury. The present law apparently permits the granting of aid only in connection with amounts appropriated and expended during the preceding year. The amendment permits the granting of aid covering appropriations either for the preceding or the current year but provides that no single grant shall be for both.

Yours sincerely,

PAUL B. BROOKS.

Assembly  
State Int  
of K  
for dir

### THE HEALTH OF GERMAN CHILDREN

Lecture on the Health of German Children given by Dr. Haven Emerson on February 1st in the auditorium of the Metropolitan Life Insurance Company. Dr. Emerson was sent to Germany by the Society of Friends, which is interested in relief work among the German children. He sailed on December 13, 1923, and has been two weeks visiting Breslau, Dresden, Berlin, Frankfurt, Cologne, and Coblenz. He was accompanied by Dr. Charles Bolduan, who is with the United States Public Health Service stationed in Bremen.

The doctors obtained their information at first hand from physicians, public health nurses, school teachers, and social workers, and also from the official vital statistics records. Their work was done mostly in the cities, but they were assured that the same conditions prevailed in rural districts.

Undernutrition was common. The usual condition was that nearly all the children were underheight and underweight to the extent of two years' growth.

Diseases of undernutrition were extremely prevalent. About 40 per cent of the children under two years of age who were in the hospitals were there for scurvy. Rickets in its extreme manifestations was also common, and cases were given the treatment with light. Pellagra, keratomalacia, and hunger oedema were also seen. These conditions of undernutrition were common during the war, and at its close there was a great improvement for two or three years, but during the past two years conditions have been worse than ever.

Skin diseases were also common, especially impetigo, scabies, and lousiness. These were largely the result of a lack of public bathing.



facilities, and this in turn was due to industrial depression. The people had always depended on public baths for bathing, and when they were closed from lack of funds the people seemed helpless. Lack of a change of clothing and the unheated condition of the living rooms of the dwellings also helped the spread of skin diseases.

Tuberculosis is the great scourge of German children, as well as of grown folks. The cause of its spread was twofold: first, the under-nourishment and lowered resistance of the children, and second, the crowded state of the rooms owing to lack of fuel. Advanced tuberculosis of the lungs was often seen in six-months-old children, and was common in those two or three years old.

The people were unable to buy milk. While the pre-war daily supply of milk to Berlin was 1,200,000 liters, now it is only 150,000 liters. The highest price was only 12 cents a liter, but the people could not afford to buy the milk.

From 10 to 40 per cent of the workers are idle, and are supported by public doles. The

German system has been to pay workers when they were idle, and to provide old age pensions. The people have always depended on the government for support during sickness, idleness, and old age, and they seem to have no initiative to help themselves now. Moreover, the industrial leaders have fortified themselves against taxes on their own incomes, and public finances are hard to obtain. Dr. Emerson said that it had taken Americans over one hundred years to decide to tax incomes, and that Germany, with its present extremely weak Government, could not get money out of the powerful industrial leaders.

Dr. Emerson said that conditions like those in Germany could be duplicated in the United States in isolated instances, but nowhere in this country was there widespread suffering such as exists among children all over Germany. He made the humanitarian plea that American standards of conduct require the relief of suffering human beings regardless of their previous attitude, and that in any event the German children were innocent of wrongdoing.

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## NUTRITION CONFERENCE

Through the courtesy of an unnamed host a group of thirty-one representatives of various organizations in Brooklyn, carrying on nutrition work, held a round-table conference at luncheon at the Chamber of Commerce, on February 5th. Dr. Louis C. Ager, Chairman of the Milk and Camp Auxiliary of the Brooklyn Tuberculosis Committee, presided. Among those who took part in the discussion were Dr. Herman T. Peck, Borough Chief for the City Health Department, Dr. Laura Riegelman, Borough Chief of the Bureau of Child Hygiene, Dr. Charles A. Gordon,

President of the Medical Society of the County of Kings, Dr. Adela Smith, Superintendent of the Special class of the Board of Education and Dr. Charles S. Prest, Secretary of the Brooklyn Tuberculosis Committee. The luncheon is a part of a general public health movement in Kings and Queens County, in which the physicians are taking a leading part. While the voluntary health organizations are extremely active in the two Boroughs, the physicians also are active and their organizations are co-operating closely with the lay organizations.

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## THE ARNOT-OGDEN MEMORIAL HOSPITAL, ELMIRA

Ten nurses from the Training School took the State Board examinations in Buffalo early in February.

On February 1, "Moving Up Day" was celebrated by the members of the October, 1923, class in the Training School constructed by the Hos-

pital. The president of the Senior Class presented to them their caps, and they with their parents and friends were received at an informal tea. Music and addresses by Superintendent Emily McCreight and Mrs. Caroline Prutsman, head of the Training School, completed the programme.





# THE DAILY PRESS



Did you ever keep track of the medical news that is printed by the daily papers? If you have not, take notice of those health items. You probably have the impression that the medical items in the daily press are fantastic versions of popular science, but you will find that they score ninety per cent for truthfulness, practicality and human interest. The daily press is a valuable vehicle for spreading medical news—(The Editor)

The Albany papers are giving publicity to the popular demand for vaccination in the city. Dr. Wiltsie the City Health Officer reports that 13,000 persons have been vaccinated in Albany during the last few weeks as the result of an outbreak of mild smallpox. Three cases of smallpox are now under observation in Albany, and they are sufficient to send the people by the hundreds to the vaccination stations.

The New-York and Brooklyn papers make brief references to the illness of about thirty children in a school in a suburb of Boston. The illness was ascribed to the administration of toxin-antitoxin that had been frozen. Dr. W. H. Park is quoted as saying that the accident was not anticipated and that steps will be taken to prevent its recurrence. Dr. Bela Schick, the originator of the test which bears his name, accompanied Dr. Park in the investigation of the case.

The New York *Tribune* has an account of the sentence of a New York physician to jail for issuing a certificate that a woman's death was due to nephritis and lung infection while an autopsy showed that death was the result of an illegal operation. The sentence was evidently for falsifying a death certificate, and not for the performance of the operation. Convictions like this are evidences of the intention of physicians to maintain a high standard of professional ethics.

Rochester has long been noted for its efficient public health work. The city papers make frequent mention of the Child Welfare consultations which are being conducted in Monroe County under the auspices of the Tuberculosis and Public Health Association of Rochester and Monroe County and the State Department of Health. While the consultations reach a considerable number of children directly a greater effect is that the parents are urged to take their children to their family physicians, both for treatment of

the defects and for regular examinations in order to detect future defects. The consultations, or clinics, are feeders of cases to private physicians.

The radio health talks which are broadcasted every Friday evening by the State Department of Health from Schenectady are among the first of their kind to be instituted. The *Times* of Washington, D. C., contains an interview with Dr. John M. Dodson, Secretary of the Bureau of American Medical Association, in which the doctor comments on the program of the meeting of the Council on Medical Education and Hospitals to be held on March 5-7 in Chicago. The program will give a prominent place to a discussion of radio health talks. Dr. Dodson says they have a great use in educating the public, and in warning and guarding it in relation to health and hygiene.

The subject of iodine in the city water continues to call forth fantastic comments from the Rochester papers which quote a chemist as saying that insanity, except its hereditary form, is caused through underdeveloped thyroid glands, and the iodine will remedy that. The speaker was alleged to have said that increased mental capacity will enable the pupils to advance two or three times as rapidly as at present. This item is an example of how *not* to give publicity to medical subjects. The author evidently intended the speech to be humorous, but the reporters reported it as serious.

A survey of the hospital facilities of Nassau County, which has just been made by the County Medical Society, is receiving comments in the local newspapers. The *Lynbrook Press* has an effective editorial comment on the report, and says "Nassau County is the wealthiest county of its kind in the State. Public health is purchasable. Will Nassau County pay the price? Nassau County should be able to care for 748 sick persons at a time, aside from those suffering from tuberculosis. At the present time it can care for only 120. What is happening to the other 628?"

"An Indian chief who roamed this section in 1624 had no chance to get his sick wife into a hospital in Nassau County. The chief citizen in Nassau County in 1924 has less than one chance in six.

"We bury our dead wage earners in Nassau County and then care for their dependent families. Why not cure our sick wage earners and let them care for their own families?"



We are glad to print the quotation as an example of a proper and effective medical publicity

The question of health teaching and nursing service in parochial schools is answered in the *Albany Journal* by a description of the health work in the Albany parochial schools. The health work done in those schools consists in classroom instruction, morning inspection as to the performance of health chores, the designing of health posters, and the management of school clinics for children with defects

The *Cortland Standard* has a three-column report of the Annual Meeting of the Cortland County Tuberculosis Committee. The receipts from the sale of Christmas Seal Stamps were about \$2,000, most of which was used in maintaining a children's summer camp. The Committee also had a booth at the County Fair at which a Health Gypsy told health fortunes to the children

The County Tuberculosis Nurse reported on her activities at the fifteen clinics and the supervision of tuberculosis cases in their homes. Assistance given to rural schools, to attendance at children's consultations, clinics conducted by the State Department of Health, to the organization of a mothers' club in Homer, and to providing for health talks and exhibits. The report gives one a favorable impression of the work of the County Committee

The Middletown papers tell of the retirement of Dr. J. L. Hanmer as health officer and his appointment as a member of the Board of Health. Dr. Hanmer has been a picturesque health officer. Tall and angular, with a flowing white beard, he was a conspicuous figure. He also was different from most of his fellow-citizens in his speech. Outspoken and honest, he yielded to no one, and differed with many, but the peculiar thing was that time usually justified his attitude. For example, Dr. Hanmer opposed the pasteurization of milk when most authorities were in favor of it. An ordinance was passed that all milk sold in Middletown should be pasteurized, but after an experience of a year or two, the ordinance was rescinded because the pasteurizing plants were not properly conducted. Dr. Hanmer felt that small pasteurizing plants, run by amateurs, did more harm than good, and the outcome justified his attitude

Measles seems to be prevalent in several sections of New York State. The *Patchogue* papers carry a warning from the school authorities calling attention to the laxity of parents in controlling their children who are excluded from school, and even taking them to the movies and Sunday School

The people in Oswego County show the usual ignorance about the beginning signs of measles, for Dr. C. R. Hervey, District State Health Officer, has an article in the *Oswego papers* on the early signs of measles. He said that a family of five children visited another family in which the children were not sick in bed, but had the beginning signs of red eyes, running noses, and coughs. In due time all five of the visiting children and their mother came down with measles. This is commonplace to doctors, but it is news to most laymen that measles exists, and can be given, four or five days before the skin eruption appears

It would seem that doctors have had years of time to educate the public regarding the early signs of measles, and that the parents who have had the disease and have heard about it since their childhood ought to know how it begins

The *New York Times* of February 3rd contains a warning against a disease called tularemia, which is spread by infected rabbits. The germs of the diseases are found in the livers of the animals on sale in the markets, and sometimes infect the hands of butchers who dress the animals. The disease is prevalent among Western rabbits

The Rochester papers print accounts of deafness caused by foreign bodies in the ears of school children. These reports were inspired by the managers of a Deafness Prevention Clinic that was organized in one of the public schools. They mention one case of deafness that had been treated by a licensed physician for some months with internal medicine, without result, and the clinic restored the hearing by removing impacted wax. In these days when the sins of omission of physicians are magnified, it would have been better to have omitted mention of the physician, but the account is consistent, for it berates a chiropractor as follows: "A year ago we saw a girl with wax impacted in both ears. She was very hard of hearing and very much back in her school work. Her parents refused to allow us to remove the debris from her ears, but instead, took her to a chiropractor, who insists that he can cure this girl's deafness by punching her spine. She is still deaf."

The Ogdensburg papers report a health survey that has been made of the city by a representative of the State Department of Health. The report contains recommendations for improving the public health service of the city. The report carries a strong recommendation to establish a nursing service that shall include prenatal maternity, and infant welfare work in order to reduce the death rate among the new-born children





# BOOK REVIEWS



**TONSILLECTOMY, BY MEANS OF THE ALVEOLAR EMINENCE OF THE MANDIBLE AND A GUILLOTINE.** With a Review of the Collateral Issues, by GREENFIELD SLUDER MD., Clinical Professor Director Department of Rhinology, Laryngology and Otology, Washington University School of Medicine. 90 illustrations C. V. Mosby Co., St. Louis, 1923 Price \$5.00

In this volume the author has not written a book on Tonsillectomy, as the title on the outside would imply but one according to the full title found on the fly leaf on "Tonsillectomy by Means of the Alveolar Eminence of the Mandible and a Guillotine." In the chapter, "Tonsillectomy Technique," which is only a small but the most important, part of the volume, he makes it clear that the "Sluder Technique" is not the removal of the tonsil by means only of a guillotine an impression that has been the cause of failure and condemnation of the method on the part of some operators but is the removal of the tonsil by means of the alveolar eminence of the mandible and a guillotine. The Sluder guillotine is minutely described and measurements given. There are illustrations of this instrument and various modifications but there are also illustrations of the alveolar eminence as found at various ages and thus no less important factor in the performance of the operation is as minutely described as the guillotine. The plates are almost all original but the ones in this chapter are drawn from life, and are unusually good. These with the text make each step of the operation perfectly clear and easy to follow. The anatomy and blood supply are given, but not exhaustively. The indications and contra indications, results, and anesthetic are discussed.

The chapter, Physiology and General Pathology of the Tonsil is written by Arthur W. Procter, M.D. and is a valuable addition to the work. The illustrations of this part of the work are good and are a great aid in making the text clear.

J. D. Kelly Jr., M.D. wrote the last chapter "Adequacy of Direct Vision," and in it he describes the direct vision adecotome and its methods of use.

The bibliography seems to be complete and will be a help to those who want to know more of the subject. The type, binding and appearance of the book leave nothing to be desired. It is a work that can be highly recommended and should certainly be read by everyone who is doing tonsillectomy.

JOHN W. DURKIN.

**A TEXT BOOK OF PHYSICS AND CHEMISTRY FOR NURSES** By A. R. Bliss Jr., Ph.G., Ph.Ch. A.M. Plum D., M.D., Lecturer Chemistry and Materia Medica, Grady Training School for Nurses Atlanta. A. A. Olive, A.B., A.M., Ph.Ch. Ph.M.D., Lecturer on Chemistry, Hillman Hospital Training School for Nurses Birmingham. 70 illustrations, Third Edition thoroughly revised and rewritten. J. B. Lippincott Co., Phila. and London 1923

This is one of the series of Lippincott's Nursing Manuals and according to the statement of the authors is intended to cover a course of twenty lessons in chemistry and five lessons in physics.

About 60 pages are devoted to physics both didactic and laboratory experiments, and one hundred and twenty pages are devoted to chemistry. The appendix contains brief directions for Urinalysis and the Removal of Stains Weights and Measures, Glossary, etc.

The book is planned after the Standard Curriculum

for Schools of Nursing, prepared by the National League of Nursing Education.

The authors seem to have done their part well in preparing the text and in the selection of the experiments.

E. H. BARTLEY

**NURSING AND NURSING EDUCATION IN THE UNITED STATES** Report of the Committee for the Study of Nursing Education. Dr. C. E. A. WINSLOW Chairman. The Macmillan Company New York, 1923

Physicians connected with nurses' training schools will profit by a perusal of the 585 pages containing a report in detail of a survey of 23 schools of all types, made by the Rockefeller Foundation and conducted under the Supervision of Representative Medical and Nursing Educators.

The function of the nurse as a professional person is considered in the first part with relation to the three major fields of public health, private duty and institutional work. The second part is devoted to a consideration of the training she receives and a description of that which it is said she should receive.

The committee arrives at very definite conclusions of which those for a nursing service subsidiary to that of the trained nurse, the relief of the nurse in training from the traditional non-nursing labor, the provision of university training schools, the setting up of the educational work as a hospital entity separate from the administration hospital problem of providing nursing care (by utilizing pupils), will be of particular interest to physicians.

To some (both nurses and physicians) an entirely new point of view is presented as expressed in the final conclusions of Miss Josephine Goldmark, Secretary of the Committee, when she says, "From our field study of the nurse in public health nursing in private duty, and as instructor and supervisor in hospitals it is clear that there is need of a basic undergraduate training for all nurses alike which should lead to a nursing diploma. Postgraduate training in any one of the three nursing specialties should be given after completion of the basic undergraduate course and should lead to a further diploma or degree. It is moreover, clear that training is needed also for a subsidiary nursing group who shall be equipped to care for cases of non-acute illness and disability for chronic and convalescent cases in which the services of a graduate nurse are not necessary."

A. N. T.

**AIDS TO GYNECOLOGY** By RICHARD E. TOTTENHAM B.A., M.D., B.Ch., D.P.H. (University of Dublin) F.R.C.P. Sixth Edition. William Wood & Company, New York, 1923

This small book affords a ready means of obtaining a quick review on most of the Gynecological problems. It is not in any sense a text book, as detail is entirely lacking every phase of the subject being generalized.

The reviewer feels that even in such a small book that more attention should have been paid to the use of Radium and X ray as it is in the student days that the impression must be made, that there are other ways than surgery of definitely curing some of these Gynecological conditions.

**EXCURSIONS INTO SURGICAL SUBJECTS** By JOHN B. DEANER, M.D., Sc.D., LL.D., F.A.C.S., and STANLEY P. REIMANN, M.D. Octavo volume of 188 pages with 30 illustrations. Phila. and London, W. B. Saunders Co., 1923. Cloth, \$4.50.

This collection of essays includes five addresses made





# PRUNES



## Contributions Solicited

### Details of the Death of Mr Jones

Alas, poor Jones has pushed the clouds,  
And loosed this mortal coil,  
Despite the doctors' aid,  
He's underneath the soil

First Dr *Payne* was called upon  
The case to diagnose.  
He called in council Dr *Tombs*  
Who gave a powerful dose

The family, though quite satisfied  
That all was being done  
Asked Dr *Killum* to consult  
"Two heads" they said, "beat one"

Poor Jones continued to decline  
They dosed him long and often  
"A fighting chance he has," said they  
And sent for Dr *Coffin*

Now Dr *Coffin* was expert  
In things from A to Izzard  
He found the seat of Jones' disease  
Was centered in the gizzard

He said an infiltrated mass  
Was pressing Jones for breath,  
And he would like opinions from  
His old friend Dr *Death* (Todt, German for death)

When Dr *Death* had seen the case  
He talked of operation,  
And mentioned Dr *Carver's* name  
In terms of approbation

Then Dr *Carver* took the case  
And sent for his assistant,  
A Dr *Blood*, whose name and fame  
Were equal and consistent

They carefully dissected Jones  
And broke up all adhesions  
I think they took the gizzard out,  
And sewed up all his lesions

They said that if he rallied  
From the necessary shock  
His future health would surely be  
As solid as a rock.

They saw no reason why a man  
As strong as Jones had been  
Could not do about as well  
With gizzard out as in

Of course just now the shock was bad,  
But in their estimation  
He would pull through in course of time,  
If spared an inflammation

But poor Jones did not rally much  
Though both resigned and brave.  
A prayer they had before he died  
From Rev Dr *Grave*

Alas! Poor Jones, cut off too soon,  
When life was at its flood  
The undertaker's name I think  
Was Mr James K. *Mudd*

Of course it only happened that  
These men were all so named  
But people joked about it some,  
And said, "Well, I'll be blamed!"

And 'lowed Jones surely had poor luck,  
When all was said and done,  
And thought he could have swifter gone  
By getting Dr *Gutin*

One knew a Dr *Hammer*  
That they said was pretty sure,  
And Dr *Skinner*, too, was known  
To either kill or cure.

Another Doctor, too, they knew  
*Box* was his name they said  
I don't suppose Jones thought of these  
Till after he was dead

And so the folks went a ramblin' on  
One'd heard of Dr *Bones*,  
But I got tired and came away—  
I always liked poor Jones

A colored gentleman named Joshua Johnson was arrested for making whiskey. When his case was called, the judge jolingly asked him if he was any relation to the Joshua that made the sun stand still.

"No, sah," replied Joshua, "I'se no 'lation to dat guy, but I'se the real and 'riginal Joshua that made de moonshine."

### Financially Speaking

"What makes you think that the man we just met was a banker?"

"Why, I heard him say that children are the coupons cut from the bonds of matrimony."

—*Wall Street Journal*

### Ready to Help

Mrs Neurotique—"Doctor, don't you think I have traumatic neurosis?"

Doctor—"Not yet, but I'll write you out a list of the symptoms and you can go home and start working on them"—*Life*

### Getting at the Cause

"My dear fellow," said the doctor, gravely, "your rheumatism, as you call it, but which is really osteoarthritis, is caused by defective teeth, science has proved that fact. Now, let me see your teeth."

"All right, doc," murmured his patient, wearily, "hold out your hand"—*Dry Goods Economist*

"Is Doc Bartlett a well-informed man?"

"Is he! Say, you just ort hear doc give the Gov'tment hell"



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## FURTHER OBSERVATIONS ON 'NEW METHODS OF PREVENTING POST-OPERATIVE INTRA-OCULAR INFECTIONS'\*

Report of 1,250 Successful Cases

GEORGE HUSTON BELL, M.D., F.A.C.S

NEW YORK CITY

IN presenting to the medical profession my second paper on the prevention of "Post-Operative Intra Ocular Infections," it is a matter of profound gratification to be able to state that in the 1,250 cases herewith presented there has not been a single primary infection or a case of panophthalmitis. This, I think, is a great tribute to the method employed.

In my first paper before the American Medical Association in 1921, my technique was outlined and has not since been changed. The time has come when we can now approach the operating table with a feeling and a confidence, such as we have not had in the past, and I feel that a great load has been lifted from the shoulders of most Ophthalmic Surgeons.

How often have you witnessed an infection following intra-ocular operations? Unfortunately, this calamity has overtaken us all. How often have you been told by the bacteriologist that the smear from the conjunctival sac was dirty and how often have you waited for days for the smear to become negative before operating? You then operate and dress the eye with fear and trembling, forty-eight hours afterward. Again, we have been told by the bacteriologist that the smear was negative, we operate and in forty-eight hours, we dress the eye and find an infection—this, I believe, has happened to us all.

In no case of our 1,250 did we wait for a single day before operating to clean up whatever was found in the smear from the conjunctival cul-de-sac.

Much valuable time is lost by trying to clean up the conjunctiva when there is a questionable smear. The time that is lost is due to inadequacy of hospital facilities and also to patients. According to my method we do away with all this "lost motion." If a patient's eye looks clinically

clean we go ahead and operate regardless of the findings in the smear. The so-called "Senile cataracts" are not looked upon as clinically unclean by us. But we do exert pressure over the lacrimal sac in such a way as to cause the smallest quantity of fluid present in the sac, to flow back through the canaliculi. Cases of mild infection limited to the sac will thus be detected and must be cleared up before we regard the eye as clinically clean. In other words, we pay no attention to the findings of the bacteriologist.

I have such strong faith in my method of treatment that I am anxious for all ophthalmic surgeons to give it a trial, unless they have some better plan of procedure.

### TECHNIQUE

First step. The focal infections, such as oral sepsis, diseased tonsils, and toxemias of the intestinal tract, must be removed. I hold that it is just as necessary for the ophthalmic surgeon to get his house in order before subjecting his patient to a major operation upon the eye, as it is for the general surgeon to clean house. Every patient of mine, whether clinical or private, must stand the acid test for the "Three T's" (teeth, tonsils and toxemia), before we even consider the operation. This routine is carried on in my clinics at the New York Eye and Ear Infirmary, and the New York Polyclinic Hospital, and also in my private practice. I said in Atlantic City at the A.M.A. session in 1919, that "a dirty mouth was one of the greatest menaces to the human race." I wish now to reaffirm and confirm that statement. We must make no mistake about oral sepsis, as it is the arch enemy of the ophthalmic surgeon. The germs themselves and toxins or their poisonous products must be eliminated from the system as far as lies in our power, if we are to better our cataract results. In this way we can hope to reduce the amount of secondary

\*Read at the Annual Meeting of the Medical Society of the State of New York, at New York City May 23, 1923.



post-operative infections. If we clean the blood by getting rid of toxemia, then we will raise the resistance of our patients, so that we may be able to approach the operation with a confidence and courage such as we have not had in the past. We must bear in mind that the longer toxemia exists the less nerve energy and resistance there is.

All of this work on focal infections must be done from two to three months before the patient is admitted to the hospital. I lay great stress on this work, as we must study the general state of patients more than we have done in the past. A Wassermann test is made in zonular and complicated cataracts, also in hard cataracts, when necessary.

The urine is examined several times previous

to the operation, and the height of Blood Pressure must be known.

Second step. The patient is then admitted to the hospital. Twenty-four hours before the operation, a dose of castor oil is given, as nothing sweeps and cleans the intestinal tract like castor oil. Castor oil has been the standby of physicians since time immemorial. I know of no substitute for it.

Third step. Two hours before the operation, a smear of the conjunctival sac is taken, after which two drops of a one per cent solution (five grains to an ounce of distilled water) of silver nitrate are instilled into each eye.

The silver produces an irritation, but not an inflammation, so that when the patient comes to the operating table the eyes look red and in-

### Operations Performed in 1250 Cases of Intra-Ocular Disease

CASE	DIAGNOSIS	SMEAR	OPERATION
10	Chronic Glaucoma	Pus, Mucus, large diplococci . .	Lagrange
145	Immature and mature senile cataracts	Negative	Prelim Iridectomy
50	Mature senile cataracts	Epithelium, K.L.B	Prelim Iridectomy
50	Mature senile cataracts	Leucocytes, large and small diplococci	Prelim Iridectomy
75	Mature senile cataracts	Pus, leucocytes and mucus	Prelim Iridectomy
65	Glaucoma	Negative	Iridectomy
25	Acute Glaucoma .	Pus, pneumococci, mucous	Iridectomy
25	Old Iritis	Mucus, leucocytes, no bacteria	Iridectomy
20	Occluded pupil	Negative	Iridectomy
20	Anterior synechiae	Negative	Iridectomy
30	Chronic Glaucoma	Negative	Lagrange
10	High myopia .	Negative	Linear extraction
10	High myopia	Negative	Discission
20	Chronic Glaucoma	Pus cells, mucus	Trephine
15	Capsular cataracts	Occasional diplococci	De Wecker's
15	Secondary cataracts	Pus cells, mucus, bacteria	De Wecker's
10	Postpolar cataracts	Mixed germs, diplococci	Discission
20	Zonular cataracts	Negative	Discission
10	Zonular cataracts	Pus cells mucus, bacteria	Discission
30	Secondary cataracts	Negative	Discission
30	Secondary cataracts	Mucus, leucocytes	Discission
5	Buphthalmia	Leucocytes, large diplococci	Iridectomy
20	Traumatic cataracts	Negative	Linear extraction
10	Traumatic cataracts	Leucocytes, cocci	Linear extraction
20	Traumatic cataracts	Small, large diplococci	Linear extraction
10	Zonular cataracts	Negative	Linear extraction
20	Congenital cataracts	Negative	Linear extraction
5	Morgagnian cataracts	Mucus, pus, diplococci	Extraction
120	Mature senile cataracts	Negative	Extraction
25	Mature senile cataracts	Pus, cells, no bacteria	Extraction
25	Mature senile cataracts	Leucocytes, occasional coccus	Extraction
10	Mature senile cataracts	Mucus bacteria, leucocytes	Extraction
30	Mature senile cataracts	Epithelium, pseudo—"K.L.B."	Extraction
20	Mature senile cataracts	Much mucus, no bacteria	Extraction
20	Mature senile cataracts	Mucus, diplococci, pus cells	Extraction
40	Mature senile cataracts	Leucocytes, no bacteria	Extraction
40	Mature senile cataracts	Mucus, staphylococci	Extraction
10	Mature senile cataracts	Pus, pneumococci, mucus	Extraction
5	Mature senile cataracts	Mucus, leucocytes, no bacteria	Extraction
10	Mature senile cataracts	Mucus, few cocci, no pus	Extraction
20	Mature senile cataracts	Leucocytes, large and small diplococci	Extraction
20	Mature senile cataracts	Pus, mucus, leucocytes	Extraction
20	Mature senile cataracts	Mucus, large and small diplococci	Extraction
20	Dislocated lens	Mucus leucocytes, bacteria	Extraction
30	Complicated cataracts	Pus cells, mucus, bacteria	Extraction
4	Cyst of Iris	Negative	Iridectomy
6	Detachment of retina	Negative	Trephine



filmed, with a certain amount of mucus at the inner corners. The eyes are then washed out with a normal salt solution, as a means of freeing the operating field of mucus, dust, etc. After the patient is well under the local anesthetic, the operation is performed. We always try to get a conjunctival flap. Our usual technique is then employed. Afterward we use 2 drops of 3 per cent solution of atropin, and a 25 per cent solution of argyrol, after which both eyes are bandaged for forty eight hours. Then every two days, the eye is dressed and argyrol and atropin instilled.

#### SUMMARY

If we are to improve our cataract results and have fewer post operative infections, we must start at the bottom and not at the top. It is just as necessary for the Ophthalmic Surgeon to clean house, as it is for the general surgeon.

1 The arch enemy of the Ophthalmic Surgeon is oral sepsis. Patients must stand the acid test for focal infections, the "Three T's" (teeth, tonsils and toxemia), before we will consider the operation. This applies to all patients except emergency cases. Wells, before the New England Dental Society called attention, in no uncertain way, to the importance of going after oral and focal infections before attempting operations where the eye-ball is opened.

2 I wish to express strong faith in silver nitrate as a germicide and irritant. In all of these 1,250 cases, one per cent silver nitrate was instilled into the eye two hours before the operation, and 25 per cent solution of argyrol was used at the time of operation.

3 If a patient's eye looks clinically clean we operate. The so-called "Senile cataracts" are not looked upon as clinically unclean by us. We pay no attention to the findings of the bacteriologist. In fact, in private patients, I no longer take smears.

4 Analyzing our 1,250 cases, we have three secondary infections, coming on nine days after the operation. One of these patients recovered and will have some vision, the other two developed chronic iridocyclitis. These patients had negative smears. We were able to trace these infections to faulty technique in reference to oral sepsis.

5 Case one and two occurred in the same patient. His smear showed pus and diplococci, mucus, also he had chronic dacryocystitis. The patient had chronic glaucoma with very little vision. I performed a Lagrange operation without bringing the tension down, in two weeks, another Lagrange operation was performed. No infection followed either of these operations. Doctor Stout was house surgeon at that time and assisted.

6 Vitreous humor was lost in four cataract cases. In case 55 a bead of vitreous humor

appeared. The smear contained pus and a number of diplococci. No infection resulted. Case 167 was a bad case of ozena, a smear showed pus cells and staphylococci. There was no infection. An iridectomy was performed in Case 280, after which a secondary membrane was removed. Some vitreous was lost. A smear showed considerable mucus and a few leucocytes and an occasional diplococci. There was no infection. In Case 391, an iridectomy and capsulectomy were performed. Vitreous was lost, the smear showed pus, diplococci and mucus and no infection resulted. Case 518 presented a dislocated lens. Iridectomy and extraction of the lens were performed, considerable vitreous was lost in this case, the smear showed a few leucocytes and some bacteria—no infection resulted. In case 799, there was ozena. A smear showed leucocytes and large diplococci. No infection resulted. In case 897, the patient squeezed and lost considerable vitreous. The smear showed epithelium and pseudo K. L. B. No infection resulted.

7 Case No 1150 Mr H., age 68, with mature senile cataract was referred to me by Doctor Emil Mayer. This patient had been troubled for years with an obstruction of the nasal duct. Probes had been passed into the duct from time to time. The canaliculi were still open, but no pus could be squeezed out of the sac. He had angina pectoris and would not submit to extirpation of sac. Doctor Mayer and I decided to undertake the extraction of the cataract with an extra dose of silver. One per cent nitrate solution was used in his eye at 9 A. M. and again at 12 o'clock. At 2 P. M. the operation was performed, the patient sitting up in a chair on account of his heart. His eye was dressed every 24 hours on account of his lacrimal trouble. He got a beautiful eye with 20/30 vision. The smear in his case before the silver was instilled, showed pus cells, diplococci and mucus—but for its "watery" condition the eye looked clinically clean. Doctor David Robb was House Surgeon on my division at "The Infirmary" and assisted me in this operation.

Case 1,200 was a similar case in a woman, age 60, with lacrimal trouble of long duration. Her smear was negative and her eye looked clinically clean. I operated upon her as I did on Mr H., using silver nitrate one per cent at 9 A. M. and again at 12 o'clock, and extracting the cataract at 2 P. M. Her eye was also dressed every day. Doctor H. V. Halbert was House Surgeon at the time, and assisted me. I mention case 1, 2, 1150 and 1200 especially to show to you and to prove to you the great power silver nitrate has as a practical specific against infection. Of course, I am not advocating operating upon every cataract case that comes along which has serious trouble with the lacrimal apparatus without first performing an excision of the sac. But I do think,



if the eye looks clinically clean and no fluid or secretion can be squeezed out of the sac, and one per cent silver nitrate is used twice in the eye, and at four hour intervals, it is perfectly safe to operate. Investigations made by Elsching and by other workers have proved that in the majority of cases the conjunctival sac contains the pathogenic organisms.

8 In soft or lamella cataracts, I perform a peripheral linear incision with a flap just back of the limbus. Also in all dissections, I enter the anterior chamber through the conjunctiva and sclera, just back of the limbus. The same rule applies to hard cataracts. I make the section in the sclera just behind the limbus, always having in mind a conjunctival flap. I consider it OB-SOLETE to go through the cornea in performing dissections, soft or hard cataracts. Why attack the eye at its weakest point? The chances for infection are greatly increased by using the corneal route.

9 In our list of 1,250 cases we operated upon 415 mature senile cataracts, 80 soft cataracts, and 30 complicated cataracts—making all told, 525 cataracts removed, with two eyes lost from secondary infections coming on nine days after the operation. Not a single case of primary infection or panophthalmitis resulted. We performed 125 dissections on soft and secondary cataracts, 480 iridectomies, 40 Lagrange, and 26 Trephine operations, 30 De Wecker, and 24 miscellaneous operations without a single primary or secondary infection.

It is interesting to note the ages of our patients ranged from two months to ninety years. Eight of our patients with cataract had three per cent sugar in the urine. Sugar is no barrier to the operation unless it exceeds four per cent.

Duane (in seventh edition of Fuchs, page 846) in speaking of my method of preventing infections calls it "Artificial Pre-Operative Leucocytosis," and he further adds "the good results obtained by this practice in eye operations seems well sustained by statistics and the translator believes that it is based on sound theory."

#### ACTION OF SILVER NITRATE

I know that silver nitrate furnishes a marked degree of stimulation to the conjunctiva and in that way leucocytosis is produced. The silver promotes phagocytosis and the formation of antibodies, and in this way puts the tissues into a stronger state of defense against the invasion of micro-organisms. Even were an inflammation produced by the silver, it would only diminish the probability of infection, not increase it, because the leucocytes and their leukins are valuable means in combating bacteria. And what makes the phagocytes so active? It is the pre-operative removal of foci of infection—going after the "Three T's."

The thought has occurred, however, that this preventive effect of the silver salt may be at least in part due to the germicidal action of the silver, and in order to shed more light on the subject a series of 50 cases have been investigated by Doctor S. P. Oast and Mr. E. B. Burchell in the laboratory of the New York Eye and Ear Infirmary.

The following technique was employed on the patients admitted to "The Infirmary." A culture was taken from the conjunctiva. Then according to the Author's technique, several drops of freshly prepared silver nitrate in one per cent solution were instilled into the lower conjunctival cul-de-sac, and the eye left unprotected by a dressing of any sort. After a lapse of two hours, just before the operation, a culture was again taken in the same manner. The material was collected by means of a small platinum loop from the lower conjunctival cul-de-sac, care being taken to avoid contamination with the lids and cilia. This was transferred after the usual manner to agar starch which incubated at 37 C for twenty-four hours and then examined.

#### BACTERIOLOGICAL STUDIES

NO CASES EXAMINED	BEFORE	AFTER
3 Diplococci		No growth
3 Diplococci and Xerosis		No growth
4 Xerosis		No growth
5 Staphylococcus		No growth
1 <i>Subtilis bacillus</i>		Staphylococci
1 Xerosis and Diplococci		Xerosis and Diplo cocci
4 Staphylococcus		Staphylococcus
1 Xerosis and Staphylococcus		No growth
1 Xerosis		Xerosis
1 Streptococcus and Staphylococcus		No growth
1 Xerosis and Staphylococcus		Xerosis
23 No growth		Staphylococcus

We concede the generally accepted fact, that from a practical standpoint, it is impossible to sterilize the conjunctival cul-de-sac, and were this possible of accomplishment, even momentarily, by any anti-bactericidal agent, or method, at our command, as soon as the same had become neutralized or its action spent, infection would immediately recur from the lid margins and meibomian ducts which are constantly contaminating the conjunctiva with their germ-laden secretions. It will be noticed therefore, from the above study that there is but one case which shows, after the use of silver, the presence of any organism (*Diplococcus*), not a normal inhabitant of the Conjunctiva, or whose presence could not be accounted for by contamination in the above mentioned way. Close analysis of the above results will also show that in some of the cases different organisms were found before and after the use of silver, a circumstance which likewise adds



weight to the view of constant contamination in the above mentioned way

The older Ophthalmic Surgeons and writers were extremely averse to the use of any actively germicidal agents in the conjunctival cul de sac just prior to the intra-ocular operations, because of the usually attendant irritating qualities of such materials. They feared the catarrh produced by this irritation with its supposed concomitant increase in the number of bacteria, thereby favoring rather than diminishing the chances of infection. In the light of these present studies, not to mention the corroboration of our clinical experience, there seems little ground for such assumption as regards at least one agent which is capable of very appreciable germ destroying power *in vivo*.

In the present series in cultures taken two hours after the use of silver, in every case, a point was made of obtaining some of the stringy purulent like masses such as are familiar to all who have observed the effect of silver solution in the eye, and it was extremely interesting to observe that the cultures obtained in this way invariably yielded no growth, or a considerably diminished number of colonies. In addition to the silver being a powerful bactericide, I am strongly of the opinion that it increases the phagocytic power of body cells in and around the eye, producing a leucocytosis and leaving the eye protected during the healing process.

#### PREPARATION OF "THE SILVER."

The one per cent of Silver Nitrate (5 grains to one ounce distilled water) should be made up fresh at least every three months, and must be kept in a dark glass stoppered bottle. The rays of light cause the silver solution to become inert, and for that reason it should also be kept in a dark room.

Professor P. Knapp in an Article (Schweizerische, Medizinische, Wochenschrift, April, 1923, Basel) on Modern Cataract operation, makes several observations concerning the use of Agno,

First he refers to the instillation of one per cent to two per cent silver nitrate immediately before the operation. The point of using the "silver" two hours before the operation, which is most important, he has overlooked. The two hour interval gives the silver time to destroy bacteria and produce a leukocytosis.

His second objection was that the silver increases secretion with many bacteria. Our research work at the New York Eye and Ear Infirmary shows that the silver does increase the secretion, but cultures of the stringy, purulent-like masses showed that they invariably yielded no growth or a considerably diminished number of colonies. In other words, two hours after the instillation of the 1 per cent silver nitrate in the eye cultures from the secretion of cul-de sac

showed the absence of the bacteria in 82 per cent of the cases, whereas before the silver was instilled, the cultures were positive in 60 per cent of the cases.

I feel that Professor Knapp is making the wrong application of a good principle. If he will use my technique with an open mind, I feel that he will be pleased with the results. Certainly my clinical results are overwhelming.

The following well-known ophthalmic surgeons in Greater New York are using "my method" in their intra-ocular operations: W. E. Lambert, J. H. Ohly, P. C. Jameson, C. E. McDonald, J. M. Wheeler, F. W. Shine, L. W. Criger, A. Wiener, I. Harishorn, B. W. Key, C. Berens, Jr., B. Samuels, E. V. Darling, T. A. Northcott, and J. H. Dunnington, I. Goldstein and K. Schilvek.

I want to express my thanks to the following members and ex members of the House Staff for their co operation and assistance: Anthony, Peters, Stout, Blades, Richardson, Neff, Hicks, Shannon, Robb, Hogan, Hunsdale, Pierkey, Veasey, McGarvey, Oast, Frost, Lewis and Halpert. Also I want to express my thanks and great appreciation for Doctor S. P. Oast and Mr. L. B. Burchell for this excellent research work.

In addition to the 1,250 cases—the subject of this paper, R. C. Hellebower of Cincinnati reports 300 intra-ocular operations performed according to "my method" without a single primary or secondary infection. Hellebower feels such a sense of security with "the silver nitrate," that he now no longer takes smears or cultures—reliance being placed in the efficacy of the preparatory treatment, and he adds, "the results have been most happy."

#### PRELIMINARY IRIDECTOMY OF PRIME IMPORTANCE.

1st—It is much safer for the patient's eye and better for the surgeon in the long run.

2nd—It protects the eye and leaves it stronger for the years to come.

3rd—If it is the "safe procedure" when a patient has one eye—why is it not a good thing when he has two?

4th—Doing preliminary iridectomies in my clinic and in my private practice have become a "hard and fast rule" with me. This rule applies to all (hard, soft and juvenile) cataracts. It enables me with safety to the eye to do all my operations just back of the limbus. I feel that it is a great mistake to use the corneal route in doing intra-ocular operations.

5th—Some operators and a few patients raise the objection to the iridectomy on account of the necessity of making two trips to the hospital and because the danger of infection is doubled by a two-step operation. W. F. Hardy says, and he is quite correct, that the operator raises these



objections in his own mind much oftener than does the patient, and he adds "if an Ophthalmologist is thoroughly convinced that a certain line of action is the correct one, he will have little trouble in putting that conviction over to the patient and gaining his consent" As far as the extra chance for infection is concerned, I feel that I have been able to eliminate that argument

6th—I agree with Darrier and Hardy, who are strong advocates of preliminary iridectomy

7th—If you want every cataract operation to be successful, then I advise "my technique" and a preliminary iridectomy I hold and believe that it is the only way to get a good surgical result in every case These are the conclusions that I have reached after doing cataract work for over 20 years

### DISCUSSION

J H OHLY, BROOKLYN The instillation of silver nitrate before operation for the prevention of wound infection so successfully employed by Dr Bell I have been using some 2½ years During this time I used this method in 275 cases of intra-ocular operations, in which are included 105 cataract extractions

These cases were taken from my clinics and private practice and were operated upon at the Brooklyn Eye & Ear Hospital

My results were most satisfactory, no wound infection occurring in any of these cases

The method as advocated by Dr Bell was strictly adhered to, namely, two hours before operation a few drops of a 1 per cent silver nitrate solution was instilled into the conjunctival sac, and at the end of the operation a 25 per cent solution of argyrol was used

The night before operation a cathartic was given, usually a dose of castor oil

Conjunctival smears were taken in a few of the earlier cases, especially in those cases which gave clinical evidence of conjunctival involvement The majority of these smears were negative, some showing unclassified bacteria, staphylococci, diplococci and pus In the last two hundred cases no smears were taken

In those cases of cataract complicated with a chronic dacryocystitis I understand Dr Bell does not hesitate to operate after irrigating the lachrymal sac

Three such cases are included in my list of cataracts I feel it safer to first extrapate the sac before performing the cataract extraction, which was done in these cases

In all cases the silver produces a slight conjunctival reaction and at the time of operation a

stringy mucus secretion is present in the conjunctival sac This was thoroughly removed by irrigation Occasionally the reaction produced was quite intense, as shown by œdema of the lids and marked chemosis of the conjunctiva

I found these eyes remarkably free from secretion at the first dressing, and in some cataract cases the operated eye had less secretion than the non-operated eye, both eyes having been banded

Silver nitrate has long been recognized as a most valuable antiseptic Its use in ophthalmia neonatorum and in gonorrheal ophthalmia has not been replaced despite the many newer and less irritating silver preparations I believe its value is not primarily due to its germicidal action, despite the experiments conducted under Dr Bell's supervision, but rather as Hirschberg has long ago stated, to the formation of an insoluble silver albuminate with the superficial tissues, which, being thrown off, carries with it in its meshes the bacteria from the superficial layers of the conjunctiva Thus a mechanical cleaning is produced

The irritating qualities of this salt produces a local leukocytosis This leukocytosis is nature's most efficient way to combat bacteria

In one case of double-sided congenital cataract in a 2-year-old infant, a lens dissection was performed in each eye Silver was used and no complications arose Six weeks later a second dissection was done on the left eye The same operative technique was employed On the first dressing 24 hours later, both lids were red and swollen, the conjunctiva intensely chemotic and injected, the eye filled with muco purulent secretion, the corneal wound gray and infiltrated, the aqueous was cloudy, the iris discolored, and a 3 mm hypopyon was present A typical picture of a severe wound infection On investigating this case, I found that a new nurse in the ward had failed to instil the silver solution in this eye previous to operation No smear was taken from this case before operation I feel certain that had the silver nitrate been used at this second operation, as it had been used at the first operation, that this wound infection would not have occurred

Fortunately post-operative wound infection with rigid asepsis and modern technique is a rare occurrence Therefore, if this most simple method renders such infection less frequent or eliminates it entirely, then ophthalmic surgery has received a great gift

I am now using Dr Bell's method as a regular routine in all intra ocular operations, and my results since using it have all been good as stated before



## THERAPEUTIC USES OF ELECTRICITY, X-RAY, ULTRA-VIOLET RAY AND RADIUM METHODS AND RESULTS \*

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**I**N presenting this paper it will be my endeavor to show a few of the beneficial effects of electrical agencies and radium and to give the methods which I have found best in my own work.

The X-ray and radium in cancer are so familiar to you and this is so wide a field that it can only be alluded to in the briefest manner.

Skin cancers at practically any stage are curable by the X-ray or radium. One should not excise a section for microscopical examination. Such a biopsy is a direct invitation to metastases and general carcinomatosis. The radiation is limited to the lesion and a small surrounding area and is strong enough to produce a decided erythema followed by exfoliation. Often a dry scab comes away, leaving a healthy healed surface. The opinion of the Mayo and many other surgeons is that this treatment is preferable to surgery.

High frequency currents applied either as a high tension Oudin spark, say half an inch long, or as a low tension D'Arsonval current from a needle in direct contact, in a few seconds destroy growths which have such a mass of tissue that destruction would require an inordinate intensity or duration of radium or X-ray, if treated in that way. An example is a fleshy mole without any tendency to recur, and another is a nodular cancer of the face. For the latter radium would be applied in addition to the electrodesiccation or the electrocoagulation and the neighboring lymphatic glands would be X-rayed.

Return after surgical removal of cancer of the breast is best guarded against by X-ray applications to the breast and axillary glands a day or two before the operation and a series of X-ray exposures of the region of both breasts, axillae, supra clavicular regions and the pelvis within a few weeks after the operation. These prophylactic applications should be made every six months and occasional radiographs of the chest to promptly detect any secondary mediastinal tumor. If the latter occurs it calls for treatment by highly penetrating X-rays, say with  $11\frac{1}{2}$  inch gap.

Cancer of the uterus always gives the patient a better chance if X-ray applications are made to the whole pelvis, and radium applied to the uterine canal and to the cervix a few days prior to the operation. And after the latter frequent courses of X-ray and radium are desirable. As an example a 50-milligramme radium tube may be

placed in the uterine canal for 10 hours every other day for three times and if the cervix is affected one 10-hour application may be made to that. This might consist in a 50 milligramme tube in the cervical canal or needles containing that amount buried in the cancerous neck of the uterus.

Not malignant conditions often call for X-ray treatment.

Exophthalmic goitre should always have an X-ray examination of the teeth and any focus of infection there or elsewhere should be cured. A test of basal metabolism or a test by the administration of iodine or of thyroid extract will show whether the case is one of hyperthyroidism requiring doses of the X-ray or radium sufficient to convert part of the gland into fibrous tissue, or hypothyroidism requiring stimulating doses of the X-ray. It is in the latter cases that I have especially noted the benefit from X-raying the thymus gland. These stimulating applications have to be kept up for many months and an example of dosage with my own apparatus is  $11\frac{1}{2}$  inch gap, 2 ma, 0.7 m m zinc and 6 m m wood filter, 16 inch distance, 6 minutes to thyroid and 6 minutes to thymus, about once a week.

Most cases of both types are curable and I have a patient under treatment for a uterine trouble who had to be brought up from Wilmington, N. C., by her physician 18 years ago, with a pulse that was never below 120, such palpitation that it shook the whole bed, tremors so that she could not pour out a cup of tea, and great nervous prostration. She was entirely and permanently cured.

**Prostatic Hypertrophy.** This is one of the most important fields for X-ray therapy. Hard ribs are used and a dense filter. Applications are made to the prostate through the perineum with a  $2\frac{1}{2}$  by 3 inch diaphragm. Also through numerous other portions of skin at the outlet of the pelvis so as to secure a crossfire at the prostate without unduly exposing any particular area of skin. Supra pubic applications are also directed toward the prostate. The results are excellent in many cases. One patient, himself a physician, had been absolutely dependent upon the catheter for several years and has never had to use it since the course of treatment.

Stimulating doses of the X-ray applied to the pituitary gland are the basis of the X-ray treatment of deafness and act by secondary stimulation of the auditory nerve. High frequency currents are also applied to both auditory meat.

Some people have been enabled to throw away



their ear trumpets. Some others are sure to be disappointed, but I advise a trial in all cases, because I have seen marked benefit even in cases with complete loss of the drum membrane and great destruction of the ossicles.

The hearing has also been improved in the cases recently treated at my office for chronic suppurative otitis media. For these the X-ray doses have been greater and have reached cells which chemical applications could not reach and which very severe surgery would have difficulty in disinfecting. The pain and discharge have ceased and the hearing has been improved, perhaps partly because some of the X-ray has reached the pituitary gland.

Stimulation of the pituitary gland was the theory upon which benefit was obtained in a case of blindness from atrophy of the optic nerve. The case was referred to me by Dr. George Huston Bell, attending surgeon at the New York Eye & Ear Infirmary.

#### CASE OF BLINDNESS FROM OPTIC NERVE ATROPHY BENEFITED BY X-RAY THERAPY

The case was referred to me May 1st, 1922, by Dr. Geo. Huston Bell, who writes the following report under date of September 14th, 1922:

"Patient age 25, soldier who saw service in France, came to see me practically blind. He had to be led into my clinic. Diagnosis was made of Optic Atrophy. Both nerves very white and the blood vessels very much contracted. It was a typical case of Optic Atrophy.

"I looked him over for the 'Three T's' (teeth, tonsils and toxæmia). Had his teeth X-rayed. Had his tonsils removed and placed him on my 'reform diet.' Also had a blood and spinal Wassermann on him, both of which were negative. It was then that I decided on the X-ray to the temples and back of the head, which you very kindly gave him. I don't know how many treatments this man has had.

"The last time I saw him he was much improved. He could walk around through the rooms and could see large print in the newspapers.

"There is no doubt but that the patient has been improved by the X-ray treatment."

The possibility of benefit occurred to Dr. Bell from the cases of deafness which are benefited by X-ray application to the pituitary gland.

When I first saw him at my office he said that he could not perceive form at all, only light and shade, and he could not make out even the largest letters in the newspaper advertisements.

Treatment was with X-ray applied to areas  $1\frac{1}{2}$  inch in diameter with the X-ray always directed toward the pituitary gland. On the first day, one minute, from each side above and in front of the external auditory meatus, one minute each; at the next treatment two days later, from the root of the nose and from above the occiput, one

minute each, and three days later the tip of the nose and far above the occiput, one minute each. The distance from the anticathode to the skin was 16 inches; the rays were of great penetration, corresponding to  $11\frac{1}{2}$  inch gap, 2 milliamperes and a zinc filter 0.7 millimeter thick.

At first he reported no change in vision, but on May 9th, after a few treatments, he said things were looking brighter and that day he read the word *Coats* in an advertisement. On May 13th he could see pictures in the newspapers. At the next visit he read the word *California*, and on May 20th he went to the N. Y. Eye and Ear Infirmary without an attendant, though Dr. Bell says he would have assuredly been absolutely blind by that time without the treatment.

Improvement continued during a vacation without treatment and our hope is that it will prove to be permanent.

*Uterine Fibroids* usually disappear, hemorrhage ceases and amenorrhea is induced by X-ray applications. The lower half of the abdomen is divided into four areas and the sacrum into two. At each application only one area is exposed and the rays all concentrate upon the ovaries and uterus. With highly penetrating rays the necessary deep dose is applied without affecting the skin. Several areas are treated at a session. Radium is often applied in the uterine canal as an adjunct.

*Menorrhagia* in a young woman without fibroid would not be treated by the X-ray, because the benefit of that agent is largely dependent upon its arresting ovarian function. Moderate intrauterine applications of radium are preferred.

*Leucæmia*. The X-ray applied over the long bones affects the blood-forming cells, and both the white and red cells become more natural in number and the patient's health improves wonderfully. Glandular masses respond promptly to X-raying and so does the hypertrophied spleen. But the applications to the spleen are not the primary treatment and are to be very mild and infrequent. Stronger applications to the spleen throw too much work upon the kidneys in the elimination of the debris. The spleen is the last thing I treat in such a case. The improvement in health is magical, but unfortunately there are usually relapses.

Skin diseases of many varieties respond wonderfully to the X-ray and except in malignancy it is best not to produce an erythema. If this rule is followed there is not likely to be any subsequent atrophy or telangiectasis. With the proviso of accurate dosage Acne even with comedones is usually cured, and the scars left after other forms of treatment, avoided. Ringworm of the scalp is cured by an application causing every hair to fall out carrying the micro-organisms on



the roots which could not have been reached by any chemical agent. Keloid and disfiguring thickened cicatrices may be cured by the X-ray, but radium is often preferred for small areas. Psoriasis is wiped off in a magical manner, and I have had permanent cure in some cases. Other cases have returned and then the cure has been completed by chemical applications. Every case is examined with the X-ray for dental infection which would doubtless prevent a cure. Tubercular fistulae of the skin and subcutaneous tissue are often cured by X-ray or radium.

Chronic suppuration in the middle ear, also about tendons which have sloughed, and in other situations where chemical agents cannot act effectively are often cured by X-ray or radium. In the case of the middle ear and mastoid, of course this is accompanied by relief of pain and improvement in hearing.

Tuberculosis is one of the fields for X-ray therapy. The joints are often cured, the larynx should be treated and at a quiescent stage in cipient tuberculosis of the lungs is sometimes cured. It seems probable that recent improvements in X-ray therapy will give more hope than formerly for tuberculosis patients. Of course sunshine and ultra-violet ray are essential in treating tuberculosis, especially of the joints.

**Radium.** Cancer when on the surface yields readily to radium instruments simply laid upon it. If nodular this may be supplemented by the high frequency electric spark with or without curettage, and if of the face, but extending more deeply, the periosteum may also require removal.

Radium tubes each containing one millicurie or less of emanation may be permanently buried in a cancer of the cervix uteri or of the vulva, one c.m. apart. By the time they have lost all their strength the surrounding cancer cells have lost their dangerous character. Needles, containing 10 or 12½ mg. of radium element are thrust into an inoperable cancer of the breast, one centimeter apart and removed after four or six hours. There is slight necrosis along the path of the needle but this devitalized tissue is absorbed without any suppuration or sloughing. The cancer shrinks and becomes innocuous for a long time in favorable cases. The needles are sometimes temporarily burned in a cancerous lip or tongue. In some recent cases of the latter I have laid the needles on the surface of the ulcerated and fissured tongue. The area was later covered by a slough which I hope will leave a healthy surface. In other cases needles transfer the healthy tissue beneath and around the ulcer.

Disfiguring cicatrices are best treated by radium and I have reported the case of a nurse whose hand was completely crippled from contractures following extensive incisions for septicæmia. The tip of the thumb for instance was permanently bent down within half an inch of the middle of

the palm of the hand. Radium applications softened and relaxed and free the cicatrices to such an extent that an operation became possible and now the patient is a stenographer and typist.

I have treated several cases of Dupuytren's contraction of the palmar fascia with radium. One case was cured, the others have been unproved or arrested, and none of them have been operated upon. I always make radiographs of the teeth.

Painful fissures of the anus or elsewhere are cured by radium, one application generally sufficing.

Corns which have become so inflamed that amputation of the toe was under consideration are cured by one or two radium applications.

**Vernal Catarrh.** A chronic recurrent conjunctivitis in which the inside of the upper eyelid is covered with growths resembling soft warts or granulation tissue. The lid is everted and a 20 milligramme glass tube of radium covered with the thinnest rubber dam is applied to different parts of the inner surface of the upper eyelid avoiding the margin of the eyelid so as not to affect the eye-lashes. The cornea is shielded from the radiation by a very smooth metal shield slipped in under both eyelids. The tube which I use is one imported for me eighteen years ago and is said to contain 20 milligrammes of radium salt having two million activity. It has never been idle long enough to be sent to the bureau of standards at Washington to be tested as to the amount of radium element contained. So that dosage with this tube, thirty-five minutes through thin rubber dam, might have to be modified if applied with some other 20 milligramme tube.

An ophthalmic disc of cocaine is put into the eye before the eye ball shield is introduced. A second treatment is sometimes desirable a month later and a third one six months after that. A dozen cases referred to my office by Dr. Geo. Huston Bell and others are all said to be permanently cured.

**Tonsils.** The X-ray causes hypertrophied tonsils as part of a constitutional disease like leucæmia to come down to a normal size almost over night. I have also used it with the most satisfactory results for chronic suppuration in shreds of tonsillar tissue and crypts left after tonsillectomy and producing constitutional symptoms. For both these cases one or two external applications are made of X-rays representing a six to nine inch spark, 2 milliamperes, 3 m.m. aluminium filter and ten minutes exposure.

The hypertrophied tonsil which would formerly have been removed by tonsillectomy or tonsillectomy requires a whole course of X-ray treatments perhaps nine, and all operators do not report success. My own preference in such cases is for a radium needle, ten or twelve one half milli-



grammes thrust into the tonsil and left in situ for three or two and one-half hours. The entire mass of lymphatic tissue is changed into a small flat area of fibrous tissue covered by smooth mucous membrane.

*Cancer of the liver, stomach, and intestines and the viscera*

Even when an operation is impossible and these cases seem hopeless they should not be considered as beyond relief. I have reported a case of pericecal malignant tumor secondary to carcinoma of the ovary and with almost absolute obstruction of the bowels, kept alive and most of the time very comfortable for eleven years after the first operation. The treatment was a combination of surgery, X-ray and radium. And I have reported a case of carcinoma of the uterus in which the pelvis was found by the surgeon to be a solid mass of cancer. Apparently perfect health was restored by the X-ray alone but a permanent cure could hardly have been expected and the patient died a year and a half later from some stomach symptoms. Comfort and prolongation of life are often obtained in hopeless cases.

*The Mercury Vapor Quartz Lamp* I employ this name in preference to the Ultra Violet Ray because the latter term has come to be connected with high frequency vacuum electrodes, which apply only a trace of ultra violet light and whose benefit is not due directly to the ultra violet ray.

The water cooled Kromayer quartz lamp has quartz applicators intended to be pressed against the skin or mucous membrane and so blanch the tissues. Blood absorbs these rays and excluding it increases the effect upon the tissues. This is the lamp used for a bactericidal effect and for a sedative or a counter-irritant effect according to the dosage. It is not used to destroy tissue but in some diseases it should produce a mild or severe erythema even with vesication which, however, is not painful. The use for which it was invented was in the treatment of lupus vulgaris and for most cases it is the best application. Many other skin diseases and also portwine stain and other birth marks, the red marks sometimes remaining after radium treatments, alopecia areata or baldness in patches are cured by this treatment. Cases of dental infection with drainage such as pyorrhoea or after the extraction of an infected tooth are best treated by pressing the quartz applicator directly against the gum at three or four places around both surfaces of the apex of the root. The application is calculated so as to produce a productive reaction, upon the subsidence of which, the infection is found to have ceased and if the tooth has been loose it is firm once more. It should be noted that there is no warmth and the dosage is a matter of knowledge on the part of the operator, not guided by the patient's sensations. Applications inside the nose in hay fever, in the rectum in prostatic cases, to

the vulva in cases of pruritus and in the vagina for cervical erosions and various inflammatory conditions of the uterus are only part of the long list of uses of the Kromayer quartz lamp.

The quartz lamp for distant application, like the Alpine Sun lamp, or the Burdick Lamp of a similar type has a wonderful effect as a general tonic, for instance as already alluded to in the treatment of anæmia from leucemia and other causes where it sometimes raises the red cells from 2,000,000 up to 4,000,000. Tuberculosis in any location and debility from ovarian, uterine or any other disease is benefited by exposure of the major part of the body to the rays. In the cases of anæmia the first exposures are only 30 seconds from a distance of 36 inches. And the treatments are gradually made longer as to time and from a shorter distance until after the skin has become tanned, but in these general treatments never vassicated. Finally applications of ten minutes at a distance of 24 inches may be given. Most skin diseases are suited for this treatment, those with crusts responding better if these are first removed. Baldness is one of the lesions where the most brilliant success is often obtained. Stimulation amounting almost to a painless vassication is the most beneficial effect. We must remember that it is a cold light and not count on the patient's sensations to regulate the dose. In fact even in some of the lesions like keloid requiring a severe erythema there is scarcely any redness of the skin until hours later. Myalgia, neuralgia, neuritis, lumbago, herpes zoster are usually quickly benefited by applications from a distance mostly of a mild type but for lumbago decidedly counter-irritant.

*Static electricity* Debility following illness or an operation, or for instance consequent upon the strain of seeing the illness and death of one's husband, is cured in a remarkably short time. The patient sits on an insulated platform charged from the positive pole while a crown from the other pole is three or four feet from her head. The second part of the treatment is the application of a series of isolated sparks along the spine, not a stream of sparks at one spot which would be painful. Insomnia is benefited by static insulation and head breeze without spark. Sprains, congestions of the liver or kidneys, spondylitis prostatitis and inflammatory deposits in general are relieved by the static wave current with or without Leyden jars depending upon the intensity of the effect desired. The patients say that they like it, but the Leyden jar discharge sounds like a machine gun.

*Sinusoidal currents* These when slow are practically galvanic currents which are so gradually varied as to direction and strength that no muscular contraction is produced and no chemical or polarizing effect. It is the speaker's belief that this has a better effect upon paralysis than the



currents which cause muscular contraction like abrupt interrupted galvanic or the faradic or the rapid sinusoidal current. Infantile and other types of paralysis, writer's cramp and other cases of agrophia have given successful results, very often applied by the four cell bath where the current can be directed at will so as to pass from one hand to the opposite foot or any other combination of the four extremities.

Constipation may sometimes be cured by radiant light and heat applied to the abdomen and sinusoidal currents, one electrode at the epigastric region and the other at the lumbo-sacral region.

The Galvanic Current when turned on or off abruptly has the power of exciting muscular contractions which make it one of the most valuable diagnostic and prognostic agents at the command of the neurologist.

It is a time honored belief that these contractions are useful in maintaining the nutrition of paralyzed muscles and that this adds to their value in the treatment of paralysis. I have come to believe, however, that the contractions are not to be desired, that it is the current and not the contraction of the muscle that is beneficial and personally I treat paralysis with the sinusoidal current of a strength and frequency not to cause more than a trace of contraction in a healthy muscle and none in a paralyzed one. It is marvelous to see the rapid recovery after facial paralysis from exposure, under this treatment. There is nothing so good as the galvanic needle for superfluous hair on the face and for small dilated blood vessels and for some small growths. We use the negative polarity of the galvanic current for painlessly dilating the uterus for the introduction of radium applicators. I have not employed mercuric cataphoresis for cancer, preferring radium or fulguration.

**Obesity.** The treatment inaugurated by Bergoiné, one of the greatest of French electrotherapeutists, consists in exciting contractions in many different muscles while excessive movement is prevented by sand bags or bands. Each contraction is accompanied by the oxidation of a certain amount of carbohydrates such as fat as well as the production of perspiration and the loss of a certain amount of weight. The fat may be removed from the breasts, abdomen, thighs, hips and other parts as may be desired. There are many reasons why this should be done under medical supervision and not for instance in a beauty parlor. The increased oxidation and elimination of waste products require that the renal functions should be kept track of. The contractions while vigorous must not strain the respective muscles. Properly applied it not only removes fat but is also a remarkably efficient general tonic.

A special reclining chair is used in which there are large, stationary electrodes for the patient to

lie upon and to rest the arms on. Other movable electrodes are laid upon the body and limbs with sand bags on top of them.

The author employs a sinusoidal galvanic-faradic current rhythmically interrupted eighty times a minute. There is no effort on the part of the patient but the parts under the electrodes become bathed in perspiration.

**High frequency currents.** With perhaps hundreds of thousands of alternations per second motor and sensory nerves cannot respond and there is no electrical sensation and no muscular contraction. These currents may therefore be applied in a strength which is prohibitory with the other currents mentioned. And it is no exaggeration to say that they are indispensable in electrotherapy.

The Oudin current from the high tension terminal of the high frequency apparatus is frequently applied from a vacuum electrode or from a non vacuum condenser electrode. This with rather a high voltage which would produce considerable spark effect if the electrode were not kept in close direct contact with the skin, is applied to the chest and abdomen in cases of low arterial tension. It is used in some severe cases of myositis and in cases of multiple warts. I treated a man who counted two hundred on his face and I used in addition to the current, applications of formalin to the warts but not to the sound skin and gave him 3 ounces of lime water three times a day. The same electrode with a lower voltage current so that there is scarcely any spark effect is wonderful for phlebitis, rheumatism, gout, sciatica, neuritis, myositis, and for sacro iliac and lumbar pain. Most of these I treat with the least possible spark effect. The skin is powdered to enable the electrode to glide over the surface without breaking contact. Or the application may be made through one very thin garment. But occasional patients like and do better with a higher voltage. One doctor friend of mine came with a biceps swollen up and as sore as a boil and a very strong current was applied, but of course preventing sparks by perfect contact with the electrode in rapid motion. A single treatment resulted in a complete cure. Pyorrhea has been successfully treated by the same mild application from special vacuum electrodes, combined with mild X-ray applications. The pain, bleeding and suppuration have disappeared and the teeth have tightened. We have not hoped for the restoration of the absorbed alveolar process. No reaction need be excited.

**Intermittent Claudication.** The attacks of agonizing cramp in the leg muscles which often are indicative of local arterio-sclerosis are either entirely cured or lessened as to severity and frequency by high frequency currents. I have often employed the vacuum electrode but diathermy is as good or better.



*Colitis* with large liquid movements resembling a tangled mass or worms has been cured by Oudin high frequency currents of high tension but very moderate milliamperage applied to the abdomen

*Diabetes* Under X-ray and high frequency applications to the region of the pancreas and liver in one patient the sugar diminished from three one third per cent to zero, with corresponding improvement in the other symptoms. I haven't been able to learn the ultimate history of the case, but she was well a year later while her husband who had been on ordinary medicinal and dietary treatment died of diabetes on the way to their home in Porto Rico

*The high frequency spark fulguration and electrodesiccation*

This also is from the high tension terminal of the high frequency apparatus. A stream of sparks is applied from a metal electrode held at a distance and this causes the part to swell up and turn white. The growth destroyed in this way is sometimes left to come away like a dry scab, leaving a healthy healed surface, or it may be easily curetted away at the time. Small single growths of the nature of warts, fleshy moles or birthmarks are removed in this way. But for more extensive destruction one of the low tension terminals is connected with a very large flat electrode upon which the patient lies and the other low tension terminal is connected with a metal electrode like a knitting needle which when applied directly to the tissues produces Electro-coagulation. Applied to cancer it may be accompanied by curettage and if deep-seated by surgical removal of the periosteum. It is the regular electrical removal of the tonsils but I feel that radium is better

*Diathermy, thermopenetration*

A low tension high frequency current passing through any part of the body generates heat in the tissues themselves not just warming the surface like a hot water bottle. This effect upon the tissues is of wonderful benefit in a great many constitutional and local diseases. I have regarded it as the only application that will cause the disappearance of gouty nodes. It often cures neuralgia, neuritis, spondylitis and is of the greatest benefit in congestion of the liver, Bright's disease, high arterial tension, arteriosclerosis, angina pectoris and obesity. The low tension terminals of the high frequency apparatus may be connected with electrodes at opposite parts of the region under treatment, or the wire from one terminal may go to an auto condensation chair or table upon which the patient sits or lies and the other to an electrode which may be held in both hands for a general effect, or may be applied to some part like the liver. Or for the face in neuralgia this electrode may be held in the pa-

tient's hand, or fastened to the wrist, while the hand strokes the painful part of the face. Part of the current enters the face from the hand. A part of the treatment for deafness consists in the patient holding an electrode in each hand while, say, the two index fingers are held at the external auditory meati. Any local part under treatment has a pleasant sense of warmth and with the larger electrode and the stronger current of 1,000 or 2,000 ma the whole body feels all in a glow. An example of the benefit from what may be called a general application is seen in a man with blood pressure of 230, large amounts of albumen and casts in the urine, abdomen and even the scrotum having to be tapped on account of dropsical pressure, great weakness and discomfort. In a couple of weeks the blood pressure has come down to 170 and the entire clinical picture has changed.

The static induced current, with Leyden jars is part of the treatment in many of the cases mentioned.

*Radiant Light and Heat*, less desirably termed baking

As a local application this is splendid for pain and disability persisting after sprains or fractures, some of which cases require also an X-ray examination of the teeth, and in neuralgia, neuritis, high arterial tension, obesity, gout and rheumatism. Applied to the abdomen it is curative in some cases of constipation for which it is combined with sinusoidal currents applied to the epigastrium and lumbo-sacral region.

#### NOTES OF TECHNIC

X-ray deep technic 11½ inch, 2 ma gap, 0.7 m m zinc, 6 m m wood, 16 inches, a full dose about 60 minutes. Total dose for each area in treating fibroids 35 minutes. Cancer about 60 minutes. Fractional doses frequently repeated in different areas, for a stimulating effect upon the pituitary gland one minute three times a week, as an indirect bactericide upon tubercular joints four minutes from three directions total twelve minutes, every ten days. Tonsils ten minutes frequently repeated.

X-ray superficial technic 6 inch gap, 2 ma 0.2 m m zinc, 10 inch, 16 minutes, exposure distributed over three weeks.

Radium Superficial technic, glass tube 20 milligrammes of salt of 2 million activity, thinnest rubber dam as filter, time 18 minutes upon the most delicate skin up to 35 upon the toughest. Both are for a superficial destruction and prophylaxis against recurrence of a new growth.

Slightly deeper effect without destruction, tube or needles in one m m brass or thin lead and one m m rubber, 20 mg of salt of two million activity once a week for an ulcer with suspicion of malignancy.

Cancer, 10 mg needles imbedded, one cm apart



for 6 hours or 12½ mg needles for 4 hours Surface applications 12½ mg needles, 1 m.m. brass and 2 m.m. rubber or felt and ½ inch apart 12 hours would cause a burn Half an inch of felt should be used and the time should not be more than six hours for cancer, for the infected wrist mentioned in my paper there were 9 treatments 13½ minutes each in four weeks

Diathermy for a small part with the electrodes close together probably not more than 100 ma For the body seated on autocondensation pad and holding a large metal cylinder in both hands about 950 ma For the body with large metallic electrodes soaked, on the skin front and back 1,000

or 1,500 or even 2,000 ma regulated so that there is no faradic sensation or any spark sensation and so that there is an agreeable sensation of warmth For the ears in cases of deafness one terminal goes to an uninsulated metal electrode held in the palm of the right hand and the other to one in the left hand A finger is pressed into each ear and a considerable part of about 300 ma of current passes through the ears The fingers are pressed closely into the ears to avoid a tiny shower of sparks and the current is regulated to a strength which warms up the entire external auditory canal

## STUDIES OF THE DEAF CHILD \*

By GEORGE B McAULIFFE M.D.  
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THE problem of the handicapped child has occupied the educational authorities more and more during the past decade The blind the crippled, and the tubercular have received the special attention they deserve. *The deaf hate not* There are about 600,000 school children in New York City There has been no systematic combing of this number to determine the handicapped deaf The school for the deaf was established here about fifteen years ago It has a register of 332 I have been a volunteer attendant for the past twelve years and this paper is a short summary of my observations

Inasmuch as the Board of Education does not recognize the necessity of a regular audit we must depend on the teacher for a lay diagnosis The pedagogues do not evidently assent to the dictum of Dr James K Love, "That the deaf child should be raised to the status of a patient"

Last winter a circular was sent to all the schools giving teachers simple tests for the detection of deafness among those losing ground or appearing dull Some schools responded, others did not About 600 names were reported These are being examined now Some were found to have intermittent deafness and were advised to have treatment Others were told to have a front seat and report again in six months A few defectives were sent to that division Those who were handicapped by their deafness were recommended to come to the school where in small classes with specially trained teachers they learn lip reading and we find that they are not dull but can accomplish the work of a grade They are thus enabled to complete the work of the regular schools and graduate The time required is generally about three years more than the regular school time It is at first slow

because they are in a mental twilight from the lack of the mental stimulus of language They begin school at five years The deaf child of that age is the equal of a hearing child of two or three years Under proper education at fifteen years the deaf is almost the equal of the hearing child

Inasmuch as the initial diagnosis comes generally from the teacher especially in the lighter cases, they should be instructed to watch for inattention, reverie, and listlessness in their pupils They should observe the tilt of the head and the facial expression in order to detect possible deafness Too many children are classed as defectives simply on their apparently poor intellectual response.

In a recent examination of 314 deaf children of the school I found 80 per cent of nerve deafness, and 20 per cent of conduction deafness There were 54 per cent totally deaf, 46 per cent partially deaf The latter were mostly children who had failed to keep up with their classes in the regular schools They had been sent for examination because they were dull

When we study out the etiology of the deafness of this number, we find that 152 were born deaf In 42 the cause was cerebrospinal meningitis, in 18 measles in 11 whooping cough, in 12 scarlet fever, in 7 convulsions from an undetermined cause, in 5 diphtheria, in 9 pneumonia, in 3 influenza, in 5 typhoid, in 8 accidents, in 1 chickenpox, in 2 infantile paralysis, in 1 rheumatism, in 36 catarrh

Thus we find the congenital deafness is practically 50 per cent Cerebrospinal meningitis gives us the greatest number of acquired deafnesses Measles is ahead of scarlet fever, contrary to generally accepted statistics which accord 8 per cent to measles against 15 to 42 per



cent from scarlet fever. We are more apt to have nerve deafness from measles than from scarlet fever. Whooping cough is causative in many cases, and I find influenza beginning to show more nerve lesions than was thought. Most of the aural lesions of influenza were catarrhal, but with the increasing potency of grippe each year we find more cases of nerve deafness from it.

We find consanguinity still operating as a cause of congenital deafness. Eight cases had parents who were cousins, and one had a father whose wife was his niece.

Four children had deaf parents (both parents deaf). The statistics of familial deafness are extremely instructive. In 38 families having children attending the school there were 2 deaf children in each. In 7 families there were 3 deaf children. In one Italian family of 10 children, 2 were deaf. One of the girls who heard perfectly, married a man with perfect hearing and not related to his wife. Their child was deaf. Three of our children have deaf parents. In two cases there is only the one child, in the third case there are three children, the older two are deaf, the youngest hears but speech is poorly. One child with deaf parents is only slightly deaf, and has a brother who hears perfectly.

Many authorities have given figures to show this congenital factor in deafness. Deaf persons who have no deaf relatives will have 12 per cent of deaf children. Another says that intermarriage of persons with deaf relatives will result in more than 50 per cent deaf children whether the marriage is between deaf people or not. It thus seems to become a matter of eugenic control as much as the necessity of a prenatal negative Wassermann. I have tried to determine the influence of a weakened luetic dyscrasy but however much we may suspect, we lack as yet objective proof. The Wassermann test is generally negative. It may be that X-ray examination of the long bones may elicit some proof.

Of the 314 cases examined, 25 have had their adenoids and tonsils removed, 43 have nasopharyngitis, 20 have adenoids, 36 have enlarged tonsils, 16 have deflected septum, 50 have running ears. Five of the 50 come from good homes.

It is surprising how many of the nerve deaf cases have had their adenoids and tonsils removed. Parents are led to believe that the hearing may be improved by the operation, and no doubt the advice came from physicians. This fact is susceptible of several interpretations, showing not entirely an accord with the higher standards of ethics. Thirty children were taken out of school and treated by chiropractic methods for months. Most of them gradually drifted back. Extensive and alluring advertisement of supposed cures tempt the parents to try the new

treatment. One of the methods which is borrowed from the aurist consists of the digital manipulation of the fossa of Rosenmüller—an acknowledged benefit in catarrhal cases but of no avail in these.

The indifference or ignorance of the parents in the cases of running ears is unbelievable. We have children sent for examination whose ears are never washed out. Some have had radicals and are foul with discharge and debris. The school nurse, after their admission to the school, takes them in hand. After daily irrigations the improvement is remarkable.

The examination of the children to determine their deafness is done as follows. I speak to the child as he sits down before me with my hand covering my lips. I watch to see whether he looks at my mouth or not. I ask him his name, or his class, or what day it is, and note his voice. What I call the deaf voice is so characteristic that once heard it is easy to recognize. It has no modulation, and the vowels are prolonged. The voice bears out what Makuen says: "That the deaf mute who learns to modulate his voice has some hearing which may be improved." The non-modulated voice shows total deafness.

If the child answers in a low voice, which is more or less natural, I put it down as a catarrhal voice. I examine the drumheads. If I find no evidence of tympanic change, I think it is more of the nerve type, assuming the child is deaf.

I sound a tuning fork and put it to his ear and ask him if he hears it. If he says he does I get his concept of the sound. Some will say it is a noise, some a whistle, some will call it music, and some will imitate it. After I have got his idea of it, I use his term to express it. I sound the tuning fork again and ask him if he hears the music, whistle, noise, or whatever he calls it. I sound it again, and as I bring it up, I grasp the tines of the fork to stop the sound without his knowledge. If he is intelligent, he will say he does not hear it. I vary the procedure several times to test his veracity.

I then place the vibrating tuning fork on the mastoid, and ask him if he hears it. I sound it again and slide my fingers up to stop the sound before I place it on the mastoid and ask him if he hears it. This I vary a few times to test his truthfulness. It now remains to determine if he hears the sound or vibration. As you know very often they will feel only the vibration and not hear the sound. It is the most difficult point in using the tuning fork as a test. For a long time I was unable to discount this in the examination.

There is no doubt that the deaf child feels vibration through the ears which cannot be translated as sound. As Doctor Love says: "The touch center grows at the expense of the contiguous inactive gray matter." The interesting experiments of Professor James show that this



peculiar sense of vibration goes way beyond our ordinary sensation, so much so that the pressure of the atmosphere is varied by the approach of an object or a sound. Its withdrawal is also felt. It is one of vastness in two or three dimensions. The subject can sometimes differentiate solid bodies from one with perforations. It can be appreciated by a unilateral deaf ear. Totally deaf persons can dance in perfect time, feeling the vibration of the music through the floor. That is the reason why if you stand behind a deaf mute and grasp his shoulders he will apparently hear you when you talk. Stand in front and cover your lips with your hand to kill vibrations and lip reading, and talk. He will look blankly at you.

While using the vibrating tuning fork on the mastoid, if I am uncertain whether he hears it or feels the vibration, I take a wooden tongue depressor and lay one end on the mastoid. I sound the fork and place the stem on the wood. If it is only vibration that he interprets as sound this procedure by minimizing it will practically exclude it. I am unaware that anyone has tried this means of bone conduction in deaf mutes. It occurred to me and has solved many cases.

If there is no fork heard, and the voice (if any) is non modulated, a lip reading education is advised.

I divide the cases of deafness into six types.

1. Absolute nerve deafness.

2. Clinical nerve deafness where there is practically no bone conduction and some air conduction.

3. Slight nerve deafness where there is plus R but bone conduction is diminished.

4. Absolute conduction deafness where there is no air conduction.

5. Clinical conduction deafness where there is minus R.

6. Slight conduction deafness where there is plus R, but air conduction is diminished.

The audiometer is next used and the distance noticed. If they hear it at arm's length they are sent back to the regular schools. It is surprising sometimes how far a child will hear the audiometer yet be handicapped for the voice. Wright's six feet rule is then used. The inability to hear whispered voice at six feet places the child in the handicapped deaf class. Children who come into the six feet rule had better begin lip reading education at once. Those with a slight disability are advised to have a front seat in the regular schools. Those that have catarrhal deafness or intermittent deafness are strongly advised to have constant treatment before they get into the minus R class.

If the figures of Doctor Amberg are true that 74% of deafness is due to preventable causes it shows the great necessity for aural supervision of children especially after the exanthemata.

The majority of the cases of deafness are not discovered by the doctor but by the teacher on the child's entrance into school. Valuable time is thus lost. A child came to me for examination whose family was deaf. The brothers had been placed in an institution and in course of time he was sent there also. After being there some time he did not like it and was taken out. I examined him and found that his hearing was perfect. There is only one explanation for this—a lack of proper aural examination in institutions, or a desire to increase the budget by increased attendance.

I think it is impracticable to follow the advice of Miss Adestine, who holds that the deaf child must be educated by daily contact with the normal child in order to give it a normal outlook after leaving school. While no one will dispute that aural training educates the brain and voice, and should be followed as much as possible, it is manifestly impossible to give the same training to deaf and to normal children at the same time. As Doctor Love states "The deaf child needs special training for ten or twelve years in small classes with special teachers."

The deaf are delinquent in the army, navy, medicine, law, music, school-teaching, telephone, railroad work, shorthand, telegraphy and type-writing. They are a class by themselves, and should be trained to get the normal intellectual results by lip reading.

The tendency to tuberculosis in deaf mutes because they do not talk and exercise their lungs should be a potent argument for their attaining speech. In the school they give gymnastic exercise, such as blowing soap bubbles to help the attainment of speech.

In a group of 336 cases I examined I found that the deafness occurred at birth in 140. Before five years of age 92. After five years, 63, so that we have 50% congenital deafness and 27% occurring before five years of age. There was only one who had malformed pinna. There were twice as many cases from measles as there were from scarlet fever. Seventy-six per cent of the cases are of foreign parentage, 11% are foreign born. Russia and Italy are the largest contributors. The parents of 314 children were asked two questions.

When was the deafness of the children first noticed?

Before the child was five years old	135
Over five years of age	28
Following severe illness	119
I following accident	10
Following removal of tonsils and adenoids	2
Following dose of chloroform	1
After entering school	17



How did the examiner happen to notice the deafness?

Child did not notice sounds as a bell, victrola, street organ, thunder, fire engines, voice	130
Child did not answer when spoken to	64
Child did not talk	35
Whatever was said had to be repeated	22
Always saying "what"	2
The doctor told the parent	28
The teacher told the parent	17
Deafness was discovered by relations and neighbors	2
Did not play with other children	2
Did not waken at a loud noise	1
Did not act like other children	2
Parent watched for deafness after earache	3
Deaf parents tested children	2

The eyes of the handicapped deaf child should be carefully examined. Out of the 314 children examined, 25, or 8%, had glasses prescribed and are wearing them. I rely naturally on the retinoscopic findings inasmuch as there is very little subjective help. I use sometimes the ordinary chart, but often a special chart made up of characters with which they are familiar. Their lip reading depends on their visual acuity, and their progress is dependent on good vision. In one group of 35 cases sent for eye examination, 20 were fitted with glasses. This shows the necessity of rigid ocular examination. There was nothing special about the ametropia of these deaf children and there was no correlation of the eyes and ears in the nerve deaf cases.

The "Pintner" intelligence tests are used to prognosticate the educational possibilities as

shown by these examples. One boy—a congenitally total deaf case—showed fine results as regards intelligence and educational ability. That boy is now in his senior year in one of our largest high schools—De Witt Clinton. He has held his own with hearing pupils. Another finished high school and four years in Stevens Technical Institute, and has a degree of Mechanical Engineer. Another came out second highest in a civil service examination for junior draftsman. In the two surveys of the school by the "Pintner" test the median mental percentage was 52, which means that the school as a whole is of normal mental ability. In 1923 the median educational percentage is 82. This median of 82 throws the school into the upper 25% of educational work accomplished by deaf children.

There is a great need of a reliable objective proof of nerve deafness in the very young. It was shown in the table given above how accidental was the discovery of the child's disability. We are confined to our tympanic examination and the response to sound. The tuning forks are of very little service. I thought I might get some information by the vestibular test, arguing that if there was cochlear impairment, there might be also vestibular. My deductions are not completed concerning this means of diagnosis of nerve deafness. In seventeen cases tried by the chair test five showed no vestibular reaction, and six showed a diminished reaction. One gave an exaggerated response, and five were perfectly normal. In about 30%, therefore, we will get no vestibular response. In 60% we will have none or a diminished reaction, so that in a suspected nerve deaf case if we use the chair test, we may get corroborative evidence of deafness.

## A GRIPPE EPIDEMIC AMONG CHILDREN

By MANSFIELD G. LEVY, M.D.

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**B**ECAUSE of the recent epidemic among children in Buffalo it seemed timely that a paper be prepared which would give insight into the condition or disease that was so widespread, so persistent, and accompanied by so many special features. It will be my aim to prove that the infection was not influenzal in nature, and also to discuss the subject from the bacteriological point of view, and to recite some of the special features as they were found to exist.

There can be no doubt of the identity of the influenza epidemics of 1889 and 1918. Both epidemiologically and clinically they are alike. The difficulty arises in attempting to place sporadic outbreaks and isolated cases of influenza under the same heading. There is a strong ten-

dency to classify some of the cases of nasopharyngitis with fever, some of the commoner types of acute bronchitis and some of the grippé cases under the one heading Influenza. In fact, the terms grippé and influenza have been so generally abused by the laity and especially by the profession as to constitute an annoyance in determining outbreaks of the true disease. In spite of this criticism, and for want of a better term, one cannot do otherwise than call this recent epidemic one of "grippé."

Cases showed many variations. They differed bacteriologically and pathologically. Many of these cases showed naso-pharyngeal signs, some showed laryngitis and trachitis and a few showed bronchial and pulmonic lesions. Hence arose the difficulty of classifying these cases from a



pathological point of view. We cannot classify them bacteriologically because multiple organisms were causative in the individual cases. Certainly we cannot call any of these cases influenza because the influenza bacillus has not been recovered in a single instance.

#### BACTERIOLOGY

As said before, there is no certainty that the influenza bacillus of Pfeiffer is the cause of influenza although a certain small percentage of cases do show its presence in the sputum. However in the recent "grippe" epidemic, the influenza bacillus was not found in a single instance where we were able to collect sputum or naso-pharyngeal washings and have them properly cultured.

Nor do any of the pathologists in town with a single exception admit of having recognized it. Further there was no specificity whatsoever during this epidemic. A number of different organisms were the misfactors. The most common offender of all perhaps was *micrococcus catarrhalis*—usually a very benign organism and most commonly found in secondary infections. Perhaps owing to its common causal relationship in this recent epidemic, we have the explanations for the mildness and moderation of many of the cases. The next most common offender was *streptococcus haemolyticus*. This bacterium was found in the cases of the greater severity and was much more commonly present than the pneumococcus. Other organisms of lesser importance also were found. Among these were the *streptococcus viridans*, the *staphylococcus albus*, the *micrococcus tetragineus* and still others.

Through the courtesy of Dr. Charles A. Bentz and Dr. Walter F. Zelnusky, the records of the local Health Department were made available to me. These records, peculiarly did not coincide with the findings in the cases collected at the Buffalo General Hospital, the Children's Hospital or in any of the cases of my private practice. Further there was no exact method of telling which cases belonged to the particular epidemic under discussion here. However, the reports do show the prevailing organism found in the sputum during the height of the epidemic. The pneumococcus was the chief offender, having been found in thirty cases, type 4 occurring in 85 per cent of these, and *streptococcus viridans* was found 26 times. *Streptococcus haemolyticus* was not found at all. *Micrococcus catarrhalis* was found but 18 times, influenza bacillus was found 5 times, *staphylococcus* was found 15 times, *micrococcus tetragineus* was found 4 times, the tubercle bacillus was found but once. Most commonly two or more of these organisms were present in the same sputum. It is difficult to explain why the findings in the sputums ex-

amined by the Health Department should differ from those examined by other pathologists unless it be due to the fact that the sputums examined by the Health Department were taken at random while the others were selected from cases suffering from the particular affliction under discussion.

#### SIGNS AND SYMPTOMS

Among children the onset was characteristically abrupt. It was commonly accompanied with vomiting and signs of so-called acidosis. There were chilly sensations, pains and aches were scattered through the body, generally myalgia but occasionally articular. Convulsions occurred only once in my experience and that was at the time of onset. Most of the cases showed signs of a pharyngitis, the throat being fiery red. More common than this, however, was the ever present laryngitis and tracheitis accompanied by substernal pain. There was some cough—dry and harsh. The temperature as a rule reached 101 or 102 degrees—rarely more than that. Usually there was a slow decline in normal during the course of three or four days. In a few cases after convalescence seemed definitely established, remissions of temperature occurred especially in patients who left bed too soon. Those cases complicated with pneumonia showed a moderate increase of fever after the preliminary infective period. The pulse as a rule coincided with the course of the temperature. Intestinal signs were few, although one or two cases in the wards of the Children's Hospital showed signs of an enteritis. There was no prostration ordinarily, and the tendency was toward prompt recovery in a few days without complications. In the more severe cases, which by the way were the ones caused by the *streptococcus haemolyticus*, there were rigors, excessive fever, nervous symptoms, and rarely prostration. A very few of these cases were fatal, death occurring in a few days from the toxemia or with signs and symptoms suggestive of extreme pulmonary engorgement and without clear indication of pneumonia. Fortunately, or unfortunately, none of these cases came to the post mortem table either at the Buffalo General Hospital or the Children's Hospital.

The blood findings were hardly what might have been expected. In the presence of an infection by any of the organisms known to be causative of this disease or condition one naturally would look for a leucocytosis of fair proportions. Here the white cells were so moderately increased that one might be tempted almost to call it a relative leucopenia. In the hope that I might increase the number of leucocytes I have given minute doses of quinine without effect, however. Even where pneumonias developed, the leucocytes were not increased in



proportion to the degree of infection or intoxication

As said before, these cases had a tendency to recover without complications. Middle ear infection, pulmonic involvement, or kidney complication certainly were not the rule, neither have I seen any cardiac complication. However I have wondered whether or not the very recent epidemic of mastoid disease might not be traced back to an original gripe attack with throat involvement that had occurred earlier in the winter. Also, one would naturally feel that where the pneumococcus was so commonly concerned, we would have many pneumonias. We feel that pneumonias were decidedly infrequent because the infections were usually mixed. In the few cases where pneumonia did develop, instead of finding the usual broncho-pneumonia,

so common in children, we have found the lobar type of involvement.

#### CONCLUSIONS

1 The recent epidemic was not influenzal in nature.

2 The prevailing organisms were the micrococcus catarrhalis, the streptococcus hæmolyticus, the streptococcus veridens, and pneumococcus.

3 The striking features of the epidemic were the abrupt onset, the laryngitis and the trachitis, the relative leucopenia and the lack of complications involving the middle ear, the lung, the kidney, and the heart.

I wish to express my indebtedness to Dr. Harry R. Lohnes, Dr. Dewitt Sherman, and Dr. Hauenstein of the Buffalo General Hospital, for their valuable aid and co-operation in this work.

### HYPERTHYROIDIA

WILLIAM H. HAY, M.D.

BUFFALO, N. Y.

This condition has been markedly on the increase in the past half century, and has been considered a very unmanageable condition, generally.

Reason has been assigned for this disease that does not appeal to the writer as based on sound logic, and while he is willing to admit that one reason may be a paucity of iodine yet this seems extremely unlikely, as the element is of rather wide distribution in the ordinary foods, and to escape a bankruptcy of this it is only necessary to eat rather freely of the greens or fruits, or both.

Ordinary cabbage contains much more than a sufficiency of this ingredient of the thyroid gland, and almost everyone eats cabbage measurably, or sauerkraut raw or cooked, which if eaten once or twice a week would supply any possible deficiency of iodine.

Green beans are fairly high in iodine, as are also pineapple and several varieties of the fruits, while a number of varieties of fish supply an excess of iodine.

The amount of iodine in the system is considerable, described by all analysts as a "trace," though it is true that this is found in higher percentage in the thyroid gland than in other parts of the body.

This seems to dispose of the fact that iodine is needed from other sources than foods, but in fact it does not, for foods that are cooked may

be deprived of their iodine, largely, by this process, so to make sure that there is no paucity from this source it is quite necessary that some foods containing appreciable amounts of iodine should be eaten raw, if not once a day, then surely two or three times a week.

There is no evidence that inorganic iodine taken into the body is ever assimilated, in fact its noticeable excretion by the mucous membranes is pretty good presumptive evidence that it is not acceptable in inorganic form to the tissues, so all thought of supplying possible iodine deficiencies artificially is probably a wasted thought, nature having her own way of elaborating chemicals in plant life and thus rendering them suitable for introduction into the body.

Seventeen years ago the writer was impressed by the noticeably toxic condition of hyperthyroids and proceeding on this tip he de-toxicated thoroughly and deeply every case that presented for treatment, with the most gratifying results, and since that time he has neither referred such cases to the surgeon nor has he taken a pessimistic view of prognosis.

De-toxication was carried to the point of severe purging, daily enemata of cool water, sweats, and entire abstention from all foods for as much as three days, occasionally prolonging the initial fast to several days, even two weeks in severe cases, without fear of harm, the gradual amelioration of the most urgent symptoms giv-



ing fairly correct evidence of improvement as the fast progressed

Diet following this period of initial fasting and purging with simple salines was limited to soups made without a meat stock, salads of all sorts of greens rich in iodine and dressed always without vinegar, but using lemon juice freely, and to fruits of all sorts especially those of the citric group

Later vegetables baked or steamed were added, and finally breads and cereals but only those representing all the elements of the grain, not denatured or processed in any way beyond a grinding

Meat eggs, fish and cheese were withheld for several weeks or months depending on the depth of the intoxication, and caution was exercised in the free use of any of these foods afterward in order to lower the nitrogen index which is always high in toxic states

Patients after complete recovery are allowed to eat one protein meal per day but forbidden to combine this with starches, thus avoiding the ambiguity of digestion at one time of two food substances that require diametrically opposite conditions for their perfect performance. Also the starches were separated from both the proteins and the acids, for the same reason, to continue an alkaline digestion as long as possible after the ingestion of a carbohydrate meal

To date there has not been one case in the seventeen years that has not fallen easily under this classification, every case being treated as an intoxication pure and simple and so far every case has either fully recovered or is progressively better with each year of life

Among the cases treated was one that had been declined operation by Dr George W. Crile, of Cleveland

This was an extremely bad case, with heart rate uncountable, the action most tumultuous dyspnea marked, emaciation and discoloration of the skin some edema of the feet, inability to walk or lie down, reclining in bed being the only position in which respiration was possible. Exophthalmos was hideously prominent while digestion was almost entirely absent

This case fasted for two weeks following three days of free saline purgation followed by daily cool three- quart enema, to fully unload the colon

Improvement was progressive from the first day the dyspnea subsiding noticeably the tremor diminishing and sleep in the almost flat position being very refreshing

In three weeks the exophthalmos was noticeably less, and the heart rate was regular, though still above 100 per minute

At the end of four weeks she was able to return home in the tram, in three months resumed her household duties, and two years later reported herself entirely recovered

It has now been eight years since her treatment was begun and she reports herself unusually well at all times, with no elevation of pulse rate no nervousness, no indigestion, and no constipation

Another case was admitted for treatment at the end of the second month of pregnancy, which was not suspected till two weeks later, when examination disclosed a gravid uterus

After three weeks of almost daily threatened miscarriage she made a full and complete recovery carried her baby to full term without incident experienced a normal accouchement with normal lying-in period, normal and sufficient lactation for seven months, without a return of her trouble, and reports herself and baby, after four years as in perfect health

Numerous cases occurred in girls of the early twenties who are in some cases married and raising families, and who report no return of any of the distressing symptoms of hyperthyroidism

It was assumed that all of these cases suffered from an acidosis, even though this was not always demonstrable, and simple detoxication, without drugs of any kind beyond the saline purge was sufficient to remove the urgency of the symptoms in each case, and this followed by an atoxic diet was all that remained to complete a recovery

All negative proof, you will think, and this is true, but until at least one case occurs in the writer's experience to cast doubt on his assumption that a basic toxemia is the real cause of this condition I am sure he is to be pardoned for both his assumption in believing something that is not generally thought to be true and his optimistic prognoses

If the condition is as simple as this experience would seem to indicate we are surely on the wrong track when we seek to limit thyroid activity by ligation of the arterial circulation or resection of one or more lobes of the gland, for clearly this is not a curative procedure, the cause of this hyperactivity being extraneous to the gland a systemic infection

While it is true that ligation and resection do improve the state of the patient this is seldom permanent as all will admit, further resection or ligation being generally necessary later on

It would seem then to be the sensible course to first de-toxicate deeply and thoroughly, and by an arrangement of the food to guard against the future production of toxins that can again irritate the gland to a state of hyperactivity



## TREATMENT OF THE SACRO-COCCYGEAL SINUS \* (Pilonidal Sinus)

By MILTON R. BOOKMAN, M D  
NEW YORK CITY

**A**S the name adequately implies, sacro-coccygeal sinuses are found over the sacro-coccygeal region, and are the result of suppuration or breaking down of a sacro-coccygeal cyst

The sacro-coccygeal cyst, or forerunner of the sinus, is the result of the malplacement of groups of dermal or dermoid cells in the embryo which are lost so to speak during the process of fusion in the midline, and take up their functions in an abnormal location beneath the skin. The result of these perverted activities is an accumulation of detritus and secretions of the skin appendages (sweat and sebaceous glands), and the very gradual formation of a cyst, which often contains hair. This latter fact explains the name "pilonidal cyst" often applied to this condition. More rarely other structures such as teeth or particles of bone are found, but these abnormalities come under the classification of true dermoids.

The history as given by the patient is usually as follows. After a slight trauma or a few days of sensitiveness over the lower part of the sacral region, a tender swelling is noticed. This either ruptures spontaneously or is opened surgically as was any superficial abscess would be.

After repeated dressings the wound closes down to a small sinus which obstinately refuses to heal despite all forms of treatment, including cauterization and curetting, the latter often productive of exhibiting a hair or two. A probe passed into the sinus always advances toward the median line though the orifice may be an inch or more from it. Usually there is but one opening, but in a recent case two distinct tracts were made out which led to the former cyst cavity.

In a fair proportion of cases there will be found in the skin over the coccyx a number of minute openings which resemble large pores and which will not admit even a fine probe. These are the external orifices of fine canals that have their internal ends intimately connected with the old cyst. Unless they are completely removed at operation, they remain a fruitful source for a recurrence.

Treatment is by operation. General anesthesia is the anesthesia of choice, local or sacral injections in an area known to be infected is not ideal. The sinus is emptied by pressure, and through a usual local preparation the orifice is centaged in the by a subcutaneous suture, the tip of the body previously filled with a dye in solution.

This seems to displace the opening and the suture is needed from other sources. ethylm blue 5% is the fact it does not, for foods. This is injected increasing pressure

aided by light finger massage over the entire region so as to have the color reach all the ramifications of the tract. The suture surrounding the opening is then cut out and the excess stain mopped up.

The opening is then entered with a grooved director which is pushed as far as it will go, and the tract is slit open with a scalpel. This may reveal a tuft of hair at the bottom of the incision or in the velvety blue stained tract. Beginning at the top or skin margin and working into the depths of the wound, keeping well outside the blue stained fibrous tract wall, the entire sinus is easily excised with the scalpel. The same procedure is carried on to remove the other half of the sinus on the opposite wall of the primary incision. The dissection often leads one down to the ligaments covering the sacro-coccygeal articulation, and in order to preclude the possibility of a recurrence, all blue stained tissue should be removed.

After the main tract has been removed, on inspecting the sides of the primary incision, one or more blue spots may be seen, these are the openings on cross section of branched sinuses, and by splitting them the tracts are easily ablated by "following the blue line." At the lower end of the wound if the before-mentioned large pores are present the incision should be extended so as to reach beyond the lowest one. This may reveal very fine lines of blue extending from the skin to the vicinity of the former cyst, and unless the tissue bearing these fine canals is completely removed, a recurrence is more than likely to occur.

As the wound must be considered an infected one and is very close to the anus, suture is contra-indicated. The best treatment is carefully layering of packing gauze in the wound in such a fashion that the depth of the wound is loosely filled and as the wound grows smaller, or as the patient moves about in early convalescence the superficial layers of gauze are extruded and are cut off at the daily dressing. In this way painful repacking is avoided.

With the removal of the last of the original packing, the wound is filled with balsam of Peru in castor oil 10% and lightly tamped with gauze, the skin edges being kept apart and allowed to close last. A strip of adhesive plaster is placed across the buttocks to hold the dressing in place, and a "T" binder placed over all makes a comfortable means of retaining things in place.

The patient may be allowed to walk about as soon as he has the inclination to do so. The subsequent dressings are made daily for a time and later the intervals between them are lengthened until skin-healing is complete.



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## THE PROPOSED MEDICAL PRACTICE ACT

We invite the studios attention of every member of the State Society to the editorial of the executive editor describing the Act to amend the Public Health Law in relation to the Practice of Medicine, and to the Act itself which we are printing in this issue.

A stronger Medical Practice Act has long been desired with stronger rules for enforcement, the necessity of protecting our citizens from the banditry, and criminality, and ignorance of quacks within and without the licensed medical profession is acutely felt, and while it is manifestly unfair that the expenses of such protection should fall upon so small a proportion of the taxpayers as is represented by the physicians of the State, nevertheless we presume that a majority of us are willing to carry the burden if, by so doing, we may achieve the greatly desired result.

We are not encouraged by the fact that however we may strain our eyes and ears we have never been able to learn what becomes of the three dollars we annually pay for the privilege of prescribing opiates for the sufferers who need

them, and we cannot be enthusiastic about the surplus, above the expenses of collection, of the two dollar registration fee, which is to pay the expenses of administering this new medical practice act, because we feel that it will be an entirely inadequate sum.

The fact that there is a precedent for the various professions paying for the protection of the public, by registration fees which furnish a surplus income to the Department of Education, does not make it right or necessary for the Medical Profession to follow the precedent. We are entirely in favor of a registration, and of a fee sufficient to pay the expense of it, but we are strongly against assessing a small group of taxpayers, to pay for prosecutions which are for the benefit of the millions of the citizens of the State.

It seems perfectly right that the Attorney General's office should conduct such prosecutions, thus removing the cases from local influences, but the fact that this work is necessary, for the safety of the public health is no more the re-



sponsibility of the physicians alone than was the fifty million dollar bond issue to develop the State Hospitals

We wonder how many doctors will patiently stand the penalties for accidental failure to register on time. We should even be sympathetic with a doctor who should be so stupid as to think that he might stand upon the rights conferred upon him by the first registration, and refuse to do it again. We are entirely in favor of purging our list of physicians as now published in our Directory, of abortionists and other violators of the Medical Practice Act, and of putting them

forever where criminals should be, but we are against punishing any honest physician for the crime of forgetfulness

With these exceptions we heartily favor the proposed act. The definite stand against the quack is well taken and, if properly enforced, will improve our situation greatly

We would like to hear from every reader of this JOURNAL giving his opinion of this measure. We could not publish every letter but we would be glad to tabulate the opinions

We urge careful consideration of this act which carries so great potentialities N B V E

## THE PRACTICE OF MEDICINE ACT

We are printing the proposed Medical Practice Act on page 214 of this JOURNAL. It has been introduced in the Legislature as a Department of Education measure, and has the approval of the leaders of the Medical Society of the State of New York, and of the State Department of Health. The bill has been carefully considered by Mr. George W. Whiteside, the Counsel for the Medical Society, and he and the other leaders of the Medical Society approve it *in its present form*. If the bill becomes changed on its way through the Legislature, due notice of the changes will be made in this JOURNAL, and the attitude of the leaders of the Society toward the changes will be indicated. It is designed to provide the machinery for regulating the practice of medicine in New York State. The great weakness of the Medical Practice Law has been that it failed to place the responsibility for its enforcement upon any official or department. The result has been the same as the control of diphtheria would be if the health officers were not charged with the duty of both discovering and controlling cases of the disease.

The Medical Practice Act which we are printing is an amendment to Article 8 of the Public Health Law.

Article 8 is entitled "Practice of Medicine," and consists of fifteen sections numbered 160 to 174, inclusive. The present act amends sections 170 to 174 inclusive, and leaves intact sections 160 to 169.

An essential part of the Medical Practice Act is Section 160, entitled "Definitions." Subdivision of that section defines the practice of medicine as follows:

"A person practices medicine within the meaning of this article, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake by any means or method, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition."

This definition of the practice of medicine is

sufficiently broad and clear to include the practice of all the common cults, including chiropractic. This definition has been on the statute books since 1907. It has been a dead letter because physicians have been the only persons who had any interest in the enforcement of the act, and when now and then a physician gave information against an illegal practitioner his complaint was vitiated by his apparent self-interest in the prosecution.

Section 161 of the Practice of Medicine Law sets forth moral qualifications of a candidate for medical practice.

Sections 162 to 165 give the organization powers and duties of the State Board of Medical Examiners.

Sections 166 to 169 inclusive give the educational qualifications that are required for admission to the State examinations for licensing physicians, and the procedure for conducting the examinations and issuing licenses to practice medicine.

All these sections of the law are satisfactory in their present form, and no change in them is suggested.

The new law starts with Section 170. It omits the entire present Section 170, and repeals Section 171. These two sections provided for registration in each county in which the physician intends to practice, and for the revocations of licenses and the annulment of registry. In its place it substitutes a registration, and this registration will permit the physician to practice medicine anywhere in New York State.

Section 172 is on legal evidence. It is renumbered 171, and remains as at present.

Section 173 of the present law, entitled "Construction of this Article," is renumbered 172 in the proposed law and remains as it is at present, except for the insertion of a short paragraph permitting the use of the title *doctor* by those holding academic degrees.

Section 174 of the present law becomes Section 173 and is entitled *Penalties*. All the present



matter in the section is omitted, and new procedures are prescribed by the proposed law. Section 173 of the new law provides the prosecuting machinery to which reference was made in the beginning of this article. It provides that a violation of the article shall constitute a misdemeanor which may be tried in courts of special sessions without a preliminary indictment, and that such misdemeanors shall be prosecuted by the District Attorney, and that the State Attorney General may supersede the district attorney without further authority or direction. It further provides that the Regents shall investigate complaints against alleged illegal practitioners and may appoint inspectors who shall gather evidence on which to base the prosecutions.

The proposed law adds a section to be known as section 174. This section is on subjects which were contained in section 170 of the present law, and relates to the revocation of certificates and the annulment of registrations.

It is proposed that the new provisions of the law take effect on July 1, 1924.

Anyone who compares the proposed law with the present one will be struck with the completeness of the new provisions and with their adequacy to cope with the illegal practice of medicine. Physicians have long been demanding the passage of a law that shall embody the broad general provisions of the one which is now proposed. They object to only one provision—that of re-registration. It is unwise to call the bill the registration bill. The reasons for the provision of re-registration are clear and cogent. The duty of prosecuting illegal practitioners is placed upon the Regents. The first thing for the Regents to do is to secure a complete list of the legally registered doctors of New York State. This they can do by various means such as a canvass by the police, or a certification by medical societies of the counties or State. These methods are burdensome and inexact, and the simplest method is that of having each physician do his part and register himself personally. It would be a calamity if the annoyance which the physicians feel should lead them to oppose the bill.

F O

### FREELY WE HAVE RECEIVED, FREELY GIVE

Generous has been the response to the appeal for funds made by the physicians in Germany to their *confrères* in America.

Largely and repeatedly have money, clothing and food been contributed for the starving children of unhappy Deutschland, through the medium of the Red Cross Association, and the American Committee of Relief of German Children, and other organizations of devoted philanthropic people.

At this moment General B. G. Dawes, Owen D. Young and Henry M. Robinson are sitting in Germany as committee charged with the duty of ascertaining Germany's resources and financial possibilities, and of proposing a scheme of reparations commensurate with her real ability to pay, present and future. This American Committee is performing an altogether altruistic labor—a contribution to the adjustment of world difficulties, and an earnest endeavor to assist, as far as in us lies, in the prevention of further uncertainty, suffering and anguish of many of the peoples of Europe, which were debilitated and distressed by the great World War.

At this time the German Government is seeking to float a large loan in the United States to assist it in prolonging its very life and in generally rehabilitating its practically bankrupt country. Hardly anywhere else in the world can Germany borrow any money.

With all these facts at hand showing to what extremity Germany has sunk, and its imperative

need for a helping hand, it seems incredible to American physicians that the members of the medical faculty of the former German Empire should take the position they do, back of their government, in refusing to make known the composition of the announced new remedy for the veritable sleeping sickness of tropical Africa, or *trypanosomiasis*.

It is stated that researches incident to the dye industry in Germany revealed the properties of a new compound which is fatal to the parasite mentioned, when ingested by the affected human being. It is further stated that the Government of Great Britain provided a detail of physicians with complete facilities for testing this new remedy and that they reported it as efficacious and valuable.

Whereupon Germany refuses to do the ethical and altruistic and usual medical act in making known to the medical world the composition of this new remedy, except for a price. It demands that its former African colonies, lost by it very properly during the World War be restored to it as a condition of divulging the facts concerning this medicament, otherwise it will keep its secret.

If the physicians of Germany continue to endorse this offer of a dicker, and remain a party to it, they will deserve to forfeit much consideration by their American *confrères*, and much of their present claim of a frank scientific attitude.

"Freely ye have received, freely give."

A W T



# LEGAL

BY GEORGE W. WHITESIDE

## PROPOSED AMENDMENTS TO THE MEDICAL PRACTICE ACT

The condition of the public mind on quackery at this time augurs well for the passage of legislation against the quack. There is more public interest evidenced through the lay press on this subject than has been seen in many years and considerable publicity has already been given to proposals to remedy admittedly bad conditions in this state.

The bill now pending before the legislature and sponsored by the Department of Education contains many new features upon which the profession should be informed that it may take a position as leaders in the movement for reform.

*The Present Law*—From time to time the educational requirements of an applicant for a license to practice medicine have been raised by statute so that this state is commonly regarded as maintaining a high standard of medical licensure. The provisions for registration of physicians have not been materially changed in forty-three years and the penalties against unlicensed practitioners and the machinery for enforcing such penalties have been unchanged for sixteen years. The registration law now requires each physician to register in the County Clerk's Office of the county in which he practices and throughout the state the County Clerk's offices contain the names of thousands of physicians who during that time were licensed and registered. Many of these physicians are dead or have removed from the state so that there is not any authentic or accurate official census of physicians in this state. The method of prosecution against unlicensed practitioners that has been in force for sixteen years past has been but little utilized throughout the state and where it has been invoked the results have been far from satisfactory. The authorities have become accustomed to look to the County Medical Societies to take the initiative in the enforcement of the Medical Practice Act in that under the law they are specifically mentioned as authorized to undertake prosecutions and are permitted to receive the fines resulting from prosecutions to defray the expense incident to such cases. This system has given an unfortunate aspect to the enforcement of the law, in that this means of enforcement for the general good has been misinterpreted as prompted by selfish motives on the part of the profession. Color has been given to this mistaken view by the fact that a medical society acting as complainant has a financial interest in the ultimate result of the case in the collection of such fines as may be imposed. Furthermore,

this system of enforcement has imposed upon the organized medical profession the exercise of police powers which have been not only in part misunderstood by the public but have resulted in imposing a burden upon the organized profession for which it is not adequately equipped to finance or discharge.

There has not been any centralized department of the state government charged with the duty of enforcement, nor any provision for the appointment of inspectors to discover and bring to justice unlicensed practitioners. These defects in the present law undoubtedly account in part for the notoriously bad condition now existing throughout the state due to the practice of medicine by unlicensed and unqualified practitioners under practical immunity from the penalties of the law.

*Proposed Changes*—The proposed amendments seek to correct these defects with a view of ridding the state of the unlicensed practitioner and of providing means of reaching likewise the licensed man who by his fraudulent or unlawful practice brings odium upon the profession.

*Registration*—Under the law now in force providing for registration in the County Clerk's Office the status of the physician's license is not affected by the provisions requiring registration. His right to practice in a given county is predicated upon his license and his registration in that county. This in effect restricts a physician to the practice of medicine in one county, his work in other counties being practically confined to consultation work or the visitation of patients. There is no way, therefore, that the authorities of one county can quickly ascertain if a physician visiting patients or holding consultations in such county is in fact a licensed physician if his office is in another county, unless indeed the authorities investigate the records of the County Clerk's Office of the county wherein the physician has his office, and then there would be no certainty as to the identity of the particular physician should his name be found on the County Clerk's list, as he might well be practicing under the diploma of a duly registered physician who had died. Furthermore, these County Clerks' lists are now cluttered with the names of thousands of licensed men who have died or moved away, and in order to be absolutely certain that the name appears on the list one would have to examine the entire list from the year 1880 to date.

It is proposed in the amended act to do away with the restriction confining a practitioner to



one county and to give to his license, which is in effect state-wide, truly state-wide application so that he may be permitted to practice throughout the state, and to substitute for the registration in the County Clerk's Office a registration with the Board of Medical Examiners under the regents at Albany.

In order that this registration may be kept up-to-date it is required that a physician register annually but that this should be done with as little inconvenience as possible to the profession after the first registration and to this end the secretaries of county medical societies are given authority to aid in the registration by using the machinery of their offices. The registration subsequent to the first therefore, practically amounts simply to a report of the name and address of the practitioner so as to show that he is still engaged in practicing medicine.

The list of authorized practitioners is to be published annually in January and furnished to every licensed practitioner with the request that he report the name of any person that he knows to be practicing whose name does not appear in the list to the secretary of the Board of Medical Examiners and also to the secretary of the County or State Medical Society without assuming responsibility of prosecution. In this way the regents will be informed of the activities of unlicensed practitioners and the medical societies will have the information so that they can follow up the matter with the authorities and see that action is taken. Instead of the county societies instituting prosecutions, all prosecutions will be instituted by the Board of Regents although anyone may upon his own information bring a prosecution. The Board of Regents are empowered to appoint inspectors to discover violations and to bring about prosecution of the violators. The appointment of assistant attorneys general is provided to enforce the act.

In order that the profession should not be permanently committed to the necessity of annual registration, the act provides that registration shall be required for only five successive years. It is intended by this means to regard this five-year period as a trial period during which the profession will ascertain the degree of efficiency shown by the regents and the Attorney General in the enforcement of the act with a view of determining at the end of that time whether it would be wise to extend the principle of registration for a further period or not.

The principle that exists in the present law, whereby a license once granted is regarded as good for the life of the licensee unless revoked for cause, is continued in the proposed act and the provisions requiring registration are not permitted to have any effect whatsoever upon the status of a man's license. Failure to register under the act subjects one to a small additional

fee and willful refusal to register is punishable only by the imposition of a fine and it is specifically provided that under no circumstances shall there be any other penalty imposed so as to prevent the registration act being used as a weapon for the revocation, suspension or jeopardy of a man's license.

It can be readily seen that the enforcement of this act as outlined above will entail considerable expenditures of money which should be appropriated from the public treasury. Those who have long and practical experience in the operation of laws particularly governing the professions speak with considerable authority that such appropriations are as a matter of practice quite impossible to obtain and that should the enforcement of the act be dependent upon such appropriations such enforcement would probably break down through lack of appropriations and the act become a dead letter. This is decidedly an unfortunate condition of affairs and one to be deplored, but nevertheless one to be reckoned with. It has, therefore, been provided by the sponsors of the act that a license fee for registration of two dollars per year be imposed upon the physician and that this fee, together with such fees and penalties as may be collected in the enforcement of the act against unlicensed practitioners should be used in the enforcement of the Medical Practice Act. Were one to attempt to sustain the imposition of this fee taxation or assessment or whatever one may wish to call it on the grounds of principle one would be met at the very threshold of his attempt with insuperable difficulty. It is not a practice supported by principle but nevertheless apparently justified by precedent. The other professions other than the profession of the law, are assessed in this way for the enforcement of the acts under which their licenses are granted. It is not our purpose to make any plea in support of this practice but to endeavor dispassionately to explain the circumstances under which it has been proposed with the view of having the profession understand and appreciate the underlying reasons prompting it, so that they may weigh with the disadvantages of the system the claimed advantages in the other provisions of the act.

Many physicians may say why should the medical profession be taxed to enforce the law when the law profession is not taxed to enforce the law applicable to the practice of law. With as much reason one may say why should the dentists be taxed and the medical profession not taxed. Then again the legal profession has an entirely different situation to deal with. In the County of New York in this state there are two recognized law associations one the Bar Association the other the New York County Lawyers' Association. In the former the annual dues are seventy-five dollars, in the latter ten dollars, a



total of eighty-five dollars a year in dues alone to these professional associations. Both of these associations have committees on the unlawful practice of the law and grievance committees. Last year the Bar Association through its grievance committee disbarred or disciplined numerous lawyers and in addition heard upwards of a thousand complaints from litigants against lawyers, and spent upwards of sixteen thousand dollars in the performance of their work. In this way the legal profession has in effect taxed itself to enforce the law against its own members who debase the profession and against those who seek to encroach upon its prerogatives. Similar action is taken by many of the bar associations of the different counties throughout the state and substantial dues are paid by the lawyers in those counties to carry on this and other work. The medical profession has never on such scale engaged in this class of disciplinary work, either of its own members or of the unlicensed practitioners, or spent a small fraction of the amount which the legal profession have spent to maintain that profession against the inroads of shysters and unlicensed practitioners.

Under the proposed act, the total amount of the fees under the registration would be ten dollars for the five-year period. The question to be determined by the profession is, are they ready to spend this amount in this way and do they consider the general end sought to be accomplished by the other provisions of the act worth the sacrifice which the annual registration fee system entails?

**Penalties**—The amendments add to the present penalty of a misdemeanor for the violation of the act a civil penalty of one hundred dollars for each violation and provide that this penalty may be recovered by the Attorney General in a suitable action and every day's violation constitutes a separate violation for which the penalty may be imposed. This is a material increase in the penalties provided under the present law and furthermore the prosecution as misdemeanors of violations while in the hands of the District Attorney, as is now the case, may be undertaken by the Attorney General at any time should he find it necessary in his judgment, to supersede the District Attorney in a case. This provision should stimulate district attorneys who otherwise would be indifferent to the prosecution of these offenses.

The definition of offenses as contained in the present act is continued and in addition there is a strong prohibition against the use of the title "Doctor" by anyone who is not authorized by law to use it. Enforcement of this provision should bring down many chiropractic signs and blot out many newspaper advertisements of members of that cult. The misuse of the title "Doctor" in the past has been notorious and flagrant. There should be no excuse for this abuse

continuing under the amended act. The prosecution of all offenses under the act is made much simpler by giving jurisdiction to Special Sessions courts, which means that indictment by Grand Jury is unnecessary and a prompt summary trial can be had. In the Greater City this would mean trial without a jury. A new rule of law is provided whereby a person who displays a sign or an advertisement as a practitioner of medicine is presumed to be responsible for the sign or advertisement without further proof being offered to connect him therewith. This makes much simpler the eradication of these signs and advertisements and the restoring of the title of "Doctor" to its time-honored respect in the community.

**Revocation of Licenses**—The present provisions are in substance continued with slight modifications looking to simplicity. The present provision which gives the right to the regents to revoke a license of a practitioner who is guilty of a misdemeanor is repealed in that under this provision a practitioner might be convicted of a misdemeanor involving no moral turpitude and based upon some technical violation of the statute and have such conviction made the basis for attacks upon his license. Additional protection has been accorded the registered physician in this respect by providing that only conviction of crime involving moral turpitude other than conviction of a felony should be ground for revocation and then only after due trial. A new section, however, has been added as a ground for revocation and that deals with fraudulent advertising by physicians and this section should be welcomed by the ethical practitioners. Any physician under this section who is guilty of untrue, fraudulent, misleading or deceptive advertising or advertising cures for incurable diseases or secret methods of treatment or treatments or operations by means that he will not divulge may have his license revoked or suspended after trial. An additional safeguard is given to the physician, however, by providing a direct appeal by means of certiorari to the Appellate Division so that the judgment by which his license has been suspended or revoked may be reviewed. This same procedure is likewise provided for any physician who is aggrieved by any action of a disciplinary character that may be taken by the regents or who has been denied registration. It is the purpose of these provisions not only to provide adequate means for the disciplining of licensed physicians who bring disgrace upon the profession but to throw about every licensed physician adequate safeguards and protection against injustice or discrimination.

#### Conclusion

It has been our purpose in this discussion to present the various features of the proposed amendments without prejudice. There are in-



doubtedly many provisions of the amendments the benefit of which the profession would be unfortunate in losing. Are there insurmountable objections which would outweigh these benefits? On many points there does not seem room for much honest difference of opinion. On the registration feature judgments may differ. The profession as a whole should be heard on these proposed amendments and its ultimate judgment prevail. Material changes in the bill by way of amendment that seriously affect the vital principles of the bill or increase its burdens to the

profession might justify active opposition. If the bill is considered by the legislature as it has been introduced it would appear to be incumbent upon the profession to take a definite stand in favor of, or in opposition to its provisions. We conceive it as no part of our duty to attempt in the slightest degree to influence the policy of the society in this discussion and have endeavored purely to present the various features of the bill in the hope that the views here expressed may be of some value in the formation of a proper judgment of its value. G W W

### DIABETIC GANGRENE WITH RESULTANT OPERATIONS

The defendant in this case was an attending physician at the clinic of one of our hospitals devoting a few hours several days a week to the gratuitous treatment of patients at the clinic.

The plaintiff, a waiter by occupation, had been a sufferer from diabetes for some period of time and had been a bed patient at the hospital for such condition. Under the hospital treatment he improved so that he became an ambulatory patient at the clinic. Among other patients at the clinic, he was seen and treated by the defendant at various times. He continued to receive treatment at the clinic for about seven months. His diabetic condition progressed to a gangrenous condition causing a dry sloughing of the great toe of the right foot. He was advised to have the toe amputated and finally consented to such operation, which was performed by one of the visiting surgeons at the clinic and not by the defendant. After the amputation of the toe, except

for one or two visits he ceased coming to the particular clinic for treatment.

Suit was subsequently instituted against this physician it being claimed that this defendant had performed the operation for the amputation of the plaintiff's toe and that because of his negligence in so doing a septic condition was set up in the plaintiff which grew progressively worse, requiring subsequent operations for the removal of the plaintiff's right leg and part of his left leg.

The action was not very strenuously pressed by the plaintiff's attorney and did not finally reach a place on the calendar for trial until almost four years after the action had been instituted, then the plaintiff's attorney realizing that there was no merit to his cause of action sought by every means to procure a settlement and when he found his efforts were of no avail and that in order to recover he would have to try the action, he then abandoned it consenting to a discontinuance.

G W W





# LEGISLATION



By James N Vander Veer, M.D

The Legislative Bureau is in receipt of a letter from the Executive Secretary, Bureau of Legal Medicine and Legislation of the American Medical Association which he believes should be published to the members of the Medical Society of the State of New York, that they may read of the efforts being made to free physicians of the unjust over-taxation now imposed as to the Harrison Narcotic Law.

The letter makes mention of the fact of the many complaints received from the profession relative to the ruling that requires physicians to pay income taxes on amounts expended for professional purposes in many ways

Physicians of this State would do well to write to the gentlemen whose names are mentioned in the letter in order that we might set before our representatives in Congress who are on the Ways and Means Committee our views upon the subject

"The Committee on Ways and Means of the House of Representatives has decided to act unfavorably on our appeal for relief from the occupation tax imposed on the physician under the Harrison Narcotic Act"

"A tax is necessary if that act is to be valid. The amount originally fixed, however, one dollar a year, amply insured its validity. The excess of the present tax is a burden discriminating against the medical profession simply to swell the federal revenues

No complaint was made when that burden was imposed, the Government needed the money. The Government, however, no longer needs it, and judging from published reports the Committee on Ways and Means is about to recommend slashes on tax rates generally, covering a wide field. There is no discoverable reason why the Committee should not recommend a reduction of this tax on the medical profession"

"On the Committee named are Hon Frank Crowther, of Schenectady, New York, and Hon Ogden L. Mills and Hon John F. Carew of New York City, New York. Will you not write to them about this matter, or have some responsible laymen known to them whose opinion they are likely to respect do so? It should be made clear that the medical profession knows that this excessive tax is unnecessary, regards it as unjustly discriminating against the physician, and is inclined to resent it"

"Attention might be called, too, to the complaints of the profession relative to the ruling that requires it to pay income taxes on amounts expended for professional purposes, namely, for travelling expenses incident to attendance on medical meetings and to postgraduate study"

"A letter addressed to the Committee on Ways and Means, November 23, 1923, shows the form in which the matter was presented to that Committee. The matter was discussed with Hon Wm R. Green, Chairman of the Committee on Ways and Means, before that Committee acted, who was hopeful of a favorable reaction. It was somewhat disappointing, therefore, when the present situation was revealed"

Accompanying this letter was a memorandum of compilation of arguments which were sent to the Acting Chairman of the Committee on Ways and Means, House of Representatives, last November, a digest of which is given that physicians may acquaint themselves and take action individually thereon if they wish to make any headway in the relief from taxes imposed

## COPY

AMERICAN MEDICAL ASSOCIATION

Bureau of Legal Medicine and Legislation

William C Woodward, M.D., LL.M.,  
Executive Secretary

535 North Dearborn Street, Chicago,

November 23, 1923

Hon William R. Green,  
Acting Chairman, Committee on Ways and Means,  
House of Representatives,  
Washington, D. C.

SIR

Under date of March 23, 1923, I called your attention to the complaint made by physicians, of certain burdens imposed on them under the federal revenue laws. Two complaints were then referred to

(1) That the tax imposed on physicians under the Harrison Narcotic Act exceeds the amount necessary to give the Federal Government jurisdiction over physicians, under the Law, that to the extent of such excess it is merely an occupation tax imposed on the medical profession, and that in so far as the tax is subject to the preceding criticisms it is an illogical and unjust tax

(2) That the federal income tax law, as interpreted by the Commissioner of Internal Revenue, illogically and unjustly discriminates against the physician, in that it denies him the right of deducting as an ordinary and necessary expense of his profession expenses incurred in attending medical meetings

Since my letter was written, my attention has been called to a third source of complaint, namely

(3) That the federal income tax law, as interpreted by the Commissioner of Internal Revenue, illogically and unjustly discriminates against the physician in that it denies him the right of deducting as an ordinary and necessary expense of his profession the expense of postgraduate study

I note now that the Honorable Secretary of the Treasury has submitted to the Committee on Ways and Means the eliminating of certain miscellaneous taxes, and I am led, therefore, to urge again that the complaints of the medical profession of tax burdens illogically and unjustly imposed on it be carefully considered and that such burdens be removed

*Harrison Narcotic Act* The Secretary's suggestion that the miscellaneous taxes referred to be eliminated is on its face based on the fact that they "are a source of inconvenience to tax payers and difficult to collect."



It is, therefore, not clear that he had in mind the tax imposed under the Harrison Narcotic Act because that tax cannot be eliminated without destroying the act itself, and even if the complaint of the medical profession be rectified and the tax reduced to the nominal amount at which it was originally fixed from three dollars to one dollar, the inconvenience to taxpayers and the difficulty of collection will not be lessened. Nevertheless, it seems quite as important to relieve complaining citizens of an illogical unjust and unnecessary tax burden as it is to relieve them of similar burdens merely because they are inconvenient or because the enforcement of the obligation is difficult.

Any tax imposed on physicians under the Harrison Narcotic Act in excess of the amount necessary to vest the Federal Government with jurisdiction is merely an occupation tax without reason or excuse so long as a similar tax is not imposed on other callings.

The tax can be distributed by physicians among their patients, of course, through increases in fees but in so far as this might be done the tax would represent merely a federal tax on the sick and the injured, and it seems at least questionable whether the Federal Government desires to add to the burdens of persons already afflicted.

The tax collected under the Harrison Narcotic Act is now far in excess of the amount expended for its enforcement but this is not urged as the prime reason for reduction, for the act is designed for the benefit of the people at large, and there is therefore no reason why the cost of enforcing it should be imposed on certain selected groups, the members of which receive no special benefit by reason of its enforcement. The cost of enforcement is clearly a proper charge on the general revenues of the Government.

*Federal Income Tax Deduction of the Ordinary and Necessary Expenses.* The Revenue Act of 1921 provides

*Section 214 (a) That in computing net income there shall be allowed as deductions*

*(1) All the ordinary and necessary expenses paid or incurred during the taxable year in carrying on any trade or business including*  
*traveling expenses (including the entire amount expended for meals and lodging expenses) while away from home in the pursuit of a trade or business*

Physicians who desire to increase their professional knowledge and skill, to extend their professional acquaintance and to improve the conditions under which they practice, attend from time to time meetings of medical associations and take courses of post-graduate study. They pay the cost out of their gross professional incomes and such benefits as they derive go toward increasing their subsequent incomes and react to increase the federal revenues. But the Commissioner of Internal Revenue has somehow arrived at the conclusion that these expenses are of a personal nature and therefore not deductible in computing the federal income tax. *Cum Bul Dec 1921 p 171 and Jan. 1922 p 123*

The rulings of the Commissioner of Internal Revenue might be reversed on appeals to the courts. But no such appeal has been made because although the burden imposed by these rulings on the profession as a whole is considerable, the burden imposed on any one physician is so small that he submits to what he regards as an injustice, and pays the amount exacted of him rather than submit to the expense, loss of time, and annoyance involved in contesting the matter in court. For that reason, it is urged that relief be given through a clarification of the statute by legislative enactment.

Respectfully

(Signed) Wm C. Woodward  
Executive Secretary

Bureau of Legal Medicine and Legislation

## THE PRACTICE OF MEDICINE ACT

The Chairman of the Committee on Legislation was hopeful that he might publish the bill as finally decided upon as being most satisfactory to the members of the medical profession of the State. In view of the fact that the State Department of Education proposes to introduce, and has been sufficiently cordial to consult with your Chairman and with officers of the State Society, and finally has drawn a bill, which contains in the main, the suggestions offered by the Counsel of the Medical Society, in lieu of the provisions sought in the original bill offered by the State Department of Education, your Chairman of the Committee on Legislation hopes that the text of the bill as introduced, is as satisfactory as could be asked for, and has done the best to bring before the various groups those points which so many members of the Medical Society have desired to see incorporated and other measures kept out which might not be of such great benefit to the people of the State through physicians' co-operation.

No bill can contain all of the features desired by the individual groups which would be affected by the provisions of the bill and it remains with your Legislative Committee to once again ascertain from the County Chairmen and officers of the County Medical Societies, and so far as possible from counties which can meet and thoroughly go over the bill when finally settled upon in print, as to the decision of each County Medical Society relative to the action which the members of the State Society shall take as guided by the officers of the Society.

There is no question that the Legislature is ready and anxious to pass some type of bill which will tend to strengthen the Medical Practice Act and safeguard the more, the health of the people of this State, during the present session.

Especially is this true in view of the Connecticut situation and the State Department of Education will undoubtedly present to the Legislature some type of report of what has occurred there and make certain statements relative to conditions



in New York State as they are now known to exist

In view of this, it seems to behoove the County Societies to be prepared to give and take, insofar as their interests shall be safeguarded as individual physicians, and not to ally themselves with the groups of cultists who are preparing to oppose the bill, and will present many formal resolutions of small groups of faddists in order to give weight to such opposition and thereby put off the day of the investigation of their cult practices

Should the medical profession present a solid front, together with the departments interested in such a measure, being the State Department of Education, State Department of Health, and the Attorney General's Department, there is no question that a bill would be passed and it then only remains for the medical profession to oppose, in later years, proposed amendments of an unsatisfactory nature, which surely will crop up, or to ask the Legislature to adopt proper amendments to the bill, to strengthen the position of the individual physician in relation to the health of the public through the practice of the healing art

This would seem to be the fairest way of determining the wishes of the profession, should there be opposition, since a referendum vote of the Society cannot be readily taken in the short time allotted, and in view of the fact that there are about two-thirds of the medical profession of this State joined in membership with the three State Societies interested in the bill, namely, the Medical Society of the State of New York, New York State Homeopathic Society and the New York Osteopathic Society

It is to be noted, also, that quite a few smaller societies, local in character, have communicated with your Committee on Legislation, in the main in favor of the bill, and again is published a list of the societies which have taken action for or against the general propositions as embodied in the bill as first communicated to them

*In favor of proposed bill* Albany, Cayuga, Chemung, Dutchess-Putnam, Essex (no vote),

Franklin (no vote), Greene, Jefferson, Monroe, Montgomery, Oneida, Ontario, Orleans, Richmond, Rockland, St Lawrence (no vote), Saratoga, Schoharie, Schuyler, Seneca, Suffolk (no vote), Sullivan, Tompkins, Washington, Wayne, Warren, Westchester, Yates

*Opposed to the bill* Alleghany, Broome, Erie, Fulton (any bill req register), Genesee, Kings, Livingston, Madison (no vote), Nassau (no vote), Orange, Queens, Rensselaer (any bill req register), Schenectady, Ulster

It will be noted that at many of the County Society meetings, the attendance has been far below what it should have been, to discuss such an important issue, and that but 41 County Societies have been heard from, either "for" or "against" such legislation, so that your Committee on Legislation and your State Society officers, together with such County Medical Societies and their officers as have held meetings, will be to a degree the final arbiters relative to the proposed bill

Without question such opposition as develops will be united and will be composed of the cultists and welfare representatives who desire that the present state of affairs shall continue to exist, and the medical profession must be placed then in one of three positions, that of being in favor of the bill, or of being opposed to the bill, or thirdly, of being a divided profession, to bring ridicule upon our present position in the State and our honorable efforts to protect the public health of the State by a seeming non-desire to enter into co-operation in such matters

Amidst the medical profession themselves, there must exist, and will be found, those who are unfamiliar with legislative procedure, and who possibly may desire to voice opposition from their viewpoint of honest thought of any legislative change from the present, and in such instances it can only be fair to both sides that their views be given free expression in print and in the legislative halls, in a proper manner

This is what your Committee on Legislation and your State Society officers seek

## TEXT OF THE MEDICAL PRACTICE ACT

THE PRACTICE OF MEDICINE ACT

No 663

Int 637

IN SENATE,

February 11, 1924

Introduced by Mr Carroll—read twice and ordered printed and when printed to be committed to the Committee on Public Health

AN ACT\*

To amend the Public Health Law in relation to the practice of medicine.

\* EXPLANATION.—Matter in italics is new matter in brackets [ ] is old law to be omitted

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Section one hundred and seventy of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended as follows

§ 170 *Registration* [Registry, revocation of license, annulment of registry Every license to practice medicine shall, before the licensee begins practice thereunder, be registered in a



book kept in the clerk's office of the county where such practice is to be carried on, with name, residence, place and date of birth, and source number and date of his license to practice. Before registering, each licensee shall file, to be kept in a bound volume in a county clerk's office, an affidavit of the above facts, and also that he is the person named in such license, and had, before receiving the same, complied with all requirements as to attendance, terms and amount of study and examinations required by law and the rules of the university as preliminary to the conferment thereof, that no money was paid for such license, except the regular fees paid by all applicants therefor, that no fraud, misrepresentation or mistake in any material regard was employed by any one or occurred in order that such license should be conferred. Every license, or if lost a copy thereof legally certified so as to be admissible as evidence, or a duly attested transcript of the record of its conferment shall, before registering be exhibited to the county clerk, who, only in case it was issued or indorsed as a license under seal by the regents, shall endorse or stamp on it the date and his name preceded by the words, "registered as authority to practice medicine in the clerk's office of \_\_\_\_\_ county." The clerk shall thereupon give to every physician so registered a transcript of the entries in the register with a certificate, under seal that he has filed the prescribed affidavit. The licensee shall pay to the county clerk a total fee of one dollar for registration, affidavit and certificate. The regents shall have power at any and all times to inquire into the identity of any person claiming to be a licensed or registered physician and after due service of notice in writing, require him to make reasonable proof, satisfactory to them, that he is the person licensed to practice medicine under the license by virtue of which he claims the privilege of this article. When the regents find that a person claiming to be a physician, licensed under this article, is not in fact the person to whom the license was issued, they shall reduce their findings to writing and file them in the office of the clerk of the county in which said person resides or practices medicine. Said certificate shall be prima facie evidence that the person mentioned therein is falsely impersonating a practitioner or a former practitioner of a like or different name. The regents may revoke the license of a practitioner of medicine or annul his registration, or do both, in any of the following cases:

(a) A practitioner of medicine who is guilty of any fraud or deceit in his practice, or who is guilty of a crime or misdemeanor or who is guilty of any fraud or deceit by which he was admitted to practice, or

(b) Is an habitual drunkard or habitually ad-

dicted to the use of morphine, opium, cocaine, or other drugs having a similar effect, or

(c) Who undertakes or engages in any manner or by any ways or means whatsoever, to procure or perform any criminal abortion as the same is defined by section eighty of the penal law, or

(d) Who offers or undertakes by any manner or means to violate any of the provisions of section eleven hundred and forty two of the penal law.

Proceedings for revocation of a license or the annulment of registration shall be begun by filing a written charge or charges against the accused. These charges may be preferred by any person or corporation, or the regents may on their own motion direct the executive officer of the board of regents to prefer said charges. Said charges shall be filed with the executive officer of the board of regents, and a copy thereof filed with the secretary of the board of medical examiners. The board of medical examiners, when charges are preferred, shall designate three of their number as a committee to hear and determine said charges. A time and place for the hearing of said charges shall be fixed by said committee as soon as convenient and a copy of the charges, together with a notice of the time and place when they will be heard and determined, shall be served upon the accused or his counsel at least ten days before the date actually fixed for said hearing. Where personal service or service upon counsel can not be effected, and such fact is certified on oath by any person duly authorized to make legal service the regents shall cause to be published for at least seven times, for at least twenty days prior to the hearing in two daily papers in the county in which the physician was last known to practice, a notice to the effect that at a definite time and place a hearing will be had for the purpose of hearing charges against the physician upon an application to revoke his license. At said hearing the accused shall have the right to cross-examine the witnesses against him and to produce witnesses in his defense, and to appear personally or by counsel. The said committee shall make a written report of its findings and recommendations, to be signed by all its members, and the same shall be forthwith transmitted to the executive officer of the board of regents. If the said committee shall unanimously find that said charges or any of them are sustained and shall unanimously recommend that the license of the accused be revoked or his registration be annulled the regents may thereupon in their discretion, revoke said license or annul said registration or do both. If the regents shall annul such registration they shall forthwith transmit to the clerk of the county or counties in which said accused is registered as a physician,



a certificate under their seal certifying that such registration has been annulled, and said clerk shall, upon receipt of said certificate, file the same and forthwith mark said registration "annulled." Any person who shall practice medicine after his registration has been marked "annulled" shall be deemed to have practiced medicine without registration. Where the license of any person has been revoked, or his registration has been annulled as herein provided, the regents may, after the expiration of one year, entertain an application for a new license, in like manner, as original applications for licenses are entertained, and upon such new application they may in their discretion, exempt the applicant from the necessity of undergoing any examination.]

1 Every person now lawfully engaged in the practice of medicine within the state and every person hereafter duly authorized to practice medicine, shall, on or before October first of each year, apply to the secretary of the board of medical examiners for a certificate of registration with the regents of the university upon a blank form which shall be furnished by said secretary and shall pay at such time to said secretary a fee of two dollars, provided that any physician who has registered for five consecutive years hereunder shall be thereafter duly registered and so recorded during the time he shall thereafter continuously practice medicine in this state and shall not be required thereafter to register.

2 A physician in making his first registration hereunder shall write or cause to be written upon the application blank so furnished by said secretary his full name, post-office and residence address, the date and number of his license and such other facts for the identification of the applicant as a licensed practitioner of medicine as the regents may deem necessary and shall duly execute and verify the same before an officer empowered to take acknowledgments of deeds and deliver the same to said secretary by mail or in person. Subsequent registrations after the first registration need not be upon a sworn application by the applicant unless in a particular case the regents, for reasons satisfactory to them, may require that the application be under oath, such subsequent registration shall be made with as little inconvenience to duly licensed practitioners of medicine as possible and to that end the secretary of the board may employ and use in obtaining such subsequent registrations, the assistance of the secretary of duly incorporated medical societies who shall be empowered as a representative of the secretary of the board to receive and transmit such application blanks from physicians after the physicians' first registration, together with the license fees payable upon such applications.

3 The secretary of the board, on or before August first of each year, after the first registra-

tion, shall mail or cause to be mailed to every physician registered in his office, (except those who have registered for five successive years) a blank form of application for registration addressed to the last known post-office address of such physician or may cause such blank form of application to be sent to such physician through the secretary of any duly incorporated medical society. The form of application shall be such as to contain proper spaces for the insertion by the applicant of the information required under paragraph 2 of this section.

4 Upon receipt of such application by said secretary of the board, together with the fee of the applicant and after the said board has ascertained that the applicant is duly licensed, said secretary shall issue forthwith to the applicant entitled to the same, a certificate of registration, under the seal of the university, for the year ensuing and ending September thirtieth.

Upon the first day of January in each year, or within ten days thereafter, the secretary of the board shall publish and cause to be mailed to each physician registered hereunder in this state, a printed list of the duly registered physicians in this state and each such published list shall contain at the beginning thereof these words:

"Each registered physician receiving this list is requested to report to the Secretary of the Board and to the secretary of any duly incorporated county medical society existing in the county of his residence or to the secretary of any incorporated state medical society in which said county medical society is represented, the name and address of any person known to be practicing medicine whose name does not appear in this registry. The names of persons giving such information shall not be divulged."

The names of physicians which shall in any year be added to said list after the same shall have been so printed and distributed as aforesaid, shall be reported quarterly to the secretary of any duly incorporated State Medical Society of which county medical societies are components.

5 Any licensed physician who having failed or neglected to register by October first of any year as required by the provisions of this section, shall be required to pay upon registration, in addition to the fee of two dollars, a further fee of one dollar for each thirty days or part thereof, that he is in default, and any licensed physician who engages in practice and wilfully refuses or omits to register hereunder, shall be subject to a civil penalty of one dollar for each day that such wilful refusal or omission shall continue, provided that if the same continues for more than thirty days the penalty thereafter shall be five dollars per day so long as the said wilful refusal or omission shall continue, said penalties shall be recoverable in an action by the attorney



general of the state maintained in the name of the people of the State of New York

6 The penalties provided in this section for failure, neglect or omission of a duly licensed physician to register under this article shall be the only penalties that may be imposed therefor

7 Each licensed physician shall conspicuously display his proper registration certificate in his office at all times

8 The foregoing provisions providing for registration shall apply also to those to whom a license to practice osteopathy shall have heretofore or may hereafter be granted

§ 2 Section one hundred and seventy-one of such chapter as amended by chapter fifty-three of the laws of nineteen hundred and fifteen is hereby repealed

§ 3 Section one hundred and seventy-two of such chapter is hereby renumbered section one hundred and seventy-one

§ 4 Section one hundred and seventy-three of such chapter as amended by chapter six hundred and thirty of the laws of nineteen hundred and eighteen is hereby renumbered section one hundred and seventy-two and amended to read as follows

[173] 172 Construction of this article This article shall not be construed to affect commissioned medical officers serving in the United States army navy, or marine hospital service, while so commissioned, or any one while actually serving without salary or professional fees on the resident medical staff of any legally incorporated hospital, or any legally registered dentist exclusively engaged in practicing dentistry, or any person or manufacturer who mechanically fits or sells lenses artificial eyes, limbs or other apparatus or appliances or is engaged in the mechanical examination of eyes, for the purpose of constructing or adjusting spectacles, eye glasses and lenses, or any lawfully qualified physician in other states or countries meeting legally registered physicians in this state in consultation, or any physician residing on a border of a neighboring state and duly licensed under the laws thereof to practice medicine therein whose practice extends into this state and who does not open an office or appoint a place to meet patients or receive calls within this state, or any physician duly registered in one county called to attend isolated cases in another county, but not residing or habitually practicing therein, or the furnishing of medical assistance in case of emergency, or the domestic administration of family remedies, or the practice of chiropody, or the practice of the religious tenets of any church The prohibition against the use of the title "doctor" or any abbreviation thereof as in this article provided, shall not be construed to obridge the right to the use of any academic degree legally conferred by any duly constituted college

or university authorized to confer such degrees as recognized by the laws of this state and the rules of the regents This article shall be construed to repeal all acts or parts of acts authorizing conferment of any degree in medicine causa honoris or ad eundem or otherwise than on students duly graduated after satisfactory completion of a preliminary medical course not less than that required by this article as a condition of license It is further provided that any person who shall be actively engaged in the practice of osteopathy in the state of New York on the thirteenth day of May nineteen hundred and seven and who shall present to the board of regents satisfactory evidence that he is a graduate in good standing of a regularly conducted school or college of osteopathy within the United States which at the time of his or her graduation required a course of study of two years or longer, including the subjects of anatomy physiology, pathology, hygiene, chemistry, obstetrics diagnosis and the theory and practice of osteopathy, with actual attendance of not less than twenty months which facts shall be shown by his or her diploma and affidavit shall upon application and payment of ten dollars be granted, without examination, a license to practice osteopathy, provided application for such license be made within six months after the thirteenth day of May, nineteen hundred and seven A license to practice osteopathy shall not permit the holder thereof to administer drugs or perform surgery with the use of instruments Licenses to practice osteopathy shall be registered in accordance with the provisions of this article and the word osteopath be included in such registration, and such license shall entitle the holder thereof to the use of the degree D O or doctor of osteopathy

5 Section one hundred and seventy-four of such chapter is hereby renumbered section one hundred and seventy-three and amended as follows

173 Penalties [174 Penalties and their collection] Any person who not being then lawfully authorized to practice medicine within this state and so registered according to law, shall practice medicine within this state without lawful registration or in violation of any provision of this article, and any person who shall buy, sell or fraudulently obtain any medical diploma license, record or registration, or who shall aid or abet such buying, selling or fraudulently obtaining, or who shall practice medicine under cover of any medical diploma, license, record or registration illegally obtained, or signed, or issued unlawfully or under fraudulent representations or mistake of fact in a material regard, or who, after conviction of a felony, shall attempt to practice medicine, or shall so practice and any person who shall in connection with his name



use any designation tending to imply or designate him as a practitioner of medicine within the meaning of this article without having registered in accordance therewith, or any person who shall practice medicine or advertise to practice medicine under a name other than his own, or any person, not a registered physician, who shall advertise to practice medicine, shall be guilty of a misdemeanor. Any person who shall practice medicine under a false or assumed name, or who shall falsely personate another practitioner or former practitioner of a like or different name, shall be guilty of a felony. When any prosecution under this article, or under sections eleven hundred and forty-two, eighty, eighty-one, eighty-two, seventeen hundred and forty-seven of the penal law, and any amendments thereto is made on the complaint of any incorporated medical society of the state, or any county medical society entitled to representation in a state society, any fines collected shall be paid to the society making the complaint, and any excess of the amount of fines so paid over the expense incurred by the said society in enforcing the medical laws of this state, shall be paid at the end of the year to the county treasurer.]

"1 Any person who shall

(a) sell, or fraudulently obtain or furnish any medical diploma, license, record or registration, or aid or abet in the same, or

(b) practice medicine under cover of any medical diploma, license, record or registration illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation or mistake of fact in a material regard, or

(c) advertise to practice medicine under a name other than his own or under a false or assumed name, and

2 Any person, who, not being then lawfully licensed and authorized to practice medicine within this state and so registered according to law, shall

(a) Practice or advertise to practice medicine or

(b) Use in connection with his name any designation tending to imply or designate him as a practitioner of medicine, or

(c) Use the title "doctor" or any abbreviation thereof in connection with his name or with any trade name in the conduct of any occupation or profession involving or pertaining to the public health, unless duly authorized by law to use the same, and

3 Any person, who during the time his license to practice medicine shall be suspended or revoked shall practice medicine,

Shall be guilty of a misdemeanor and shall also be subjected to the recovery of civil penalties

Such misdemeanor shall be punishable by im-

prisonment for not more than one year or by a fine of not more than \$500 or by both such fine and imprisonment for each separate violation

4 All courts of special sessions within their respective territorial jurisdictions are hereby empowered to hear, try and determine such crimes without indictment and to impose in full the punishments of fines and imprisonments herein prescribed

Such misdemeanors shall be prosecuted upon the private information of any person by the District Attorney of the county wherein the same are committed and at any time the Attorney General may, without further authority or direction, supersede the District Attorney in the prosecution such misdemeanors

5 In addition to the criminal punishments of imprisonment and fine as above provided a civil penalty is hereby prescribed and imposed which shall be not more nor less than one hundred dollars for each such violation, to be recovered by the Attorney General in an action against the party or parties guilty of such violation, which action shall be maintained in the name of the people of the State of New York. Such civil penalties shall be cumulative, a separate penalty being recoverable for each separate violation, and each separate day's violation shall constitute a separate violation for which recovery may be had as above provided. The Attorney General, with the consent of the State Commissioner of Education, may compromise claims for such penalties and accept less than the amount claimed or due before or after an action has been begun. No compromise may be made, however, after decision made or verdict rendered, except pursuant to Section 34 of the State Finance Law. Notwithstanding the provisions of any other general, local or special law, all penalties, fees, forfeitures of bail and fines recovered under this article shall be paid to the regents who shall pay over to the Attorney General, out of the sums received, a sufficient amount to pay the salaries of such deputies and assistants as the Attorney General shall assign for the enforcement of this article, and the Attorney General is hereby authorized to pay any deficit in such salaries or any additional sum necessary out of his general appropriations. The balance of such sums retained by the regents shall be used for the expenses of the State Education Department in the enforcement of this article. On the first day of July beginning in the year nineteen hundred twenty-five and each year thereafter, the regents shall pay any balance of such funds remaining in their hands to the state treasurer. After this act shall take effect, the regents shall report to the state comptroller on the fifth day of every month the amounts received by them under this article and remaining in their hands, with all ex-



penditures made by them for the preceding month

6 Judgments for civil penalties recovered under this article may be enforced by execution against the person as provided in the civil practice act. 1 person taken into custody under such an execution shall not be admitted to the liberties of the jails and shall be confined Sundays and legal holidays included for not less than one day and at the rate of one day for each dollar of the amount of the judgment recovered for civil penalties and costs and remaining unpaid. No person shall be imprisoned more than once or for more than six months on the same judgment. The provisions of this article relative to imprisonment for such debts shall be exclusive and the provisions of the debtor and creditor law and of section seventy-two of the civil rights law shall have no application and prosecutions for a crime under this article shall not bar prosecutions for civil penalties.

7 The display of a sign or an advertisement bearing a person's name as a practitioner of medicine in any manner or by implication or containing any other matter forbidden by law shall be presumptive evidence in any prosecution or hearing that the person whose name is so borne is responsible for the display of such sign or advertisement and of a holding out and of the practice of medicine by such person for each separate day such sign or advertisement is anywhere displayed by anyone but such presumptions are rebuttable by the defence. It shall be necessary to prove in any prosecution or hearing under this article only a single act prohibited by law or a single holding out or an attempt without proving a general course of conduct in order to constitute a violation.

8 All violations of this act when reported to the regents and duly substantiated by affidavits or other satisfactory evidence shall be investigated and if the report is found to be true and the complaint substantiated, the regents shall report such violation to the Attorney General or District Attorney and request prompt prosecution. The regents may appoint such inspectors as are necessary to be paid from the funds recovered under this act at such salaries as they may determine and it shall be their duty under the direction of the regents to investigate promptly and thoroughly such violations and to procure where possible legal evidence of the same for prosecution of the offenders.

Sec 6 Article eight of such chapter is hereby amended by adding thereto a new section to be known as section one hundred and seventy-four to read as follows:

Sec 174 Revocation of certificates and annulment of registrations

1 Whenever any practitioner of medicine shall be convicted of a felony there may be presented to the regents a certified or exemplified copy of the judgment of such conviction and thereupon the registration of the person so convicted shall be annulled and his license revoked.

Upon reversal of the conviction of such practitioner the regents shall upon receipt of a certified copy of the judgment or order of reversal vacate their order of revocation and annulment of registration but nothing herein contained shall restrict the regents of power to proceed against such practitioner under the next subdivision.

2 The regents may revoke or suspend the license of a practitioner of medicine and annul his registration or reprimand or discipline as in their discretion they may deem best for the public interest in any of the following cases:

Upon the finding after due hearing:

a That a physician is guilty of fraud or deceit in the practice of medicine or in his admission to the practice of medicine or in his procuring registration, or

b That a physician has been convicted in a court of competent jurisdiction either within or without this State, of a crime involving moral turpitude

c That a physician is a habitual drunkard, or addicted to the use of morphine cocaine or other drugs having a similar effect or has become insane

d That a physician is guilty of untrue fraudulent misleading or deceptive advertising, or advertising that he can cure diseases which are recognized by the medical profession as incurable or advertising that he can cure or treat disease by a secret method, procedure, treatment or medicine, or that he can treat operate or prescribe for any human condition by a method, means or procedure which he refuses to divulge upon demand to the regents.

3 Proceedings for revocation of a license suspension of practitioners from practice or the annulment of registration under subdivision two of this section shall be begun by filing a written charge or charges against the accused. These charges may be preferred by any person corporation or public officer, or the regents may on their own motion direct the executive officer of the board of regents to prefer said charges. Any charges shall be filed with the commissioner of education and a copy thereof filed with the secretary of the board of medical examiners. The president of the board of medical examiners when charges are preferred, shall designate three of their number as a committee to hear and determine said charges. A time and place for the hearing of said charges shall be fixed by said committee as soon as convenient and a copy of



the charges, together with a notice of the time and place when they will be heard and determined, shall be served upon the accused or his counsel, at least ten days before the date actually fixed for said hearing. Where personal service or service upon counsel cannot be effected, and such fact is certified on oath by any person duly authorized to make legal service, the secretary of the board of medical examiners shall cause to be published for at least four times, at least thirty days prior to the hearing, a notice of hearing, in a newspaper published in the county in which the physician was last known to practice, and a copy of such notice shall also be mailed to the accused at his last known address. All such notices of charges shall contain a plain and concise statement of the material facts, without unnecessary repetition, but not the evidence by which the charges are to be proven, with a notification that a stenographic record of such proceedings shall be kept and that the accused shall have opportunity to appear either personally or by counsel at the hearing, with the right to produce witnesses and evidence upon his own behalf to cross-examine such witnesses, to examine such evidence as may be produced against him and to have subpoenas issued by the board. The said committee shall make a written report of its findings and recommendations, to be signed by all its members, and the same shall be forthwith transmitted to the board of regents with the entire record and evidence. If the said committee shall unanimously find that said charges, or any of them, are sustained, and shall unanimously recommend that the license of the accused be revoked or the practitioner suspended from practice, and his registration annulled, or that he be otherwise reprimanded or disciplined, the regents may thereupon in their absolute discretion, revoke or suspend said license and annul said registration or otherwise reprimand or discipline as in their absolute discretion they may deem best for

the public interest, provided that no greater penalty than that recommended by said committee be imposed. Where the license of any person has been revoked, or his registration has been annulled as herein provided, the regents may, after the expiration of one year, entertain an application for a restoration of license and registration, in like manner as original applications for licenses are entertained, and upon such new application they may in their discretion, exempt the applicant from the necessity of undergoing any examination. The regents may in their discretion restore to good standing any physician who has been suspended from practice.

4 Any licensed practitioner found guilty under the provisions of this section on charges on whose license is otherwise revoked or suspended or registration annulled, or who has been refused registration, or who is otherwise reprimanded or disciplined by the board of regents under this article shall have an order of certiorari for the purpose of reviewing such determination returnable before the Appellate Division of the judicial department where the board of regents made the determination complained of, but no such determination of the board of regents shall be stayed or enjoined except upon application to such Appellate Division, after notice to the state commissioner of education, and upon a showing that the determination of the board of regents was clearly wrong, that the constitutional rights of the applicant have been violated or that the board of regents made its determination without jurisdiction. The board of medical examiners or the board of regents may issue subpoenas and administer oaths pursuant to section 61 of the Public Officers Law in connection with any hearing or investigation under this article and it shall be the duty of such boards to issue subpoenas at the request of and upon behalf of the defence.

Sec 7 This act shall take effect July first, nineteen hundred and twenty-four

## LEGISLATIVE BILLS

### SENATE

The Narcotic Bill—Senate Int No 285 (Print No S 289), by Senator Morton J Kennedy, of New York, concurrent Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld, of New York

The Narcotic Bill is still in Public Health Committee in each house, no action has been taken thereon

Attention is called to the letter of objection published in a previous number of the JOURNAL, and it is requested that, if County Legislative Chairmen and individual members of the pro-

fession have not already written letters to the Public Health Committee in both houses, especially to the Chairmen of the Committees asking that they hold the bill in its present form in committee, that they do so at once

In Re Appointing an Eye and Ear Specialist to the Medical Inspector of Schools—Senate Int No 317 (Print No S 321), by Senator Benjamin Antin of New York, concurrent Assembly Int No 370 (Print No A 372), by As-



Assemblyman Frederick S. Cole of Herkimer County, the bill is still in Public Education Committee in each house.

Your Chairman has endeavored to have the bill modified, so that the medical inspector of schools might have assistants appointed to whom he could assign whatsoever work he desired to aid him in the work of inspection thus giving him slightly greater powers for aid in school work than is at present possible.

Thus would seem to be an instance where the Medical Society can take a stand in behalf of the school children.

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The bill in reference to amending the Insanity Law relative to approval by Governor of contracts for improvements to State hospitals for insane under Senate Int No 347 (Print No S 351), concurrent Assembly Int No 567 (Print No A 570) will be dropped.

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The bill in reference to the sale of wood alcohol or methyl alcohol, under Senate Int No 376 (Print No 380), will be dropped.

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The bill in reference to the penalty for unauthorized practice of dentistry, under Senate Int No 389 (Print No S 394), concurrent Assembly Int No 639 (Print No A 648), will be dropped.

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**In Re Peddling Unpasteurized Milk**—Senate Int No 425 (Print No S 434) by Senator Chas. Hewitt of Locke N. Y., concurrent Assembly Bill Int No 642 (Print No A 651), by Assemblyman G. S. Johnson of Wayne County, which would add new section 438-a, Penal Law making it a misdemeanor to peddle from house to house raw or unpasteurized milk other than such milk from tuberculin-tested cattle.

The bill is still in Codes Committee in each house.

To your Committee on Legislation, the bill seems to be one which will further tend to safeguard the health of the people of the State.

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**In Re Reporting Vaccinations to Local Health Officers**—Senate Int No 430 (Print No S 440) by Senator William L. Love of Brooklyn, N. Y., concurrent Assembly Int No 565 (Print No 568) by Assemblyman Frank

H. Lattin of Orleans County is still in Public Health Committee in each house.

A hearing on the above is scheduled for Wednesday February 13th at 10 a. m., before the Assembly Committee on Public Health.

Your Committee on Legislation can see no possible objection to the bill inasmuch as the law is partially in force now and this only modifies the method of reporting in having it sent to the local health officer instead of to the State Department of Health.

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**In Re Health Districts to be Created by State Commissioner of Health**—Senate Int No 448 (Print No S 457) by Senator Daniel J. Carroll of Kings County, concurrent Assembly Int No 646 (Print No A 655), by Assemblyman Frank H. Lattin of Orleans County, which has been referred to the Public Health Committee in each house is printed here in full for the information of the profession.

STATE OF NEW YORK

No 457

Int 448

IN SENATE

January 31 1924

Introduced by Mr. Carroll—read twice and ordered printed and when printed to be committed to the Committee on Public Health.

AN ACT\*

To amend the public health law constituting chapter forty five of the consolidated laws.

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1 Section four of chapter forty-nine of the laws of nineteen hundred and nine, as amended by chapter five hundred and fifty nine of the laws of nineteen hundred and thirteen, is hereby amended to read as follows:

§ 4 General powers and duties of commissioner. The commissioner of health shall take cognizance of the interests of health and life of the people of the state, and of all matters pertaining thereto. He shall exercise general supervision over the work of all local health authorities except in the city of New York. He shall be charged with the enforcement of the public health law and the sanitary code. He shall make inquiries in respect to the causes of disease especially epidemics and investigate the sources of mortality and the effect of localities, employments and other conditions upon the public health. He shall obtain collect and preserve such information relating to mortality disease and health as

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\*EXPLANATION.—Matter in italics is new; matter in brackets [ ] is old law to be omitted.



may be useful in the discharge of his duties or may contribute to the promotion of health or the security of life in the state. He may issue subpoenas, compel the attendance of witnesses and compel them to testify in any matter or proceeding before him, and a witness may be required to attend and give testimony in a county where he resides or has a place of business without the payment of any fees. The commissioner of health may reverse or modify an order, regulation, by-law or ordinance of a local board of health concerning a matter which in his judgment affects the public health beyond the territory over which such local board has jurisdiction [and may exercise exclusive jurisdiction over all lands acquired by the state for sanitary purposes]. *He may in his discretion from time to time create health districts comprised exclusively of lands owned by, or held in trust for, the people of the state, by filing in the office of the secretary of state an order defining generally the boundaries of such district or districts. Upon the making and filing of such order the commissioner of health shall have exclusive jurisdiction within such district or districts, so defined, for sanitary and health purposes, and he, within such district or districts, shall have all the powers and duties of local boards of health and he, and such representatives as he may appoint for such purpose, shall within such district or districts have all the powers and duties under the laws of the state and the state sanitary code which local health officers now have or hereafter shall have within their respective localities. The state health commissioner may from time to time modify or repeal such order or*

*orders.* The commissioner of health and any person authorized by him so to do, may, without fee or hindrance, enter, examine and survey all grounds, erections, vehicles, structures, apartments, buildings and places.

§ 2 This act shall take effect immediately.

*Comment.* None at present, would be glad to receive comment from physicians of the State who might be interested.

**In Re Violations of Local Health Orders—**Senate Int No 455 (Print No S 464), by Senator Geo L Thompson of Kings Park, N Y, concurrent Assembly Int No 513 (Print No A 515), by Assemblyman Edwin W Wallace of Nassau County, is still in Codes Committee in each house. See printed bill in last issue of JOURNAL.

*Comment.* Your Committee on Legislation feels that the Medical Society should be in favor of such a measure.

**In Re Refusal to Comply with Rule or Order of Local Health Board—**Senate Int No 459 (Print No S 468), by Senator George L Thompson of Kings Park, N Y, concurrent Assembly Int No 542 (Print No 545), by Assemblyman Edwin W Wallace of Nassau County, is still in Public Health Committee in each house. See printed bill in last issue of JOURNAL.

*Comment.* Your Committee on Legislation feels that the Medical Society should be in favor of such a measure.

## NEW BILLS SINCE LAST ISSUE

**Amendment to Workmen's Compensation Law—**Senate Int No 468 (Print No S 477), by Senator Peter J McGarry of Queens County, concurrent Assembly Int No 682 (Print No A 693), by Assemblyman A L Miller of Westchester County, which has been referred to the Labor and Industries Committee of each house, is printed here in full for the information of the profession.

STATE OF NEW YORK

No 477

Int 468

IN SENATE,

February 4, 1924

Introduced by Mr McGarry—read twice and ordered printed, and when printed to be committed to the Committee on Labor and Industries

## AN ACT\*

To amend the workmen's compensation law, in relation to not requiring technical rules of evidence or procedure.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

**Section 1.** Section one hundred and eighteen of chapter eight hundred and sixteen of the laws of nineteen hundred and thirteen, entitled "An act in relation to assuring compensation for injuries or death of certain employees in the course of their employment, and repealing certain sections of the labor law relating thereto, constituting chapter sixty-seven of the consolidated laws," as re-enacted by chapter forty-one

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted.



of the laws of nineteen hundred and fourteen, and as last amended by chapter six hundred and fifteen of the laws of nineteen hundred and twenty-two, is hereby amended to read as follows

§ 118 [Technical] *Technical rules of evidence or procedure not required. The commissioner, board, referee or deputy commissioner in making an investigation or inquiry or conducting a hearing shall not be bound by common law or statutory rules of evidence or by technical or formal rules of procedure, except as provided by this chapter, but may make such investigation or inquiry or conduct such hearing in such manner as to ascertain the substantial rights of the parties, and may make such physical examinations and practical tests of claimants to determine loss of use and proportionate loss of use of a member and the result of such examinations and tests shall be made part of the record, and shall be competent evidence upon which to base an award.* Declaration of a deceased employee concerning the accident shall be received in evidence and shall, if corroborated by circumstances or other evidence be sufficient to establish the accident and the injury

§ 2 This act shall take effect immediately

Comment We are in favor of such a measure

In Re Deduction from Income Tax of All Expenses Paid for Medical, Surgical or Dental Services—Senate Int No 527 (Print No S 543), by Senator John A Hastings of Kings County, concurrent Assembly Int No 65 (Print No A 65), by Assemblyman Joseph Reich of Kings County Still in committee

The Child Experimentation Bill—Senate Int No 584 (Print No 608), by Senator John P Ryan of Rensselaer County no concurrent Assembly Bill as yet referred to the Senate Codes Committee is printed here in full for the information of the profession

STATE OF NEW YORK

No 608

Int. 584

IN SENATE,

February 6 1924

Introduced by Mr Ryan—read twice and ordered printed, and when printed to be committed to the Committee on Codes

AN ACT\*

To amend the penal law in relation to medical and surgical experiments upon children in certain institutions.

*The People of the State of New York represented in Senate and Assembly do enact as follows*

EXPLANATION—Matter in italics is new matter in brackets [ ] is old law to be omitted.

Section 1 Section four hundred and eighty-three of the penal law is hereby amended to read as follows

§ 483 Endangering life or health of child. A person who

1 Wilfully causes or permits the life or limb of any child actually or apparently under the age of sixteen years to be endangered or its health to be injured or its morals to become depraved, or

2 Wilfully causes or permits such child to be placed in such a situation or to be engaged in such an occupation that its life or limb is endangered or its health is likely to be injured, or its morals likely to be impaired[ ] or

3 Instigates engages in or carries on any surgical experimentation upon such a child in a public or private hospital or charitable institution, [Is] is guilty of a misdemeanor. Nothing in this or the next preceding section shall prohibit legitimate and necessary medical and surgical, or other treatment by well established methods for the benefit of the child

§ 2 This act shall take effect immediately

This is the same bill as was defeated last year and the same comment is given once more, namely—

‘That the new section is unnecessary and useless, since protection is given children under other laws. It is a slur on the medical profession in that it insinuates that children in public and private institutions are being experimented upon’

County Legislative Chairmen and individual members of the profession are urged to have letters written in protest against this amendment to the Senate Codes Committee, especially to the Chairmen

It is also urged that the County Legislative Chairmen see their individual representatives in the legislature and set before them the arguments against such a measure as the above and ask them to oppose the bill should it be brought to the floor of either house for passage.

The Anti Vivisection Bill—Senate Int No 588 (Print No 612), by Senator John P Ryan of Rensselaer County, no concurrent Assembly bill as yet, referred to the Senate Codes Committee is printed here in full for the information of the profession

STATE OF NEW YORK

No 612

Int. 588

IN SENATE

February 7 1924

Introduced by Mr Ryan—read twice and ordered printed, and when printed to be committed to the Committee on Codes



## AN ACT\*

To amend the penal law, in relation to experiments upon living dogs

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Section one hundred and eighty-five of the penal law is hereby amended to read as follows

§ 185 Overdriving, torturing and injuring animals, failure to provide proper sustenance A person who overdrives, overloads, tortures or cruelly beats or unjustifiably injures, maims, mutilates or kills any animal, whether wild or tame, and whether belonging to himself or to another, or deprives any animal of necessary sustenance, food or drink, or neglects or refuses to furnish it such sustenance or drink, or causes, procures or permits any animal to be overdriven, overloaded, tortured, cruelly beaten, or unjustifiably injured, maimed, mutilated or killed, or to be deprived of necessary food or drink, or who wilfully sets on foot, instigates, engages in, or in any way furthers any act of cruelty is guilty of a misdemeanor Nothing herein contained shall be construed to prohibit or interfere with any properly conducted scientific experiments or investigations, which experiments shall be performed only under the authority of the faculty of some regularly incorporated medical college or university of this state, *but such experiments or investigations shall not be made upon a living dog*

§ 2 This act shall take effect immediately

This, too, is in the same form as in previous years, and is to be strenuously objected to by all members of the medical profession

County Legislative Chairmen and individual members of the medical profession, as well as laymen of influence who can be interested in such a measure, are urged to get busy and protest against the last two lines of the bill, which is the old anti-vivisection agitation, and urge that these lines be struck out of the bill "*But such experimentation or investigation shall not be made upon a living dog*"

In Re Distribution of Information Concerning Results of Scientific Study—Senate Int No 436 (Print No S 445), by Senator Michael E Reiburn, of New York, concurrent Assembly Int No 588 (Print No A 592), by Assemblyman Joseph Gavagan, of New York City; referred to Judiciary Committee in each house, is printed here in full for the information of the medical profession

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted

## STATE OF NEW YORK

No 445

Int 436

IN SENATE,

January 30, 1924

Introduced by Mr Reiburn—read twice and ordered printed, and when printed to be submitted to the Committee on the Judiciary

## AN ACT

To amend the public officers law, in relation to the dissemination of information concerning scientific studies and research

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter fifty-one of the laws of nineteen hundred and nine, entitled "An act in relation to public officers, constituting chapter forty-seven of the consolidated laws," is hereby amended by inserting therein a new section, to be section seventy-three, to read as follows

§ 73 Dissemination of information concerning scientific studies No employee or member of any institution, society or foundation supported in whole or in part by public moneys, or of any state or municipal department, shall discriminate in the dissemination of information concerning the results of scientific study and research among agencies suitable to propagate the same, but the same shall be available without restriction to all such agencies and to all persons applying therefor

§ 2 This act shall take effect immediately

*Comment* This bill seems inadvisable inasmuch as any employee—which would mean a laborer—might impart garbled information concerning results of which he had only partially heard, of scientific research in an institution to some person or persons who might wish to utilize that information in a dishonorable way to the detriment of the institution

It would seem that there were sufficient laws existing at the present time whereby such information can be obtained in a perfectly legal manner by anyone who desires to be honestly informed about the same

County Legislative Chairmen and individual members of the profession are asked to put their weight in correspondence behind the opposition, by writing to each member of the Senate and Assembly Judiciary Committees

Assembly Medical Inspection in Schools Bill—Assembly Int No 66 (Print No A 66), by Assemblyman Joseph Reich of Kings County, is still in Assembly Public Education Committee, no concurrent bill has as yet appeared in the Senate



*Comment* This bill cannot be too strongly opposed by the members of the medical profession and if the weight of the profession can only be expressed to the Public Education the obvious features may be withdrawn and the members of the profession will not have forced upon them a type of state medicine against which they have struggled so strenuously.

There is a desire upon the part of certain persons to see the bill passed in its present form, and unless the Society through its members voices strong opposition thereto it has a likelihood of introduction in the Senate and of quick passage toward the end of the session.

*In Re Nursing and First Aid Services in Factories, etc.*—Assembly Int No 309 (Print No A 309), by Assemblyman Joseph Reich of Kings County, is still resting in Assembly Labor and Industries Committee no concurrent Senate Bill has as yet appeared.

No further comment as yet

*The Narcotic Bill*—Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld, of New York, concurrent Senate Int No 285 (Print No S 289), by Senator Morton J. Kennedy, of New York County, see concurrent Senate Bill Int No 285 for comment.

*In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspectors of Schools of Herkimer County*—Assembly Int. No 370 (Print No A 372), by Assemblyman Frederic S. Cole, concurrent Senate Int No 317 (Print No S 321), by Senator Benjamin Antin of New York County, see concurrent Senate bill for comment.

*In Re Reporting Vaccinations to Local Health Officers*—Assembly Int No 565 (Print No A 568), by Assemblyman Frank H. Lattin, of Orleans County concurrent Senate Int No 430 (Print No S 440), by Senator William L. Love, see concurrent Senate bill for comment.

*In Re Peddling Unpasteurized Milk*—Assembly Int No 642 (Print No A 651) by Assemblyman G. S. Johnson, of Wayne County, concurrent Senate Int. No 425 (Print No S 434), by Senator Chas. Hewitt, of Locke, N. Y., see concurrent Senate bill for comment.

*In Re Health Districts to be Created by State Commissioner of Health*—Assembly Int No 646 (Print No A 655), by Assembly-

man Frank H. Lattin of Orleans County, concurrent Senate Int. No 448 (Print No 457), by Senator Daniel J. Carroll, of Kings County, see concurrent Senate bill for comment.

*Amendment to Workmen's Compensation Law*—Assembly Int No 682 (Print No A 693) by Assemblyman A. I. Miller, of Westchester County, concurrent Senate Int No 468 (Print No S 477), by Senator Peter J. McGarry, of Queens County, see concurrent Senate bill for comment.

Assembly Int No 717 (Print No 731), by Assemblyman Morris Weinfeld of New York County concurrent Senate Int No 140 (Print No S 140), by Senator Michael Reburn, of New York County, would amend Section 13, Workmen's Compensation Law by striking out provision that claim for medical treatment shall not be valid against employer unless physician, within twenty days following first treatment furnish report of injury and treatment. The bill has been referred to the Labor and Industries Committee in each house.

Assembly Int. No 730 (Print No A 744), by Assemblyman Samuel McCleary, of Montgomery County, is printed here in full for the information of the profession.

STATE OF NEW YORK

No 744

Int 730

IN ASSEMBLY

February 4 1924

Introduced by Mr. McCleary—(by request)—read once and referred to the Committee on Public Health.

AN ACT

To amend the public health law, in relation to prevention of skin and scalp diseases.

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1 Chapter forty nine of the laws of nineteen hundred and nine entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein, after section three hundred and fifteen a new section to be section three hundred and fifteen a to read as follows:

§ 315 a Prevention of scalp and skin diseases. All wholesale and retail hatters and milliners shall use in their establishments a sanitary head covering or cap of light weight and texture, of paper or the like, so constructed that it may be



discarded after a single use, for the prevention of and to check the spread of scalp and skin diseases and irritations. The state commissioner of health is hereby vested with full control and authority to inspect and supervise all establishments in which are sold manufactured or used, hats or other headcoverings for men and women, where such hat or headcovering is used for more than one person, and he may adopt such rules and regulations as are necessary for the proper enforcement of this section.

§ 2 This act shall take effect July first, nineteen hundred and twenty-four

Assembly Int No 815 (Print No A 841), by Assemblyman Walter Clayton, of Kings County, is printed here in full for the information of the profession

STATE OF NEW YORK

No 841

Int 815

IN ASSEMBLY,

February 7, 1924

Introduced by Mr Clayton—read once and referred to the Committee on Public Health

AN ACT

To amend the public health law, in relation to the

unauthorized reference to a place of business as a drug store or pharmacy

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein a new section, to be section two hundred and thirty-four-a, to read as follows

§ 234-a Unauthorized use of terms "drug store" or "pharmacy." No person or corporation shall hereafter carry on, conduct or transact business under a name which contains as a part thereof the words "drug store" or "pharmacy," or in any manner by advertisement, circular, poster, sign or otherwise describe or refer to the place of business conducted by such person or corporation by the terms "drug store" or "pharmacy," unless the place of business so conducted is a drug store or pharmacy duly registered and authorized by the state board of pharmacy. Any person or corporation violating this section shall be guilty of a misdemeanor, and if a corporation, any officer thereof who knowingly participates in such violation, shall also be guilty of a misdemeanor.

§ 2 This act shall take effect immediately

### Deaths

AUBRY, WALLACE J. C., Binghamton, Laval University, 1909, Albany Medical College, 1910 Fellow American Psychiatric Association, Member State Society, Senior Assistant Physician Binghamton Hospital. Died January 23, 1924

GIFFORD, HERMAN LINCOLN, Brooklyn, Long Island College Hospital, 1891. Member State Society. Died February 3, 1924

GRAM, FRANKLIN C., Buffalo, Buffalo Medical College, 1891. Fellow American Medical Association, American Public Health Association, Member State Society, for many years Secretary of the Medical Society of the County of Erie,

Buffalo Academy of Medicine, Physician Lutheran Church Home. Died February 3, 1924

HASBROUCK, CORNELIUS VAN DYKE, Rosendale, Long Island Hospital, 1876. Member State Society, Physician Benedictine Hospital, Kingston. Died January 31, 1924

HUBER, JOHN BESSNER, Pomfret, Conn., Bellevue Medical College, 1889, College of Physicians and Surgeons of New York, 1890. Fellow American Medical Association, Member State Association, Member State Society, Visiting Physician St. Joseph's Hospital for Consumptives. Died February 16, 1924





## CORRESPONDENCE



New York, February 4, 1924

To the Editor,

NEW YORK STATE JOURNAL OF MEDICINE.  
SIR

A very important and inspiring editorial in your issue of February 1, 1924, is entitled "Develop County Society Activities." There is no doubt that a profession united by the bonds imposed by the officially recognized medical bodies, such as the County Societies, can accomplish much of good, not only for itself but for the public interest. It is essential for every reputable practitioner of medicine in this State to be enrolled in his county society and the fact that he is a reputable practitioner should be announced to his colleagues and to the public in an accepted and official publication, such as the Medical Directory published by our State Society. A book of this kind should be authoritative. It should contain the names of physicians who are regularly licensed to practise, and not only licensed, but not practising contrary to what we have accepted as sound ethical principles. Unfortunately our State Medical Directory fails to supply these standards and at the present time contains a goodly proportion of names of physicians who are a discredit to the profession and with whom reputable practitioners should refuse to be associated in the pages of an official directory.

Is it not an opportune moment for the State Society to take up this question and to provide itself with a censorship committee if we may call it thus, to closely scrutinize the names which go to make up the directory of physicians of this State? It would be a source of satisfaction to every member of the State Medical Society to know that his associates in the official directory were at least reputable and had no connection with quackery or had been convicted for questionable practices. The task might be a difficult one, or even a disagreeable one, but if the Directory assumed to occupy this high plane much would be done to bring into the fold those practitioners who had not thought it worth while to do so previously. It would be the best incentive for the membership committees of our various county societies and, in fact, would make their task an easier one. Every reputable practitioner of the State should be a member of his County Society and if the profession could present a united front there might be less need for supervisory registration as contemplated amendments to the Medical Practice Act.

There can be no valid objections proposed to a censorship committee setting up certain standards to be confirmed and upheld by the State Society, based on what a man is doing today, not what he was at the time of his graduation, or when he obtained his license to practise. The New York City list of physicians contains many names of acknowledged quacks, frauds, flagrant advertisers and abortionists—they should be eliminated and not accorded the privilege of association with decent, reputable practitioners. If this is accomplished much will be gained to place the medical profession of the State on a plane commensurate with the dignity which it should receive.

GEORGE W. KOSMAK, M.D.

February 14, 1924

Dr Nathan B. Van Etten, Editor,  
NEW YORK STATE JOURNAL OF MEDICINE,  
17 West 43d Street,  
New York City

DEAR DR. VAN ETTEN:

The State Department of Education is responsible for licensing physicians in New York State. It goes without argument that this department should have the authority and the machinery to protect its responsibilities in the matter of licensing physicians. The dignity and value of such licenses cannot be maintained unless the department granting them is in position to punish counterfeiters and imposters.

In so far as the proposed Medical Practice Act fixes the responsibility of the State Department of Education to protect functions it has assumed the measure is beyond criticism. In February, 1924, it seems as though it might be politically expedient for the medical profession to agree to pay to the Department of Education a yearly sum of about \$32,000 in order to induce the State through this department to perform a function that it is the unquestioned duty of the State to perform. I for one believe that the principle of bribing the State to perform its duty is fundamentally wrong. Compromises of expediency as regards details are often necessary and wise, but compromises of expediency involving fundamental principles seldom, if ever, result in permanent good. I believe that the compromise as to principle involved in the \$200 yearly tax-for-protection plan can only result in ultimate harm to the medical profession and a delay of a satisfactory solution of the problem.



At the Albany County Society meeting held in January, it was stated that although the State Department of Education has had supervision of the licensing of physicians in New York State for a period of 27 years, the department has not yet installed a properly indexed catalogue showing the physicians it has licensed. The failure of this department to develop a workable card index is no reason for granting it more responsibilities in the line of cataloging the physicians of this State.

The American Medical Association has developed a complete and accurate registry of all actual and alleged medical graduates in the United States and Canada. In addition to the data published in the directory the association has on file much more detailed data concerning not only the legitimate regular practitioners of this country and Canada but full and complete records of every medical crook, big or little, with his many names and aliases, together with changes of address, letters, circulars, records of court convictions, if any. There is, therefore, no real need of the State Department of Education duplicating this information and the real excuse for the annual compulsory reregistration reverts to the \$32,000, a part of which might be available for the prosecution of illegal practi-

tioners. From an individual viewpoint \$32,000 might seem to be a fairly large and adequate sum of money. The advantages of this sum available for work in a county of 50,000 population has been repeatedly emphasized. As a matter of fact, after allowing for overhead costs incident to registration, this county's share available for prosecution of quacks would amount to but a little more than \$85 per year. I believe that this gives us a fair perspective as to the practical results to be anticipated from the \$32,000 annual contribution.

I would take little interest in this \$32,000 if I did not believe that it would ultimately do more harm than good. It will put the quacks in the position to claim that the funds to pay for their prosecution come from the so-called medical trust and before the public they will pose as martyrs being persecuted by rivals. Just in so far as the medical profession is placed in a position of having bribed the State to protect the profession's private interests the effectiveness of the campaign against irregular practitioners is bound to be weakened.

Very sincerely,

E MAC D STANTON, *Chairman,*  
*Legislative Committee,*  
Schenectady County Medical Society

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# State Department of Health



## PROSECUTIONS FOR FAILURE TO REPORT BIRTHS

In the course of a check which has been conducted by the Division of Vital Statistics to ascertain the completeness of birth registration, three physicians were discovered in one section of the State who have neglected to report births which they attended. One of these physicians had failed to report ten births during the years 1922 and 1923. The evidence of these failures to comply with the law will be transmitted by the Commissioner of Health to the Attorney-General as provided by Section 393 of the State Vital Statistics Law. A similar course will doubtless be followed in other sections of the State where physicians and midwives have failed to register births. Thus far, the check shows that registration is between 95 and 97 per cent complete. Most of the unrecorded births are believed to have been attended by unlicensed midwives, lay relatives and friends, not by physicians and licensed midwives.

## DR. O. R. EICHEL TO WORK WITH LEAGUE OF NATIONS

Leave of absence has been granted to Dr. O. R. Eichel, Director of the Division of Vital Statistics, in order that he may accept an invitation to assume direction of the League of Nations' Service of Epidemiological Intelligence and Public Health Statistics.

## VACCINATION OF SCHOOL CHILDREN

During the recent mild epidemic of smallpox in the Village of South Cornung every one of the 125 school children were vaccinated. Simultaneously in the neighboring city of Cornung over 3,000, or about 84 per cent of the school children were vaccinated.

## POST-GRADUATE COURSE IN INFECTIOUS DISEASES AND PUBLIC HEALTH

The Albany Medical College, cooperating with the State Department of Health, for the fifth consecutive year offers to physicians a course in infectious diseases and public health. Primarily, this course was evolved for the benefit of health officers, but many physicians not occupying such positions have in past years found this instruction of benefit. Those interested are invited to communicate with Dr. C. C. Duryee, State Department of Health, Albany.

## VINCENT'S ANGINA

The laboratory of the State Health Department calls attention to the fact that extreme care should be used in interpreting the results of laboratory examination of specimens from patients suspected of suffering with Vincent's Angina.

Fusiform bacilli and spirochetes which are associated with this disease are readily found in buccal cavities which show no evidence of the ulceration usually attributed to their presence. Opinions differ as to the etiological relationship of these organisms to sore throat.

Recently a post-mortem examination was made on a case which had been diagnosed as Vincent's angina. Specimens from an ulcerated lesion involving the base of the tongue had been reported by a laboratory to contain fusiform bacilli and spirochetes. At the autopsy, however, a carcinoma of the upper part of esophagus was found.

## TOXIN-ANTITOXIN CERTIFICATES AVAILABLE

Upon request the Department will furnish to physicians blank forms for certifying the administration of toxin antitoxin to school children. It is planned to give each child of preschool age who has received three injections of the mixture one of these certificates so that subsequently when he attends school the child may be able to present this evidence of immunization.

## NEW PRENATAL CLINIC

The City of Little Falls has established a prenatal clinic under the direction of the Division of Maternity, Infancy and Child Hygiene of the State Department of Health. It is expected that soon the city itself will assume all the responsibilities of this clinic.

## RELATION OF INFANT DEATHS TO MATERNAL DEATHS

The Division of Vital Statistics reports that among other preliminary results, its researches show that in New York State out of every 1,000 mothers who die from causes related to childbirth over 500 of their babies also die before the end of their first year of life—usually within a few weeks of birth. If to this number were added the number of babies born dead, and those who are unborn because of the death of the mother before delivery, the total loss of infant lives would be far greater than 500 for each 1,000 mothers.





# THE DAILY PRESS



The daily press reflects the thoughts of the people generally regarding medical subjects. Newspapers are always looking for the unusual and the wonderful in medicine as in other subjects. They seek medical light on the sickness of prominent persons, but the great mass of medical items in the current newspapers is of a public health nature. The medical items which we are printing this week constitute a cross section of medical news gleaned from the papers from all over New York State. They show that the newspapers are keenly alive to the promotion of health among the people—(The Editor)

How many different systems of health and of healing cults can you name? The Brooklyn Eagle of February 15th contains a list of fifty-five different methods of medical practice and cures. This list had been compiled by Health Commissioner Frank J. Monaghan as the result of a request that citizens send him information and complaints about irregular medical practitioners. Dr. Monaghan's list is as follows:

Aerotherapy, Astral healers, autothermy, beautifier establishments, biodynamochromatic therapy, blood specialists, bone setters, cancer cures, chromotherapy, Christos (blood washers), chromopathy, diet therapy, diathermy, drugless healers, electrotherapy, electrotonic methods, electric light diagnosis, electrolytic methods, electrotonapro-therapy, geo-therapy, hypnotist, hydro-therapy, herbalist, heliotherapy, irido-therapy diagnosticians, Kneipp cure, Leonic healers, mental healing, medical gymnast, machanotherapy, naturologist, natureopath, neuro-therapy, Naprapath, optical institutes, obesity cures, patent medicine men, photo-therapy, physic-therapy, psycho-therapy, practotherapy, quartz therapy, Spondylo therapy, sanipractor, spectrocrome, special food faddists, special drug faddists, spectro-therapy, tropho, the rapy, telathermy, vacuum and serum cures, vitopath, zodiac therapy and Zonet therapy.

This list does not include chiropractic, Christian science, Couéism, physical culture, and new thought. It also totally ignores the old grandmother remedies, and the jumbled advice given by practical nurses, which lack only classification and advertising to be raised into the dignity of cults.

The Buffalo News, of February 2nd, contains an illustrated page on "How Child Lives

Are Saved in City Dispensaries." The description is sanely written. Not a doctor or dispensary is mentioned, and no charge of advertisement or notoriety on account of the article can be made. The article is well calculated to inspire the people with confidence in the work done at the dispensaries. The opening words are "Slowly starving to death a little boy lay in a Buffalo hospital. He was not a hunger striker. He had the will to eat and live, but not the power. A sickness which the doctors call 'laryngeal diphtheria' had left him with throat muscles paralyzed." A brief description of the treatment ended with the words, "and he was discharged from the hospital—cured." Then follows a paragraph headed "True Appreciation," which tells how the "grateful parents spread the good news about the service at that hospital." Other sub-headings are:

"For the Children"

"Kindliness Rules"

"A Pitiful Family"

"Operations Not Rushed"

"Gaining Weight"

The article is an example of the best type of medical publicity, in the daily press, and is a model of the kind of articles which will promote confidence in the medical profession.

The Albany Telegram of February 3rd quotes an argument by Dr. Matthias Nicoll, Jr., State Health Commissioner, in favor of full-time county health officers. Dr. Nicoll says that county tuberculosis hospitals and nurses mark the beginnings of county units. The plan is that all the public health work in the county should be under the immediate direction of a county health officer with the present health officers of towns and villages as assistants. This plan is already authorized by Section 20-b of the Public Health Law, and has been adopted by Cattaraugus County. There is much to commend in the Commissioner's plan.

The Glen Falls Post of February 4th describes the organization of a nutrition class in the health center. The members of the class consist mostly of those who have attended the summer health camp and are still below normal in weight. The article notes the establishment of a similar class in Warrensburg.

The Poughkeepsie Star of February 4th records the action of the local lodge of Elks in purchasing a farm which is to be equipped and



conducted as a summer camp for under-nourished children, under the direction of the Dutchess County Health Association, and the Poughkeepsie Tuberculosis Committee. The folks held an indoor circus in the State Armory in aid of the project.

Two Rochester papers, the Journal and the Times-Union, of February 9th, each have a head-line "Ban Raw Meat, Advises City Health Officer," which herds comments on several health topics by Dr. George Goler, Health Officer. His advice against raw meat was called forth by the recent deaths of three persons from trichinosis. This disease is produced by tiny worms which are in pig meat, and may find their way into the muscles of persons who eat the pork, unless they are killed by the heat of cooking. The worms are frequently found in pork, but the American custom of thoroughly cooking pork prevents the spread of the disease to man.

The New York Evening Post of February 12th contains a description of the work of the New York Association for Improving the Condition of the Poor, and asserts that the needs of the victims of poverty are intelligently met in New York City. The organization spent nearly a million dollars in 1923. The relief consisted of money, nursing service, educational diets, anti-tuberculosis measures, and summer camps. Other forms of relief were given, according to the individual needs of the persons. This organization demonstrates practical methods of relief which lead to self-help, rehabilitation and prevention of the results of poverty.

The Olean Times of February 5th contains an account of a Mothers' Health Club which has recently been opened in the city as a part of the campaign to save the lives and health of infants. The work of the club is largely educational, and consists of instructing the mothers in the prevention of children's diseases, the proper feeding of children, and in instruction to the expectant mother, and general talks concerning the care of children.

The Niagara Falls Gazette of February 5th reports that more than seventy mothers residing in the north end of the city protested against the closing of the Child Welfare Clinic of that section. This clinic was closed on the recommendation of the Health Officer, Dr. Gulick, but it had evidently been found valu-

able by the mothers of children whom it served.

The Troy Record of February 7th contains an account of the reapportionment of the four administrative health districts of the city. The account goes on to state that several anonymous complaints about chickens had been received by the Board of Health and had been thrown into the waste basket. Rural problems of health administration seem to exist in Troy as well as in Yaphank and Speonk.

The Rochester Times-Union of February 7th carries a quarter column quotation from the Christian Science Monitor regarding the treatment of the city water with iodine for the prevention of goiter. We confess we do not know whether or not to take either paper seriously. The Monitor calls the iodine treatment a nefarious practice and makes reference apparently seriously, to the propaganda of the chemical manufacturers, to use prohibition for promoting the sale of iodine because the treated water was antiseptic and would not permit fermentation in home brews. If the article is intended as a joke, it should be labeled such, and placed in the PRUNE section.

The Binghamton Press of February 8th contains an account of the action of the Board of Health of Endicott in denying the petition of 568 signers to permit the sale of raw milk, Grade B, dipped from cans. Not one signer appeared and it was then shown that a dealer in that grade of milk prepared a petition and asked each buyer "Don't you want to be able to buy milk at 10 cents a quart? Well then put your name down here." The newspaper article says that there was no record that the petition was presented in the form "Don't you want the opportunity to have typhoid, or wouldn't you like the baby to chance a tuberculous spine? Well, then, put your name down here." The account states that the amount of milk sold by the low-grade dairy is only about one per cent of the supply of the city, and that the rest is either Grade A, or is pasteurized.

The Times, of Little Falls, of February 5th, records the appointment of Dr. A. B. Santry as health officer. It states that Dr. Santry is qualified for the position, having taken the course of instruction conducted by the State Department of Health. It also says "Dr. Santry is a Democrat, and the complexion of the Board is Democratic. The new official will succeed Health Officer Liverleigh, who is a Republican." Thus both politics inject itself where it is least wanted.





# NEWS NOTES



## THE MEDICAL SOCIETY OF THE COUNTY OF ONEIDA

The annual meeting of the Society was held in Hotel Utica, January 8, 1924

The following officers were elected President, G M Lewis, M D, Vernon, Vice-President, D E Pugh, M D, Utica, Secretary, W Hale, Jr, M D, Utica, Treasurer, H W Jones, M D, Utica, Librarian, T Wood Clarke, M D Utica Censors, G M Fisher, W B Roemer, E R Evans, D H Roberts, Andrew Sloan

The scientific program of the meeting was confined to the address of the Retiring President, Dr D H Roberts, who spoke at length and in minute detail of the work done in the field of obstetrics of the present day, and entered a plea for more study and scientific endeavors, with the view of lessening mortality rates of mother and child, and with the view of more healthy convalescence

Dr James N Vander Veer, Chairman, Legislative Committee of the State Society, addressed the meeting on the subject of current legislation, expressing the aims and hopes of the Committee. The Society by vote unanimously supported the work as outlined by Dr Vander Veer

The chairman and members of the County Society who worked so faithfully last year were all reappointed by Dr Lewis

## MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The regular meeting of the Medical Society of the County of Albany, held on February 12, 1924, at the auditorium of the Municipal Gas Company, 124 State Street, Albany, N Y, was opened by Dr Edgar A Vander Veer, President. Thirty-seven members of the society were present

The Society went on record as being in favor of a reduction of the yearly tax paid by physicians under the Harrison Narcotic Law, furthermore, it was resolved that the Secretary of the society should be instructed to communicate such action to the Committee on Ways and Means, House of Representatives, Washington, D C

Dr Nelson K Fromm, chairman of the Health Committee, reported on the educational drive

which is being organized, to teach the laity the necessity for early medical attention to prevent the progress of cancer

Dr James M Archibold, Cohoes, N Y, was elected to membership, Dr Matthias Nicoll, Jr, of Albany, was received on transfer from the Medical Society of the County of New York

### *Scientific Program*

"The Surgical Treatment of Trigeminal Neuralgia," John Gutman, M D Discussion opened by Nelson K Fromm, M D

"Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis," W E Lawson, M D Discussion opened by Richard H Morgan, M D, Mt McGregor Sanatorium

"Hydrochloric Acid in the Treatment of Diabetes Mellitus," Thomas Jenkins, M D Discussion opened by E Martin Freund, M D

## MEDICAL SOCIETY OF THE COUNTY OF NEW YORK

There will be a special meeting of the Medical Society of the County of New York at the New York Academy of Medicine, Thursday, February 28, at 8 30 P M, for the purpose of considering and taking action on the bill requiring annual registration of physicians now before the Legislature

## THE WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE

The Women's Medical Society of New York State will convene in Rochester for its annual meeting, on Monday, April 21st. The sessions will be held in Hotel Seneca

Dr Louise Hurrel, chairman, committee of arrangements, and Dr Marion Craig Potter, chairman, committee of program, assures us a splendid meeting

The State medical program, both scientific and social, promises to be one of the best we have ever had. So be sure and plan to attend both the Women's State and the State Medical meetings

Please write and engage your reservations at the Hotel Seneca immediately.



## BOOK REVIEWS

**OPTOTYPES, CONSISTING OF TEST LETTERS AND PICTOGRAPHS FOR MEASURING THE ACUTENESS OF VISION** By JOHN GREEN, M.D., LL.D., Professor Ophthalmology St. Louis Medical College, 1886 to 1913 and A. E. EWING, A.M., M.D., Professor Emeritus Ophthalmology in Washington University. Thirty five en gravés plates. C. V. Mosby Co. St. Louis 1923

This is a pamphlet of 24 pages, the foreword and first two sections written by Dr. JOHN GREEN before his death in 1913 the other two sections by Dr. A. E. EWING. It describes briefly a new form of chart for vision testing varying from the test letters of Snellen in form making for greater legibility and in the greater elaboration of the geometrical progression.

Accompanying the pamphlet are two sets of Optotypes, the first consisting of eleven charts, printed on both sides with a wide variety of test letters, and the other of six charts, also printed on both sides with pictographs for use with children and illiterates.

Completely to comprehend this brief and rather technical work, a good working knowledge of physiological optics and familiarity with other work along these lines are essential.

E. CLIFFORD PLACE.

**CURES** By JAMES J. WALSH, M.D., Ph.D., Sc.D. Professor of Physiological Psychology Cathedral College and College of the Sacred Heart (Manhattanville) New York City, Extension Professor Fordham University. D. Appleton & Co., New York 1923

The author goes far back into medical history and tells the story of "cures" that have failed. All of these "cures" cured for a time but eventually lost their popularity and then cured no more. They owed their value not to any peculiar inherent properties but to their effect upon the patient's mind. Clever substitutes were just as curative. The book was not written with the idea of eradicating the delusions, but rather with the purpose of getting a laugh at the humorous ways of human nature.

This volume will be read with considerable profit as well as entertainment by the profession and the laity alike. It brings home with a punch the fact that an unproved cure even though they number in the thousands, are never to be taken as evidence of the value of a new method or mode of treatment.

The association and comparison of psychoanalysis with Couéism appears to the reviewer to be ill founded and unfortunate. It is about as logical as likening a chicken to a centipede on the ground that each has more than one leg. The amazing statements are made that "psychoanalysis finds the root of all neurotic ill in sex repression" and that "Philadelphia and New York have taken a decided stand through representative neurologists against psychoanalysis." This chapter lacks the smooth, impartial treatment of the rest of the book. Nevertheless, it furnishes us with a laugh at the humorous ways of human nature but at whose expense, this time?

FREDERIC DAMEAU

**ESSENTIALS OF SURGERY** A Text Book of Surgery for Students and for Those Interested in the Care of the Sick. By ARCHIBALD LEETE McDONALD, M.D. Lecturer on Surgery Nurses Training School, St. Luke's Hospital, Duluth, Minn. 49 Illustrations. Second Edition, Revised. J. B. Lippincott Co., Phila. and London 1923

This second edition of this work originally brought out in 1919, is one of Lippincott's Nursing Manuals contains 288 pages and 49 illustrations follows the same scheme as the earlier edition in presenting surgical lesions in a general way and the indications for treatment but does not attempt to include operative technique.

It is intended for the senior student nurse who has knowledge of the fundamentals anatomy physiology and bacteriology and it covers the field very fully although not going into minute details. It presents the etiology pathology, and general principles to be considered in treatment but does not discuss technical nursing methods. There are three opening chapters on bacteria, local infections and the effects of specific bacteria. Then follow tumors wounds, hemorrhage, surgical operations and anesthesia bones and articulations vascular lymphatic and nervous systems. The surgical lesions of the different anatomical regions are then considered, and this has been completed in this edition by including a new chapter on gynecological lesions. A very useful glossary which is quite up to date completes this volume which is indeed a very satisfactory text book for the student nurse, and should be in the hands of every Graduate nurse as well. W. B. P.

**THE EXAMINATION OF PATIENTS** By NELLIS B. FOSTER, M.D. Octavo volume of 253 pages, illustrated. Philadelphia and London, W. B. Saunders Company 1923. Cloth \$3.50

This volume is written to review and impress upon the minds of students and practitioners the important clinical factors in physical diagnosis. The author emphasizes the necessity of observation and deduction from the patient, and the use of the laboratory and X-ray as adjuncts to diagnosis. The method of taking and the importance of a good history is emphasized. Each system is taken up for study with the important clinical factors to be considered. This will prove a useful book for practitioners to review their methods of examination of patients. H. M. M.

**INTERNATIONAL CLINICS** A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics and other topics of interest to students and practitioners by leading members of the Medical Profession throughout the world. Edited by HENRY W. CATTELL, A.M. Vol. II, Thirty third Series, 1923. J. B. Lippincott Co., Philadelphia and London.

This issue of a long-established publication would seem to be of unusual interest and merit. Perhaps the most opportune and attractive articles are those on Insulin four in number, by Banting and McPhedran of Toronto, Seale Harris of Birmingham Alabama, Hamburger of Baltimore, and Petty of Indianapolis. The international aspect of the volume is furnished by W. Storm Leeuwen of Leiden Holland, on Allergic Diseases, by James Burnet of Edinburgh, Scotland, on Chorea, and by Charles Greene Cumston of Geneva Switzerland, on Problems in Surgical Diagnosis, Pathology and Treatment.

The other articles are well written on well chosen subjects by well known clinicians. Consequently the entire text is well balanced and furnishes instructive as well as interesting reading. W. H. D.



**A TEXT-BOOK OF THERAPEUTICS INCLUDING THE ESSENTIALS OF PHARMACOLOGY AND MATERIA MEDICA** By A A STEVENS, A.M., M.D. Sixth Edition, entirely reset Octavo of 793 pages Phila and London W B Saunders Company, 1923 Cloth, \$6.25

This, the sixth edition of Dr Stevens' well known work, has been brought up to date and provides one of the most useful text books on this subject. It is concise, readable, sufficient and altogether a valuable addition to the practitioner's library. The section on "Applied Therapeutics" is lucid and in conformity with the best modern thought. It would be interesting to compare the "Treatment" of today with that advised by Dr Stevens in the first edition of his Therapeutics.

M F DEL

**OBSTETRICS FOR NURSES** By CHARLES B REED M.D., Obstetrician to Wesley Memorial Hospital, Chicago 144 Illustrations, two Color Plates C V Mosby Co., St. Louis, 1923 \$3.50

As a general text-book for nurses, easy of comprehension, clear and concise, this second edition will find a logical usefulness.

One of the nice features of the book is a detailed summary of important points brought out in each chapter, giving the nurse, therefore, in a few words not only a resume of the preceding chapter, but detailed instructions.

The book is well written, on good paper, with a considerable number of illustrations which might be improved upon.

G W P

**PRINCIPLES OF BACTERIOLOGY** By ARTHUR A EISENBERG, A.B., M.D., Director of Laboratories, St. John's Hospital, Pathologist to Lakewood Hospital Second Edition C V Mosby Co., St. Louis, 1923 Price \$2.25

This book contains the essential facts of bacteriology. The subject is covered clearly and concisely. Being intended for nurses, it might be criticized from the point of view that a number of descriptions, tests and technique have been added which as yet have not been universally accepted.

The little volume, as a whole, however, should make a useful addition to the nurses' library.

MAX LEDERER

**THE NORMAL CHILD, ITS CARE AND FEEDING** By ALAN BROWN, M.B., Physician in Chief, Hospital for Sick Children, Toronto, Associate Professor of Medicine in charge of Pediatrics, University of Toronto Century Co., New York, 1923 Price \$1.25

In order to recognize and successfully attack abnormalities or disease one must first acquaint himself with normal standards. It has always seemed paradoxical that in most of the medical schools of this continent so much time should be spent by the student in learning the normal anatomy, histology and physiology of the adult body before being permitted to study or attempt to treat diseased conditions, whereas, in the case of the infant and child, the curriculum plunges this same student directly into the study of the abnormal. If preventive medicine is to accomplish its object successfully it must begin with the child, and here no detail is too small or insignificant to deserve attention. The texture of the clothing, the temperature of the bath, the material and shape of the shoes, as well as the diet, should be given careful consideration. While this book is avowedly concerned with the normal child, nevertheless chapters are devoted to common diseases and to diet in illness. The illustrations are somewhat crude, seeming to be made from wood cuts, but the language and style are simple and the arrangement and paragraphing commendable. There is ample room for many more such simple handbooks such as this on the study of the normal child.

WM HENRY DONNELLY

**PHYSICAL DIAGNOSIS** By RICHARD CABOT, M.D., Professor Medicine, Harvard University Formerly chief of the West Medical Service at the Massachusetts General Hospital Eighth Edition Revised and Enlarged, six plates, 279 figures in text William Wood and Co., New York, 1923 Price \$5.00

There has been a complete resetting of the previous editions to bring this work up-to-date. Each chapter has been enlarged upon, especially the one on cardiac arrhythmia. About twenty new and helpful illustrations and X-ray pictures have been added. A printer's error, which should be corrected in future editions, appears on page 159, line 11, where Fig 86 should read Fig 81.

For aids in diagnosis, every physician and student will profit by reading this admirable work.

A T MAYS

**THE HEART ITS PHYSIOLOGY, PATHOLOGY AND CLINICAL ASPECTS** By SELMAN NEUBOF, B.S., M.D., Visiting Physician, Central and Neurological Hospitals, Consulting Cardiologist, Broad Street Hospital, P. Blakiston's Son & Co., Phila, Pa., 1923 Cloth \$10.00

The author has presented in a volume of 700 pages all that can be presented concerning the heart which is of practical value to the physician. The anatomy and physiology of this organ are clearly and concisely given. The causes of diseased conditions are explained. Methods in addition to clinical ones are thoroughly reviewed and due weight given to them. Abnormal conditions are explained together with the modes of prevention and treatment. This work is one that should be used by everyone who treats patients with cardiac conditions, as it presents the subject in as clear a manner as any of the recent publications on the care of the heart. Typographically the work is excellent.

H M M

**CONSTRUCTIVE CONSCIOUS CONTROL OF THE INDIVIDUAL** By F MATTHIAS ALEXANDER, Author of "Man's Supreme Inheritance," with an introduction by Prof John Dewey E P Dutton & Company, New York 1923

This book is a sequel to "Man's Supreme Inheritance." "It deals with Sensory Appreciation in its four aspects in relation to man's evolutionary development, in relation to learning and learning to do, in relation to man's needs, and in relation to happiness."

The subject matter defies analysis. To read the book is to play mental tag. We find ourselves just on the point of coming to some conclusion on an important educational topic, when the author hurriedly departs for Versailles on an errand of psychological castigation of the Peace Conference, and by the time our slower mental transportation has carried us thither, he has completed a tour around the world.

FREDERIC DAMRAU

**HABITUAL CONSTIPATION. ITS CAUSES, CONSEQUENCES, PREVENTION AND RATIONAL TREATMENT** By ISMAR BOAS, M.D., Translated by Thomas L. Stedman M.D., 12 Mo Cloth, 299 pages \$2.00 net N Y, Funk & Wagnalls Company, Publishers 1923

This is a book for the laity written in non-technical language, and covers the whole field of constipation in the typical German manner. Every possible cause of constipation and the measures for its relief are described. While careful perusal of its pages would be interesting to a sufferer from constipation, allusions to the many diseases which might be the causes of his trouble, would make a neurasthenic of many a layman. The many and varied suggestions for treatment would also mislead rather than help. A smaller and less detailed treatise on this subject would have been more desirable.

A F R A



**A MANUAL OF PROCTOLOGY** By T. CHITTENDEN HILL, Ph.D., M.D. 12 mo of 279 pages with 84 engravings Phila and New York Lea & Febiger 1923 Cloth \$3.25

The author presents a book on the common colonic and rectal diseases eminently suitable for the use of the general practitioner. His suggestions are replete with practical personal views which make the book more valuable than many larger volumes on the subject.

The book is well written and most attractive in the easy manner of describing the details of his subject. He has fulfilled his object in writing a concise masterly small book free from irrelevant material.

MARTIN L. BODKIN

**RHUS DERMATITIS FROM RHUS TOXICODENDRON RADICANS AND DIVERSILOBA (POISON IVY) ITS PATHOLOGY AND CHEMOTHERAPY** By JAMES B. MCNAIR, Octavo of 298 pages, illustrated. Chicago The University of Chicago Press, 1923. Cloth, \$4.00

This book is a most exhaustive and authoritative study of Rhus Toxicodendron L., Rhus radicans L. and Rhus diversiloba T. and G. The author gives a very accurate botanical description of the plants, particularly of Rhus diversiloba with its morphology and anatomy. This alone makes the book exceedingly valuable. The chapter on the chemistry of the poisonous principle treats of the work of many investigators beginning with that of Du Roi in 1788 and ending with McNair in 1916, giving in detail the various chemical methods employed by them in determining the cause of ivy poisoning.

The chapters on the pathology, differential diagnosis, internal poisoning and immunity are interesting and instructive.

However exhaustive as this work is no mention is made of the recent studies of this subject by Strickler and his antigen treatment which has proven so successful. Through this omission the book loses much of its value, for it is the treatment and prompt cure of this skin malady that interests physicians mostly rather than the botanical characteristics and chemical properties of the offending plants.

FREDERICK SCHROEDER.

**A MANUAL OF THE PRACTICE OF MEDICINE** By A. A. STEVENS, A.M., M.D. Eleventh Edition. Entirely Reset. 12 mo volume of 645 pages illustrated. Phila and London W. B. Saunders Co., 1923. Cloth \$3.50

This Manual, prepared especially for students has proven of value to many others. The fact that this edition is the eleventh shows that it contains much of value. The author has carefully presented the essential facts concerning conditions met in the practice of medicine. In addition to the usual medical disorders the author presents a complete review of the diseases of the skin. The book is concise and accurate, and for one who does not care to go thoroughly into the different treatments of disease it will be found useful. As a manual it is all that could be desired. H. M. M.

## BOOKS RECEIVED

Acknowledgment of all books received will be made in this column, and this will be deemed by us a full equivalent to those sending them. A selection from these volumes will be made for review as dictated by their merits, or in the interest of our readers.

**MOVEMENT IN ORGANIC DISEASE** by ERNEST KINGS COTE, M.B., C.M. Edit. Hon. Physician St. Pancras Dispensary. William Wood and Co., New York, 1924. Price \$3.50

**FEDERAL INCOME TAXES. PRINCIPLES AND PRACTICE**, by E. T. ROSSEMOORE, B.S., Certified Public Accountant (New York), Chief of the Consolidated Returns Section and Lecturer on Income and Profits Taxes in the Bureau of Internal Revenue, 1922. D. Appleton and Co., New York and London 1924

**A COMBINED TEXT BOOK OF OBSTETRICS AND GYNECOLOGY** by J. M. MUNRO KERR, M.D., F.R.C.P., and S. (Glas.) Professor of Obstetrics and Gynecology Glasgow University, JAMES HAIN FERGUSON M.D., F.R.C.S. (Edin.) Gynecologist Royal Infirmary, Edinburgh, JAMES YOUNG, D.S.O., M.D., F.R.C.S. (Edin.) Assistant Physician, Royal Maternity Hospital Edinburgh, JAMES HENDRY, M.A., B.Sc., M.B. Senior Assistant Murchison Professor, University of Glasgow. William Wood & Co., New York, E. & S. Livingston Edinburgh, 1923. Price, \$10.00

**MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF HEART DISEASE**, by FRANCIS HEATHCOTE M.B., B.S. (Lond.) F.R.C.S. Temp. Capt. R.A.M.C. superintendent heart clinic Manchester. Cardiologist to the Ministry of Pensions. William Wood and Co. New York 1923. Price, \$2.00

**HEALTH AND DISEASE, THEIR DETERMINING FACTORS** by ROGER I. LEE, M.D., Professor of Hygiene in Harvard University. Visiting Physician, Massachusetts General Hospital. Little, Brown and Co., Boston 1923.

**THE MOTHERCRAFT MANUAL**, by MARY L. READ, B.S., illustrated. Little, Brown and Co., Boston, 1922

**HEALTHY CHILDREN** A Volume Devoted to the Health of the Growing Child, by S. JOSEPHINE BAKER, M.D., D.P.H. Little, Brown and Co. Boston 1923. Price, \$1.25

**HEALTHY BABIES** by S. JOSEPHINE BAKER, M.D., D.P.H., Director Bureau of Child Hygiene, Department of Health, New York City. Little, Brown and Co., 1923. Price \$1.25

**HEALTHY MOTHERS** by S. JOSEPHINE BAKER, M.D., D.P.H., Director Bureau of Child Hygiene, Department of Health, New York City. Little Brown and Co., 1923. Price, \$1.25

**THE HYGIENE OF MARRIAGE**, by ISABEL EMISJIE HUTTON M.D., with foreword by Prof. A. LOUISE McILROY M.D., S.Sc., O.B.E. William Henemann, London 1923

**HANDBOOK OF ANAESTHETICS**, by J. STUART ROSS, M.B., Ch.B., F.R.C.S.E. Lecturer in Practical Anaesthetics, University of Edinburgh. Second Edition. William Wood and Co., New York. Price, \$2.75

**INDUSTRIAL HEALTH**, edited by GEORGE M. KOBER, M.D., LL.D., Washington D.C. and EMERY R. HAYHURST A.M., M.D., Ph.D., Columbus Ohio. 33 contributors illustrations reference tables and appendix. P. Blakiston's Son & Co. Philadelphia, Pa., 1924

**INTERNATIONAL CLINICS** A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles, by leading members of the Medical Profession throughout the World. Vol. IV Thirty third Series, 1923. J. B. Lippincott Co., 1923

**THE PRIMARY PROBLEMS OF MEDICAL PSYCHOLOGY, A TEXT BOOK FOR STUDENTS AND PRACTITIONERS**, by Dr. CH. DEMONTET Professor of Medical Psychology at the University of Lausanne. Translated by A. NEWBOLD. William Wood and Co. New York, 1923. Price \$2.50





# PRUNES



## Contributions Solicited

### Try to Laugh This Off!

It is astounding that this great American nation, slave though it is to luxurious habits, can retire to its bed night after night, failing utterly to realize one of its most glaring forms of wastefulness. Isn't it?

We are informed rather reliably that the population of these more or less United States is on the verge of 120,000,000 souls. Of these 90,000,000 or more acquire during the course of a year ailments of sufficient importance to justify the advice of a physician. This means that at least 86,000,000 prescriptions (alcoholic documents excluded) a year are issued to maintain the national health.

But this is not waste, you will say at once. And you will be right. But wait! The waste lies in the fact that *not more than one-fifth of any prescription is ever consumed!*

Suppose one is ill. Very well. One's prescription is to be disposed of, according to directions, at the rate of a teaspoonful in one-fourth glass of water after meals and at bedtime. The druggist, generous soul, never fails to compound a sufficient quantity to accommodate an illness of some two weeks' duration.

What happens? After two days—three at most—the patient is feeling so much better that he decides to forget his medicine and eat a welsh rarebit or a lobster salad instead. The vial of medicine continues to occupy a sticky place on a shelf above the kitchen sink for a month, subsequently going to the medicine chest in the bathroom to join a dozen others of its kind, each of which is a monument to the memory of some dear departed ailment, nipped in the bud, as it were.

Think of it, fellow-Americans! Seventy-five million bottles, each containing at least \$2.80 worth of glorious, health-restoring fluid, representing the blood-chilling total of \$230,000,000! A bottle of medicine, once discarded, never is resumed, despite good intentions. And the bottles themselves! Laid end to end—my goodness—what a distance and back they would reach!

Cannot something be done to remedy this frightful situation? Something can. One suggestion is the establishment of medicine exchange bureaus in every hamlet town and city in the United States. The system will work out something like this:

You, for instance, have paid \$3.50 for a concoction prescribed for a rheumatic attack. Your neighbor has subscribed an equal amount for something good (or bad) for a touch of something or other. His neighbor and his neighbor's neighbors have bottles of drugs for indigestion, sore throat, dandruff, etc.

Let each patient upon recovery take his remaining medicine to the nearest clearing house, where he will be tendered a receipt for same. When next he accumulates a physical disorder, he visits his physician in due and ancient form, but instead of going to the druggist for his medicine, he stops at the exchange, obtaining just what he needs, and paying only a nominal fee for service.

Bah! you will say. Second-hand medicine! Well, what of it? It's being done with automobiles and everything else. So why not?

But perhaps you prefer to eliminate the middleman, in which case the transaction can be handled nicely by classified ad. For instance

EXCHANGE—Gentleman, just recovered from general break down, will exchange his medicine, used only a short time, for good, reliable cold in the nose remedy. Box 777, The Evening Enquirer.

Or why not sell it outright, like this

FOR SALE—Good all round collection of tonics, prescribed by one of the city's most expensive physician. Perfect condition. Bargain if you act quick. Phone Heinz 57 and ask for Al.

—John W. Kraft, Judge

### Anything in Drugs

SCENE. A modern city drug store, any time. The manager stands at the front of the store, ready to greet customers.

Enter, Mr. Jones (in a great hurry)

Manager. Can I serve you?

Mr. Jones. My car has stopped. I think it needs a new spark plug. Can I get one here?

Man. Certainly, sir. Right this way.

Enter, Mr. Smith.

Man. Can I help you, sir?

Mr. Smith. I want a flashlight battery.

Man. Yes, sir, etc.

Enter, Mrs. Wiggs.

Mrs. Wiggs. I see you are advertising aluminum cooking utensils.

Man. Yes, madam. Right over there.

Enter, Miss Jiggs.

Miss Jiggs. I want a good book to read and a nice box of candy.

Man. This way, please.

Enter, Mr. Brown.

Mr. Brown. May I leave some films to be developed, and prints made?

Man. First counter to the left, sir.

Enter, Miss Green.

Miss Green. Can I get a rubber swimming cap here?

Man. Yes, indeed. This way.

Enter, Mrs. Black.

Mrs. Black. I'd like to get some postage stamps and stationery.

Man. Right this way, madam.

Enter, Mr. White.

Mr. White. I want some castor oil.

Man. Yes, sir. One-in-Three is very good. Right—

Mr. White. No! No! Some castor oil for a sick little boy.

Man (dumbly). Castor oil?

Mr. White. Yes! Castor oil.

Man. Just a minute, please. (Confers with assistant.) We don't have castor oil, sir. Perhaps an electric vibrator would help the boy.

Mr. White (exiting in a huff). Or a vacuum cleaner.

Man (humming).

Yes, we have no drugs,

We have no drugs today.

We have cold creams and sodas,

Ma-GA-zines and razors,

And all kinds of drinks, and say,

We have a large stock of CIGARS.

And a truck full of can-DY bars,

But, yes, we have no drugs,

We have no drugs to-day.

—R. W. Desmond, Judge



# NEW YORK STATE JOURNAL of MEDICINE

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FEBRUARY 29, 1924

## THE CAUSE AND PREVENTION OF THE COMMUNICABLE DISEASES OF CHILDHOOD \*

By CHARLES HERRMAN, M D

NEW YORK CITY

I SHALL limit my remarks to the more important communicable diseases of childhood but before taking them up separately, I shall briefly discuss some questions which are common to all

*Aq. Incidence* Infants under six months enjoy a relative immunity to several of the communicable diseases. This is a passive immunity transmitted from the mother to the fetus through the placental circulation, and gradually disappears so that by the end of the first year and thereafter infants and young children are very susceptible to these infections. In human beings little or no specific immunity is due to the passage of antibodies through colostrum or breast milk, so that artificially as well as breast fed infants enjoy this passive immunity. The advantages of breast as against artificial feeding probably depend on the fact that cow's milk as a foreign substance has a slightly injurious effect on tissue cells, so that they are less able to respond in a normal manner in resisting and overcoming infection. From the first to the fifth year, infants and young children may be considered as most susceptible for the initial passive immunity has disappeared and immunity has not yet been acquired by exposure. In the Schick test we have a simple and valuable method of demonstrating the presence of the initial passive immunity and the gradual appearance of an acquired immunity. However, aside from a humoral or blood immunity, there are apparently other factors, for a diphtheria carrier with a positive Schick reaction may not develop diphtheria. We must therefore assume a cellular immunity as well. Adults are not often infected primarily because they have had the disease in childhood and one

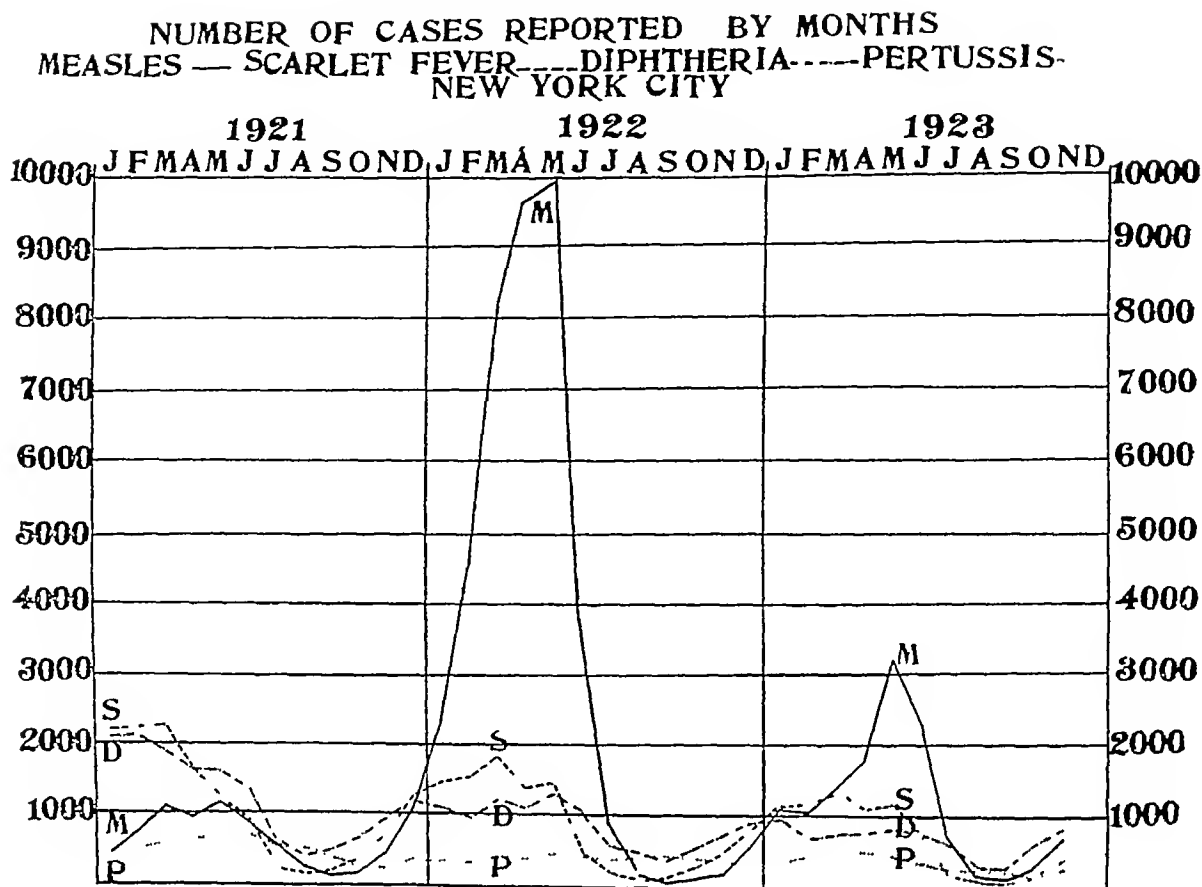
attack protects against future attacks. However, adults who have lived in isolated places, and have not been exposed to infection are almost as susceptible as children. A mild attack, especially in early infancy, may be overlooked. I believe this is the explanation of Sellard's negative results in the experimental inoculation of measles in adult volunteers who were supposed never to have had measles.

*Sex* In a few diseases one sex seems predisposed. For example, the incidence of whooping cough is greater in females. Although the respiratory symptoms are more spectacular, whooping cough is essentially a disease of the nervous system. A few other diseases of the nervous system, notably hysteria and chorea, are also more frequent in females. This may be associated in some way with gonadal activity.

*Seasonal Incidence* For the purpose of study measles presents the most favorable conditions. All persons over five months of age who have not had the disease are susceptible and contract it on exposure. The characteristic symptoms appear with mathematical precision after a definite period of incubation. In New York City diphtheria and scarlet fever are reported with a fair degree of accuracy, about 25 per cent of all cases of measles are reported, and about 10 per cent of all cases of whooping cough, but as the percentage of all cases of these diseases which are reported remains about the same, the curves of seasonal incidence based upon the number of cases reported is fairly accurate.

*Chart* It will be seen that in those years in which measles is epidemic, the number of cases is far in excess of all the other communicable diseases, and that in New York City measles is epidemic every second year. This is probably





due to the fact that in an epidemic year such as 1922, large numbers of susceptibles are infected, so that a comparatively small number are left for the succeeding year, time being required for a certain amount of inflammable material to accumulate so that there shall be a large number of foci of infection. This is rendered probable by the fact that in small towns such epidemics only occur every third, fourth or fifth year. However, the most remarkable fact is that such epidemics in New York City almost always occur in May. In looking over the meteorologic reports, I could find nothing in the temperature, humidity, rainfall, sunlight, or winds, which was characteristic of May as against the other months of the year. In almost all the communicable diseases of childhood, the infectious material is present in the rhinopharynx, and this is also the point at which the infectious material enters the body. Some years ago Amoss and Taylor showed experimentally that the nasal mucous membrane of most individuals had the power of neutralizing or inactivating the virus of poliomyelitis. This protective mechanism is apparently more or less developed in different individuals and is probably deficient in the 2 per cent of individuals who are susceptible to poliomyelitis. During the epidemic of 1916 we also noticed that those patients who contracted the disease were more

susceptible to ordinary nasal catarrh. However, the susceptibility to measles is universal, there are cases in New York City at all times, so that opportunity for infection is always present. We must, therefore, assume a special susceptibility in May. It is possible that at that season the nasal mucous membrane is in some way sensitized to the measles virus very much as persons have their attacks of hay fever and June cold at certain definite seasons. I have notes of three cases in which children exposed to measles in the fall and winter failed to contract the disease, and subsequently became infected in April and May. Although three cases are insufficient from which to draw any conclusion, the fact is at least suggestive. As a rule climatic conditions are supposed to increase the virulence of the infectious material, and in that way cause epidemics at certain seasons, however, it is also possible that *individuals* differ in susceptibility at different seasons. One naturally thinks of an increased or diminished activity of the endocrine system. In animals, moulting, mating, and hibernation are periodic phenomena, probably dependent upon such changes. It has been shown that in man the blood chemistry varies at different seasons. It would be interesting to compare the seasonal incidence of the communicable diseases as they occur in countries having seasons radically dif-



ferent from our own. It might be worth while to test similar groups of children and to note whether there was any difference in the percentage of positive Schick reactions at different seasons.

I think there can be little doubt that children with hypertrophy of the lymphoid tissue of the rhinopharynx are more susceptible to these infections and that the disease is more likely to run a severe course in them. We have noticed that nearly all our scarlet fever patients show such lymphoid hyperplasia. However, this may be only one manifestation of a lack or deficiency of ability to cope with infections in general, rather than the cause of susceptibility, for many children, even after the removal of hypertrophied tonsils and adenoid vegetations, still continue to be susceptible.

Almost all the communicable diseases are spread by direct contact with patients, not through inanimate objects. As sanitarians we should emphasize the manner in which the communicable diseases are usually spread, not how they may be occasionally spread. Although rooms, clothes, books and foodstuffs may be responsible in exceptional cases, for the most part they are negligible. Measles, chickenpox and possibly grippé may be air-borne at a short distance through air currents, in the other diseases close contact is essential. It is therefore important that children should be taught the proper use of the handkerchief at an early age. In hospitals for children, there should be an observation ward in which new patients may remain for two weeks before being admitted to the general ward. In the general ward the beds should be separated by a partition or there should be a distance of at least 4 feet between them. Cross infections are much more easily prevented if all patients are kept in bed until they are sent home. All patients who cough or sneeze should be isolated. Whenever isolation and proper care can be obtained at home, removal to a hospital should not be advised. As infection does not occur from rooms occupied by a patient, disinfection is unnecessary, a thorough airing and cleaning are sufficient. The spread of the communicable diseases is difficult to control because there are large numbers of mild unrecognized cases and carriers, and because they are most communicable in the early stage, before their true nature is recognized. Even if it were possible to detect all the mild cases and carriers, it would be impossible to isolate them.

**Immunity** Good health does not necessarily go hand in hand with immunity to the infectious diseases. In the late war only those men were selected for service who were free from organic

disease, and were therefore healthier than the average male adults in the community, however, when they were infected with measles, influenza, or pneumonia many showed a distinct lack of the normal defense reactions. The susceptibility or resistance to the infectious disease seems to depend on certain hereditary qualities, and is probably specific for each disease. It has been noted by Zingher that when the youngest child in a family has a negative Schick reaction, all the older children usually have a negative Schick reaction also. This would seem to indicate that the ability to develop antitoxin acts as a dominant character. It is probably this ability to form antibodies which is on a hereditary basis. It would be interesting to note whether those children who continued to have a positive Schick reaction in spite of two or more series of injections with the toxin-antitoxin mixture, were also more susceptible to infection with the other communicable diseases of childhood as shown by their previous history.

**Measles** The infectious material is present in the rhinopharyngeal mucous discharge, and in the blood, from the appearance of the catarrhal symptoms until the completion of the eruption, and the disease is communicable only during that period. An isolation of one week is therefore sufficient. The disease is spread by direct contact usually early in the catarrhal stage, a very short exposure being sufficient. Occasionally infection occurs at a short distance through a third person or through air currents. Mild atypical unrecognized attacks in young infants are sometimes responsible for the spread of the disease. One attack usually protects for life. A history of two or more attacks is probably based on an incorrect diagnosis. The spread of the disease can only be prevented if the patient is isolated when the first symptom appears, namely, a slight rise in temperature. After the catarrhal symptoms have appeared isolation is of little or no value, susceptibles who have been exposed have been already infected.

Prophylactic injections with convalescent serum confer a *passive* immunity. One week after defervescence from measles, from 60 to 80 c.c. of blood is withdrawn from a healthy child over three years of age. The serum is separated, a small portion is subjected to the Wassermann test, and a little tricesol as a preservative is added to the remainder. The serum of several patients is mixed and the material is kept in sealed vessels. For prophylactic inoculation from 3 to 6 c.c. of the serum is injected intramuscularly not later than four days after exposure to infection. The chief objection to this method is that it confers a *passive* immunity which lasts only about eight weeks, and that it is not absolute even for that



length of time. Its application and usefulness is limited to institutions for the care of young children. Its use will not solve the problem of controlling the spread of measles in the community. The situation is similar to that of diphtheria. Antitoxin injections will prevent diphtheria in children *known to have been exposed*, but it has not solved the diphtheria problem. This has been done through *active immunization* with the toxin-antitoxin mixture. My own method of conferring active immunity depends on the following. Seventy-five per cent of all deaths from measles occur in infants under two years of age. Any method of immunization which aims to control this disease must be employed in early infancy on all or nearly all children. Infants whose mothers have had measles are relatively immune during the first five months of life. The infectious material is regularly present in an active form in the nasal discharge from twenty-four to forty-eight hours before the eruption appears. It is not necessary to isolate or to identify the infectious material, or to obtain its growth in pure culture in order to immunize against the disease. In practice the infectious material is conveyed from the nasal mucous membrane of the patient to the nasal mucous membrane of the child infected. The immunizing inoculation follows the same path, the nasal discharge of the patient free from other disease is taken from twenty-four to forty-eight hours before the appearance of the eruption, and is mixed with a small quantity of normal saline solution, the bacteria and other extraneous material are separated by centrifugalization, and a few drops of the solution are applied to the nasal membrane of the infant to be immunized. *Only healthy infants between four and five months are inoculated.* The method endeavors to convert a temporary relative immunity into an active immunity which persists for at least two years, that is, during the most dangerous period. The best results are obtained when a reaction follows the inoculation, a slight rise of temperature on the eighth to the sixteenth day, occasionally a few spots on the face or trunk. It is therefore important to inoculate as near as possible to the end of the fifth month. In order to render the immunity more certain and lasting, I believe it would be advisable to reinoculate in the sixth and seventh months. I have inoculated 165 infants without a single unfavorable or injurious reaction. Forty-five of those inoculated have been directly exposed to infection without contracting the disease. None of those showing a definite reaction following the inoculation have contracted the disease, and thirty-six who were reinoculated after an interval of at least six months, did not develop the disease.

*Scarlet Fever* The character of the infectious material has not been definitely determined, as it is difficult to produce the disease experimentally by the inoculation of the rhinopharyngeal secretions. In addition to the virus a certain predisposition seems necessary, so that only a small percentage of exposed children contract the disease. Burns and open wounds of all kinds furnish such a predisposition. It is most communicable in the early stage, and is to a great extent spread through mild unrecognized cases and carriers, persons who have only an angina. The desquamating scales do not carry the infection, and "return cases" are probably due to carriers or patients who still have infectious discharges. Although an isolation of four or five weeks is necessary in most cases, in mild cases free from discharge, the period of quarantine could be shortened.

Attempts have been made to protect children against infection with scarlet fever by injecting convalescent serum. It is much more difficult to demonstrate its value than in measles, because while susceptibility to measles is almost universal, only about one-fourth of those exposed contract scarlet fever. From 15 to 30 c c of convalescent serum is injected into the child as soon as possible after exposure to infection.

*Whooping Cough* In true cases the Bordet-Gengou bacillus is pretty regularly present in the bronchial mucus in the catarrhal stage, and disappears after the fourth week of the disease, so that there is practically no danger of communicating the disease after that time, even if a spasmodic cough is still present. The disease is spread chiefly in the catarrhal stage, by direct contact, and mild atypical attacks in infants and adults may be responsible for the spread of the disease. As the disease is most communicable before the characteristic whoop is present, isolation to be effective must be carried out early. Where there is a history of exposure and when the disease is epidemic, every cough should be looked upon with suspicion. This is particularly true in hospital wards. As the disease is extremely serious in newborns, they should be protected from exposure. If the mother is exposed and has not had the disease, the close contact in nursing may be dangerous. I have seen several fatalities due to a failure to realize this danger. The only real isolation is isolation in bed. The wearing of a distinguishing band on the arm has not been a success, for the simple reason that children will not wear them. Mothers of susceptible children, especially infants, must be warned of the danger of exposure to infection.

The prophylactic injections of pertussis vaccine have not been uniformly successful. The introduction of any foreign protein seems to have some value in stimulating the formation of anti-



bodies. Recently I have used typhoid vaccine with about as good results as I obtained with the use of pertussis vaccine. In general the mother's blood would probably be the best for this purpose. The quantity necessary is small and easily obtained and it is not necessary to give it intravenously.

**Diphtheria.** The disease is regularly associated with the presence of the Klebs-Loeffler bacillus, but negative cultures may occasionally be obtained if specimens are not taken with care. As is well known, a small percentage of persons harbor the bacillus without having clinical manifestations of the disease. It is spread by direct contact with patients, and carriers. Children with hypertrophied tonsils and adenoid vegetations are more likely to be persistent carriers, so that removal of these structures may be indicated. The clearing up of such persistent carriers is very difficult. A number of different methods have been tried, but none with uniform success. Such carriers need not be isolated indefinitely, for the organisms are often avirulent. All children who have been exposed to infection and who have a positive Schick reaction should be given a prophylactic dose of diphtheria antitoxin. The immunity conferred is passive and cannot be depended upon for more than three weeks. In order to control the spread of the disease, all or nearly all infants must be actively immunized with the toxin-antitoxin mixture. Park and his co-workers have found that the results are just as certain when a smaller amount of less neutralized toxin is given and this has the great advantage that disagreeable reactions are avoided. All infants over six months of age should be immunized, the initial Schick test being omitted. They should be tested subsequently, and if a positive Schick reaction is present a second series of injections should be given. The present method is to give three injections each 1.25 c.c. of the toxin-antitoxin mixture, at intervals of two weeks. After the public has become familiar with the advantages of immunization against diphtheria, it will not be difficult to obtain the parents' consent. It will be advisable to require a certificate of immunization as is now required in the case of vaccination before entrance into school. Private physicians have the best opportunity to carry out this work of preventive treatment, for they have the infant under their care from birth and at the time when the baby is vaccinated, the importance of immunization against diphtheria can be emphasized.

**Grippe.** This term is loosely used for a number of catarrhal infections which occur in epidemic form, and have catarrhal symptoms, fever and malaise in common. In different patients and in different epidemics a number of different organisms have been found in the rhinopharyn-

geal secretions. Recently the "bacterium pneumosintes" has been isolated in a small series of cases by Oltsky Gates, and McCartney. A number of attempts have been made to produce the disease in human volunteers by inoculating the discharges from the rhinopharynx but without success. This is the more remarkable because susceptibility to grippe is almost universal. The disease is spread by direct contact, and mild cases and carriers are largely responsible. It is impossible to detect all of these, and even if it were possible they could not all be isolated. It has been suggested that all children with catarrhal symptoms should be excluded from school. This would be difficult to carry out in public schools, and if it was done, these children would have to be isolated at home. As such isolation is only effective if the children are kept in bed, the difficulties can be appreciated. It is possible that at the time the disease is epidemic the special causative organism or type might be isolated and a vaccine prepared for prophylactic inoculation, which would give at least a temporary immunity. If that was not possible, it might be worth while to attempt to stimulate the formation of antibodies by the injection of foreign protein.

**Chickenpox.** No definite infectious material has been isolated, but it is known to be present in the vesicles on the skin, and the disease can be produced in a mild form by inoculation with the contents of these vesicles. The disease is spread by contact, and also at a short distance, the infectious material being probably carried by air currents. It is most communicable in the early stage, but communicability is still present for a time after the eruption appears. Children may be immunized by inoculating them with the contents of the vesicles, and a passive immunity is conferred by injecting them with the serum of patients who have just recovered from the disease.

In order to really control the spread of these diseases it will be necessary to actively immunize all or nearly all infants against them, and to educate the public as to the value and necessity for such preventive inoculations. Vaccination against smallpox is an example of successful control and may serve as a model. In diphtheria we have a method of actively immunizing and it only remains to still further educate the public as to its importance. In measles I believe we also have a method of actively immunizing, it is only necessary to perfect the method and then bring it into general use. The whooping-cough problem should not be insoluble, for we know the organism which causes the disease, and it is not unlikely that a more potent vaccine will be prepared. Scarlet fever and grippe offer greater difficulties for in both diseases the character of



signs of poisoning have appeared it should be stopped until these have gone, and for forty-eight hours more, and then should be resumed with the maintenance dosage.

The excretion of the drug is variable with different patients, but usually lies between 2 and 3 grams of the leaf per day, so that 20 to 30 minims of tincture is the dose to give to maintain the therapeutic effect. It is best given as a single dose at night. There is no reason for dividing it up throughout the day, and the more frequent doses are an unnecessary source of annoyance to the patient.

When ordering the tincture, do not consider drops equal to minims. This is probably the commonest error made by physicians today in ordering digitalis, and leads to under-dosage and failure to obtain effects. Ten minims of the tincture of digitalis will take from 18 to 30 drops, depending upon the shape of the dropper, the position in which it is held, and the speed of dropping, so that 30 minims might be 54 or 90 drops in different cases. Either the patient should have a graduated measuring glass or pipette, or a mixture of the tincture in water, should be prescribed, so that there are 10 minims or 20 minims to the teaspoonful, and the teaspoon should be used for measuring the daily dose.

In considering what type of case demands digitalis treatment, it has become plain that it is not the mere presence of heart disease which makes digitalis necessary. There are many patients who have extensive heart disease and yet do not need this medication. No matter how severe the pathology may be, we feel that digitalis is only indicated by the presence of symptoms of cardiac insufficiency. There is no question, of course, about the advisability of giving digitalis to the severely sick-bed patient, whether the heart is regular or irregular, but it is not so generally realized that ambulatory patients, who complain of shortness of breath on ordinary exertions, are helped by the drug. A course of digitalis, lasting for from three to six weeks, will help most patients with these symptoms, even though the heart is regular and not especially rapid.

If the patient has the continuously irregular heart, due to auricular fibrillation, and if the heart rate tends to be 90 per minute, or more, when the patient is at rest, or goes to unusually high rates after exercise, then this patient should receive digitalis to show the heart rate, whether he has dyspnea or palpitation on exertion or not. The continual rapid beating tires the muscle and leads to a limitation of the ability to exercise. This limitation may entirely disappear when the rate is slowed to within normal limits. These patients then must continue to take digitalis as long as they have auricular fibrillation, in a daily dose sufficient to keep the heart at the proper

rate of beating, i. e., between 70 and 80 per minute.

The treatment of these patients with the irregular heart of auricular fibrillation has lately had a new phase revealed by the discovery of the action of quinidine. Quinidine is not a heart stimulant or a tonic drug, it is, in fact, a depressant to the cardiac muscle, but it has the peculiar ability of being able to abolish auricular fibrillation, so that the previous irregular heart beats again by the normal mechanism. The return to normal rhythm takes place in somewhat more than half of all patients who have auricular fibrillation, but some relapse again to the irregular action in a few days or hours, so that for practical purposes the treatment is effectual in about 40 per cent of the patients. If a patient remains with normal rhythm for a week or ten days, before relapsing to auricular fibrillation, it is usually possible, by a further course of quinidine, to return the normal rhythm in from 24 to 36 hours, and it may persist this time for seven to ten days, or more or less. Some patients retain the normal rhythm for weeks after quinidine treatment, and some for months or years.

The present state of our knowledge is so incomplete that we cannot say in advance whether a given patient will return to normal rhythm or not, or if he does, how long this will remain. On the average, a favorable reaction to quinidine is not as frequent in patients with advanced valvular disease, or patients with large hearts, as in those without valvular disease and without cardiac enlargement, but the individual patient often fails to follow the average behavior of the group. Many with much enlarged hearts or advanced valvular disease or both, can be returned to normal rhythm by quinidine, and some will retain this for a considerable time. I feel that at present, every patient who has auricular fibrillation should have a trial with quinidine, to see whether his heart cannot be returned to normal rhythm, for the patient is nearly always more comfortable with the heart beating regularly.

There are certain dangers connected with the use of quinidine, which should be clearly in the physician's mind, in order to avoid them, as far as possible. One danger lies in the fact that it is a depressant to the cardiac contractility, which results in a certain degree of weakening of the cardiac force in any patient to whom it is given. This effect only rarely causes an appreciable degree of cardiac failure during the administration of the drug, but it represents an influence which tends to be harmful rather than beneficial. In addition to this, quinidine tends to produce in certain patients, while under treatment, a very rapid ventricular rate. If this rapid rate is long persisted in, it will lead to a greater or lesser



degree of cardiac failure, from fatigue of the muscle. There are, thus, these two factors the toxic action on the muscle, and the production of a rapid rate, which tend to cause cardiac failure during the quinidine treatment. We must carefully watch the patients while under treatment, for signs of the onset of failure, or for an increase in the signs already present. If quinidine is seen to be doing harm in this way, it should be promptly stopped, for I have seen very serious failure result from continuing the drug after it had become evident that it was causing decompensation.

The tendency to cause decompensation should not amount to a serious danger, for it is easy to avoid if care is used. The one serious danger from quinidine is the possibility of sudden death. This occurs very infrequently, in less than 1 per cent of patients, but when it has once happened there is no redress. It is believed to be due to cerebral embolism, the clot coming from the interior of the left auricle. During fibrillation of the auricles they remain in the diastolic position, so that clots would tend to form because of stasis in the dilated auricular appendix. These clots are sometimes pushed out into the blood stream when the auricle begins to contract normally.

For this reason we should never attempt the quinidine treatment at any time less than four weeks after a period of severe decompensation. During this four weeks any clots that may have formed in the auricles will have become adherent so that they will not be so readily thrown into the circulation. Furthermore, the four weeks treatment with digitalis will improve the condition of the circulation and thereby the nutrition of the muscle of the auricles and by this will probably tend to favor the return to normal rhythm. I have, on several occasions found a second course of quinidine to be successful when it was given two or three weeks after an unsuccessful one and have often found the second course to result in a longer period of normal rhythm than the first. I attributed both these results to the improved condition of the auricular muscle, which resulted from the additional period of improved circulation.

Ventricular fibrillation may on rare occasions, be a cause of the sudden death during quinidine treatment. Ventricular tachycardia has been observed in patients under quinidine, and in dog experiments ventricular fibrillation itself has been noted. We do not know what predisposes to this, but it seems likely that the better the condition of the muscle the less the chances would be. This is an additional argument in favor of getting the heart in as good condition as possible before trying the quinidine.

The dangers from the use of quinidine must be contrasted with the dangers of continuing to

have auricular fibrillation. The danger is slight, if the patient is faithful in following out his digitalis treatment, so that his heart rate can be controlled by this. Occasionally sudden death occurs in these patients due to cerebral embolism, and occasionally they have emboli in the arteries of the extremities or the abdomen. Many of them have a more or less unpleasant sensation in the chest due to the irregular heart action and all of them must take digitalis daily throughout their life.

Patients who are not faithful in carrying out digitalis treatment and who have a too rapid heart most of the time, are in much greater danger of having emboli, and even without them the heart tends to a condition of chronic fatigue, which results in chronic myocardial changes. These patients tend more or less rapidly downward and for them the quinidine is especially indicated.

During the initial treatment with quinidine patients should be in bed and under close observation but a patient who has once been returned to normal rhythm by quinidine and relapses to fibrillation again need not be so closely watched, nor so closely confined during a second treatment. The first treatment should be preceded by a test dose of 6 grams of quinidine sulphate, to see if the patient has marked susceptibility as shown by buzzing in the ears, headache, nausea, or general weakness. If not then 6 grains every four hours should be given on the next day, giving 4 doses for the first two days and if normal rhythm has not resulted, giving 5 or 6 doses daily thereafter. The patient should be seen every day, and watch kept for signs of intoxication. It is hardly worth while to continue the treatment for more than six days in all, for those who return to normal rhythm after as much quinidine as this are not likely to continue with it long before reverting to fibrillation.

Sometimes the patient's reaction to the drug will demand its withdrawal. Palpitation which is very marked, headache, nausea, vomiting or diarrhea may appear, and indicate a harmful effect of the quinidine or, as has been already mentioned, signs of decompensation may appear to be increasing.

Whenever the patient returns to normal rhythm and usually they are able to realize this themselves the quinidine should be discontinued for that day. A dose of 6 grains should then be given every morning and night for several days following, as a prophylactic against the return of the fibrillation. The patient may now be allowed out of bed as soon as his state of compensation and general health warrant it.

A theoretical objection has been raised to giving quinidine while the patient is under the in-



fluence of digitalis Quinidine paralyzes the vagus endings, an action which helps to abolish the fibrillation, while digitalis stimulates the vagus, therefore tending to oppose the quinidine. The matter is of more theoretical than practical importance, for those who disregard it are able to report just as good results from quinidine as those who do not.

A patient whose return to normal rhythm is only for a brief time, does not receive much benefit, but when normal rhythm persists for from seven to ten days, or more, the patients usually feel much better. They have a consciousness that the heart is acting normally, they are released from the need to take digitalis continuously to keep down the ventricular rate and they have what little mechanical advantage accrues from the regular beating and from the presence of the auricular systole.

I wish to emphasize particularly that quinidine is an improper drug to use in the presence of a severely failing heart. It tends to increase the cardiac failure, and if normal rhythm is not quickly attained, may do irreparable harm. Moreover, the danger of embolism is greater at this time. First treat the cardiac failure with digitalis and then, if auricular fibrillation persists, treat this with quinidine.

Other forms of cardiac arrhythmia may be benefitted by quinidine. Paroxysms of rapid

heart action occur because of auricular fibrillation, or auricular flutter, or the rapid regular activity of some abnormal site of impulse formation, called paroxysmal tachycardia. The paroxysms may be of short or long duration, they may occur frequently or infrequently, but always their occurrence is a distressing event to the patient. Quinidine is often capable of stopping these paroxysms whatever their mechanism. It should be given in a 6 grain dose, immediately after the onset, and repeated at two hour intervals for two or three doses, if the attack persists. If one or more attacks occur daily, quinidine may greatly diminish their frequency, or even entirely stop their occurrence. For this purpose 6 grains before breakfast, repeated 6 hours later, has been found very successful, though one dose each morning may suffice, or 3 grains before each meal. I have seen no harmful results from continuing this dosage for many months.

The irregular heart action, due to premature beats, is not ordinarily a reason for treatment, as it does not lead to cardiac insufficiency or any other harm to the patient. Sometimes it is felt by the patient as a discomfort in the chest or even as a pain over the heart, and it then warrants treatment. Quinidine has been found of value for this purpose also, and should be given as described, for the prevention of paroxysmal attacks.

## SURGICAL TREATMENT OF GASTRIC AND DUODENAL ULCER\*

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UNTIL we are fully informed as to the cause of chronic peptic ulcer, there will be uncertainty and difference of opinion as to the treatment. On the one hand, patients will come to the surgeon for help when they should have been given a longer course of medical treatment, and on the other hand, physicians will continue to keep under their care those patients who should be in the hands of the surgeons. The laity is now familiar with the fact that operation can be performed for the relief of disturbances of digestion, that it is not unusual for the surgeon to be consulted concerning symptoms referable to the epigastric region before the patient has sought medical advice. The direct appeal by the patient to the surgeon, without careful investigation and judicious treatment by the physician, often tempts the surgeon to undertake immediate intervention in the hope of giving

prompt relief. His responsibility is thus greatly increased, and his unaided judgment passed upon a condition which, for the best welfare of the patient, requires consideration from the point of view of both the physician and the surgeon.

Possibly, this happens more frequently in small cities than in the large ones, for I have frequently heard surgeons connected with large hospitals state that they see practically no ulcers in the early stage, all having advanced to the stage requiring surgery before they see them at all. I believe that no chronic ulcer of the stomach or duodenum should be operated on before it has received careful and intelligent treatment by a physician, cases of acute perforation alone excepted. For acute perforation, both physician and surgeon agree upon immediate operation. Undoubtedly, patients with chronic ulcer do recover—at least temporarily—without treatment, but because

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it can be shown roentgenologically that chronic ulcers do cicatrize, the evidence of ulcer disappearing, it does not necessarily mean that the ulcer is permanently healed. The important question for the surgeon to answer is "What can operative treatment accomplish in giving permanent relief from the symptoms, and what surgical principles should guide the operator in selecting the technic to be used in the individual case?" Reported percentages of recoveries and improvements, both under medical and surgical treatment, vary greatly, and it is difficult to obtain exact facts in any series of cases. The personal equation enters so largely into the conclusion based upon the final reports, that the percentages of recoveries, improvements and failures are only approximately reliable, no matter how carefully any certain group of cases may be studied.

The surgeons should not be satisfied unless the ulcer has been removed or the stomach put in such a condition that healing will result with restoration of approximately normal physiologic function. No patient has recovered until the ulcer is either removed or healed and the technic selected should either extirpate the ulcer by excision with knife or cautery or leave the stomach or duodenum in such a condition that permanent healing will take place. I do not however, advocate excision, because of the probability of the ulcer becoming carcinomatous for my experience, based on the clinical findings, the pathologist's report and the patient's after-history, does not lead me to agree with the teaching that chronic ulcers of the stomach become malignant, even those as large as 2 cm in diameter. I would not, therefore, offer a patient, as an argument in favor of surgical treatment, the possibility of the existing ulcer becoming malignant. In my own cases of gastric cancer, I am unable to find a single record in which the patient gives a clinical history that suggests the pre-existence of chronic ulcer. The symptoms of cancer come on suddenly, and when they first appear the disease has usually progressed to a stage that makes operative treatment hopeless as will be shown by X-ray examination or exploratory operations. If chronic ulcer be due to embolic infarcts the vitality of the tissues is reduced and repair is retarded, so that even when healing does occur, the scar tissue is easily destroyed by the action of the gastric secretions with consequent recurrence of the ulcer. Operative treatment that does not remove or destroy the diseased tissues is uncertain, and it is my opinion that failure to give the patient the relief expected after operation is usually due to the continuance of the ulcer, or its recurrence, even when cicatrization has originally taken place.

During the past twenty years, the operative technic of ulcer of stomach and duodenum has greatly improved. Gastro intestinal anastomosis has proved so satisfactory a means of giving relief in cases of cicatricial stenosis near the pylorus that patients were benefited by any method of anastomosis, provided only that the loop of ileum selected for attachment to the anterior wall of stomach was not too near the ileo-cecal valve. We have profited by the mistakes of our predecessors in the surgery of the stomach, and now have a fund of operative resources, enabling us to cope with any pathologic condition due to chronic ulcer. The method of choice should always be the one that offers, in the individual case, complete relief, prompt recovery, and the least risk to life. In spite of most thorough and careful study of a suspected case of chronic ulcer, by physical examination, chemical analysis of stomach contents, and X-ray, every operation upon the stomach is more or less "exploratory", and the technic to be employed is bound to depend upon what is revealed when the abdomen is opened and the organ exposed to the surgeon's eye and sense of touch.

There are many conditions so closely simulating chronic ulcer that the most expert roentgenologist or diagnostician may occasionally be deceived, so the surgeon should, therefore, always begin the operation in a humble frame of mind, only after the ulcer has been positively demonstrated can he feel certain of the diagnosis. When absolutely definite physical evidence is lacking we should not call upon our imagination to convince either ourselves or the visiting physicians that an ulcer exists. The fictitious finding of ulcer, and the performance of gastrojejunostomy in neurotic individuals, whose gastric symptoms were but a part of a general neurosis, has probably led to more failures and disasters in surgery of the stomach than any other cause. Blessed be the surgeon who, without a feeling of chagrin at not finding the preoperative diagnosis of ulcer confirmed on opening the abdomen, can after exploration of the viscera proceed to close the abdomen. I have much sympathy for the roentgenologist whose error in diagnosis is so frequently made an excuse by the surgeon when it is found on the operating-table that no ulcer exists. Roentgenology should neither be blamed for a mistaken diagnosis nor given all the credit for a correct one.

*Technic of Operation*—I find the upper right rectus incision the most satisfactory as it gives good exposure to the upper abdominal organs and can be so extended as to permit removal of the appendix if desirable, and exploration of the pelvic organs. When, however, an "hour-glass" contraction is shown by the X-ray located well



toward the cardiac extremity of stomach, the left rectus incision has distinct advantages. I am not in favor of the transverse incision through one or both rectus muscles, as it is difficult to explore the lower abdomen, or, if necessary, remove the appendix. Moreover, an incision in the abdominal wall for operating upon the stomach and intestine is liable to infection in spite of every precaution, and when this occurs in a transverse incision delayed healing with greater tendency to hernia will result.

After opening the abdomen by an adequate incision, a thorough exploration should be made, not only of the stomach and duodenum, but, so far as possible, of all the other abdominal viscera as well. If an ulcer is found as diagnosed, still further search should be made to determine if others exist. The ulcer on the duodenal or gastric side of the pylorus, which has produced marked stenosis, will be relieved by a simple no-loop gastrojejunostomy. Ulcer on the anterior wall of the first portion of the duodenum should be thoroughly destroyed by the cautery, the opening in the intestine closed, and a posterior gastrojejunostomy performed. Ulcer in the posterior wall of the duodenum is usually adherent to the pancreas, so that it cannot be dealt with by the cautery. Pylorectomy with removal of the first portion of the duodenum, is the most satisfactory method of treating this condition. Ulcers located in the wall of the stomach near the pylorus are best treated by a partial gastrectomy. There is a wide selection of a method for resection of the pylorus, with partial gastrectomy, and the choice of technic will be influenced by the surgeon's experience in the ease of its performance and the results he has achieved with it. It is, I believe, a good rule to adhere to the technic with which one is most familiar, and unless convinced that his method possesses distinct disadvantages one should not change because some other surgeon does the operation differently.

The method which I prefer is closure of the end of the duodenum and the divided end of the stomach with a posterior gastrojejunostomy, Billroth II. This has been so satisfactory that I employ no other, except in special conditions. Polya's original operation or Balfour's modification of it I employ occasionally, but can see no real advantage over the Billroth II except when a considerable portion of the stomach is removed for cancer or "hour-glass" contraction situated in the pyloric half. I have had no experience with the Billroth I, which, with certain modifications, has been recently advocated by Dr. W. J. Mayo. An ulcer located in the lesser curvature of the stomach is best dealt with by the technic devised by Balfour—the destruction of the ulcer by cautery, suture

of the opening, and a posterior gastrojejunostomy. If the ulcer is small the anastomosis is omitted. An ulcer on the anterior or posterior wall of the stomach I also prefer to treat by Balfour's technic, but unless it is so large that the defect left after destruction by the cautery cannot be closed without strain on the sutures and deformity of the stomach, I do not make an anastomosis with the intestines. The method employed in dealing with the "hour-glass" contraction of chronic ulcer should vary with location of the ulcer. Believing in destruction by cautery or excision, I am opposed to anastomosis, which overcomes the mechanical obstruction, but leaves the ulcer, unless, of course, it can be definitely determined that the ulcer has healed. Ulcers in the pyloric half of the stomach, or in the center, with great inequality of size of the two pouches, I prefer to treat by partial gastrectomy, with either the Billroth II or Balfour's modification of Polya's method. When "hour-glass" contraction is situated in or near the center of the stomach, with the caliber of the pouches about equal, I prefer to treat it by partial gastrectomy, with end-to-end approximation of the divided ends of the stomach, without anastomosis. The operation is sometimes difficult because of adhesions which make mobilization of the stomach hard to accomplish, but the results of this operation have been, in my experience, satisfactory. In suturing the stomach or intestine, it is important to have the parts so mobilized that there is no strain on the line of suture, to tie the sutures lightly and not to have them sufficiently numerous to produce strangulation of the tissues, thus interfering with repair.

Acute perforation of an ulcer of stomach or duodenum is a tragedy, and the outcome depends more on the promptness of the diagnosis than on the technic employed. The diagnosis ought to be made almost immediately from the history, symptoms and physical signs, and the patient given surgical treatment at once. In dealing with an acute perforation in the duodenum, the margin should be destroyed by cautery and the opening closed by sutures which include a graft of omentum in the second row. If operation is done within twenty-four hours of the occurrence of the perforation the general condition of the patient will be such as to make a posterior gastrojejunostomy reasonably safe. Later than twenty-four hours, an anastomosis may be done, but simple closure of the perforation will probably be all that is advisable. Whether gastro-enterostomy should be performed depends rather on the condition of the patient than on the length of time that has elapsed since the perforation occurred. Perforations of the stomach wall should be similarly treated, and a gastro-enterostomy



need not be done unless the ulcer is large with much surrounding induration and inflexibility, thus making closure difficult, with resulting deformity of the stomach.

The question of drainage is an important one and difficult to decide. The surgeon will be influenced by the time that has elapsed since perforation occurred and by the amount and distribution of fluid in the peritoneal cavity. Occasionally I feel secure in dispensing with all drainage, but if in doubt place a cigarette drain at the bottom of Morrison's pouch for twenty-four or forty-eight hours. If the peritoneal cavity contains a large quantity of fluid it is safer to introduce a drain extending down to the floor of the pelvis through a supra pubic stab wound. These patients should be kept under close observation, as serious complications frequently develop, requiring further operative treatment. The most frequent complications are infections of the incision in the abdominal wall, localized abscess within the peritoneal cavity, subphrenic abscess, abscess of lung, and empyema. As soon as abscess formation is recognized it should be promptly treated by drainage.

The after-care of patients operated upon for ulcer differs but little from the routine care following other abdominal operations. They are placed in bed in the Fowler position and given a solution of glucose and soda per rectum. Sufficient morphine should be administered to

keep the patient comfortable. Nothing is given per mouth for twenty-four hours. Should persistent vomiting occur the stomach tube is employed for siphonage and gentle irrigation. One troublesome feature of recovery from operation for ulcer is the partial suppression of respiration because of pain produced by the movements of the diaphragm; this, I believe, quite frequently induces pneumonia. It is a good plan to urge such patients to cough frequently, even though the effort should be painful, in order to clear the trachea of mucus. The diet should be increased gradually. Usually those recovering without complications are able to be out of bed at the end of two weeks.

**Summary**—The first stage of chronic ulcer of the stomach or duodenum represents a border line disease, which requires the attention of both internist and surgeon. While judicious medical treatment should always be tried at first, the patient should not be condemned to years of suffering and invalidism, in the hope of avoiding surgical intervention.

To those suffering from this type of ulcer, surgery now offers prompt and permanent relief with little risk to life.

Speedy and complete recovery of the patient should be the aim of both surgeon and physician, and no feeling of rivalry should ever arise between them, but rather whole-hearted and complete coöperation for the patient's best interest.

## ARTHRITIS IN ASTHMA AND OTHER FORMS OF ALLERGY\*

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**B**RONCHIAL asthma is still shrouded with a great deal of darkness, and any light that can be shed on the subject is certainly welcome. In examining a great many asthma patients I was struck by the fact that so many of them presented creaking crepitating joints. I wish to draw this fact to the attention of the medical profession because one does not expect arthritis in asthmatics. I wonder whether the vague pains, especially in the upper and lower extremities, which these asthmatics complain of, particularly upon change of weather and for which we have had heretofore no rational explanation, are due to involvement of the joints. The bones, muscles and nerves do not seem to be involved. Some asthmatics complain very bitterly of these pains in the upper and lower extremities and present

a confusing and obscure symptom but most of them, however, are not aware of the existence of the arthritis.

The arthritis affects the knee joints by far more frequently. Usually it is bilateral although one joint may be involved more than the other. The next joint affected is the shoulder joint. The small joints are but seldom involved. As a rule, the joints are perfectly normal in appearance, there is no redness, tenderness nor swelling. Occasionally, however, the knee joint may be definitely swollen, the normal depressions of the joint being rounded and filled out, and the whole joint presenting a full, glossy appearance. In the latter cases the joint is filled with a moderate amount of fluid, and the patella is floated upwards, and the patella click can be distinctly obtained. Motion of the joint is invariably not limited and is painless. The most characteristic objective finding about

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this form of arthritis is the crepitation. If one places the palm of the hand over the front and sides of the knee joint and alternately flexes and extends the legs, a definite sense of crepitation can be felt, and sometimes even heard. Another characteristic feature of this arthritis is the fact that the patient is not aware of it, and, as a rule, complains of no pains. This arthritis is associated with no fever. As these cases were all office cases and did not have a periodic observation of the temperature, a slight temperature may have been present at times, but was unobserved by the patient. *An attack of asthma is apt to be associated with an aggravation of arthritis.*

I have no autopsy observations of the joints of these asthmatics. Comparatively but few autopsy examinations of asthmatics are recorded, and in these few, while the lungs, bronchi and the upper respiratory passage are thoroughly examined, the joints are neglected. For who would think of examining the joints of dead asthmatics? And yet I am convinced that there is definite pathology in most of the cases. In view of the fact that the X-ray examinations of these joints are negative, with the exception in some cases where it shows the presence of a moderate amount of fluid, the arthritis seems to involve the fibrous tissue resulting perhaps in a fibrositis and a certain amount of periartthritis. The bones do not appear to be involved. The pathology may be that of villous arthritis.

It is difficult to determine the cause of this arthritis. That asthma is an allergic phenomenon is universally admitted. That arthritis is very frequently associated with allergic and anaphylactic phenomena is very well known, for not infrequently after the administration of serum a very severe form of arthritis is seen. I believe that in nearly all of these cases the arthritis is part of the picture of allergy of asthma. I have seen the same arthritis in other forms of allergic diseases, migraine, urticaria and allergy of the gastro-intestinal tract. A group of such cases are reported by Bezançon<sup>1</sup>. His first patient had a long history of repeated attacks of acute articular rheumatism, and in 1918 developed symptoms of gastric ulcer which was treated by gastro-enterostomy. In 1919 he suffered again from acute articular rheumatism and diarrhea. Acute paroxysms occurred at short intervals, which were characterized by the appearance of pains, chills, fever and perspiration. It was discovered that these febrile seizures were caused by the ingestion of meat or eggs, the patient remaining free from symptoms when he was placed on a milk or milk and vegetable diet, and also that when he was given 0.02 gm. peptone one hour before meals he could eat eggs or meat with impunity.

It was noted that the food ingested passed abnormally rapidly through the alimentary canal and that meat was scarcely digested. This case of alimentary anaphylaxis is particularly interesting on account of the articular symptoms which make it analagous to serum sickness. The other patient had previously had several attacks of gout, the first of which appeared after intense digestive disorders. When he came under the author's observation he had a pleurisy, probably of cardiac origin. Whenever his chest was tapped and also when the pleuritic fluid was inoculated by hypodermic injection, typical symptoms of serum disease, with fever and arthralgia, were produced, which finally ended in an attack of gout located in the wrist. A parallel may be drawn between the symptoms produced in this patient also by the absorption of proteins and those which are observed in serum sickness.

*As most of our cases in our series of arthritis were aggravated by an asthmatic attack, this fact would tend to prove that it is of allergic origin.* I wonder whether, as in the bronchi, a pathological secretion is here also present, leading to changes in the joints, which are responsible for the crepitation.

Some cases may be infectious in origin. In view of the autopsy findings of Huber and Koessler<sup>2</sup>, and of Harkavy<sup>3</sup>, who have demonstrated practically in all their cases of bronchial asthma that the lungs and bronchi show definite changes which can only be interpreted as the result of chronic infection, it is logical to suppose that the arthritis in these cases is caused by a pulmonary focus of infection, for reasoning by analogy, we know the rôle played by focal infection in arthritis. On the other hand, the focus of infection may be in some other part of the body, as the teeth, sinuses, pelvis, etc., and causing both the asthma and the arthritis. It is improbable that the arthritis is the primary focus of infection which causes the asthma. *In practically all of our cases no focus of infection could be determined clinically.*

In some cases the arthritis seems to be of endocrine<sup>4</sup> origin, seems to bear a definite relation to the disturbance of ovarian, thyroid and pituitary function in particular. I have seen the same arthritis in cases of goitre, cystic ovaries, etc., without asthma. Some of these cases of arthritis may have a metabolic origin.

Seventy-seven cases of allergy had arthritis. Nearly all of the cases manifested definite crepitation in the joints, particularly the knee joints. Few of the cases presented no objective arthritis, but a definite unmistakable history. Evidently the arthritis had not progressed sufficiently to yield objective find-



ings. The complete diagnosis of each case may be seen from the chart. The blood and the other laboratory findings of these cases did not differ from the remaining cases of this series. There were 2 cases of migraine, 9 cases of skin and gastro-intestinal allergy, 10 cases of hay fever and 55 cases of asthma. As may be seen from the table, most of the cases presented at the same time a combination of the various forms of allergy. One case with pure endocrine manifestations with no other symptoms is included in the list to illustrate what I have said above. The total number of allergy cases examined is 200, practically all of them being asthmatics. This means that 38½ per cent of these consecutive cases in our series examined showed symptoms of arthritis. These 77 cases in no wise differed from the remaining 123 cases which were without a history or objective finding of arthritis. The blood findings were the usual ones of allergy.

#### Resume

1 The vague pains in the extremities of asthmatics is due to arthritis.

2 In most patients the arthritis is painless, and crepitation is the most conspicuous objective finding.

3 The arthritis affects the knee joints by far most frequently.

4 X-ray examination of joints are negative. Some show a moderate amount of fluid.

5 The arthritis is allergic in origin.

6 In a consecutive series of 200 office cases of asthma and other forms of allergy, 38½ per cent gave a definite history or objective findings of arthritis, arthritis is practically never mentioned in connection with these diseases enumerated in Table I.

7 Arthritis in the history or physical examination is a conspicuous finding in asthma and other forms of allergy.

#### BIBLIOGRAPHY

1 Bezançon, J. Fever and Arthropathies of Protein Origin. *Bull. Acad. de Med., Paris*, 89:205 Feb. 6, 1923.

2 Huber H. L. & Koessler K. K. The Pathology of Bronchial Asthma. *Arch. Int. Med.* 30:689 Dec. 15, 1922.

3 Harkavy, J. Role of Unresolved Pneumonia in Bronchial Asthma. *J. A. M. A.*, 79:1970 Dec. 9, 1922.

4 Thirloix, J., Brace Gillet and Harmelin. Iodine Medication in the Treatment of Chronic Articular Rheumatism with Iodomethyl and Iodobenzyl Compounds Administered Together or Separately. *Bull. et mem. Soc. med. d. hôp. de Paris* 39:877 June 21, 1923.

### IMPORTANT EMOTIONAL TRENDS IN CHILDHOOD \*

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AS preventive medicine proves more and more what can be accomplished in the lessening of physical disease, so mental hygiene is showing at the same time what can be accomplished in the lessening of mental disease. There is probably no one section of this latter field not excepting the very definite luetic one, that is as pregnant with possibility as that of the development of personality during childhood.

From among the many unconstructive deviations which may be found among children's personalities a few trends stand out as important because of the close relation they appear to bear to the psychotic conditions of adolescence and of adult life. Of these trends the following six will be described in this paper.

I The tendency to indulge in unprofitable day dreaming which promotes unsatisfactory contact with reality as expressed in the accomplishment of every day tasks and actualities.

II The tendency to be resentful of authority

in any form with an associated desire to be supreme and to rule the world.

III The tendency to be overcome by feelings of inferiority based on real or imagined limitations or on false goals with no attempt to over-compensate for difficulties.

IV The tendency to indulge in tantrums and other forms of evasion as an alternative to facing the difficult and unpleasant situations of life.

V The tendency of shut-in ness the so-called introvert personality in which spontaneous physical and mental expression is inhibited.

VI The overdependence on home ties and childish affections which keeps the child at too self-centered levels and interferes with the socialization of his ego.

I The day dreaming in the adult and in the child is well represented by Miss C, a young woman of twenty five, and in Jane, a child of five years. The former patient who has been diagnosed as a borderline case of dementia præcox lived in a dream world much of the time from



her fifth to her twenty-fifth year. Some of her dreams were of such a deeply emotional nature that for hours she would lose contact with her surroundings.

She spent hours at a time in the bath tub, or lying on the floor, lost in a world that became so intense and so disconnected from the real world that she often had no memory for what she had been thinking after she emerged. There were several types of dreams, however, which she realized recurred constantly. One type had for its content the setting of a happy home and a mother and father who loved her. This was an attempt to compensate for maladjustments in the home of her childhood and to satisfy her inordinate craving for maternal and particularly for paternal affection. The second type of dream centered about the patient's ambition to be a genius in one of many ways, while the third type and the most dangerous represented extreme masochistic cravings. These last dreams had great emotional power, were very dramatic to the patient, and reached a climax of emotion while the patient imagined herself to be beaten. At the age of twenty-five after twenty years of comparative mental and physical incompetency this young woman is emerging from her dream world, is gradually becoming fit both physically and mentally and has given up entirely the extreme obstructions in which she has indulged for so many years.

Jane, a child of six, who had been diagnosed as a mental defective, was found to be entering on a similar career of evasions. It was suspected that her real difficulty was one of abstraction rather than of mental defect. This was borne out by the fact that in a three-month period of intensive treatment the mental age advanced one year and eight months, from four years and two months to five years and ten months, the Intelligence Quotient changing from 71.4 to 95.9. The attention and the concentration were greatly improved, the child became more naturally spontaneous and less erratic, and has been able for the first time to join in the play of other children. A visit from the parents, however, always tends to throw her back into her dream world and she will repeat aimlessly any questions asked her rather than make an effort to answer them.

The interesting point in these two cases is that at the ages of five and twenty-five respectively they represent similar types of evasion of reality through the mechanism of a dream world. The similarity of the two cases was so striking that the older saw in the younger her own childhood to such an extent that incidents and impressions of her earliest years came flooding back to her memory in a dramatic way, and became of help in the analysis of the factors on which her mental deviation was based. In *Peer Gynt*, Ibsen represents to us but too well the unconstructive results of such unproductive day dreaming.

II The second trend of importance, that of resentment of authority and a corresponding desire to rule the world, frequently results from either a too strict up-bringing or a too lenient one. A parent will sometimes say "this was our first child and we made up our minds that he should obey us at all costs. With the next child we were not so strict." An example of the results of the too strict training in early life is Miss F., a young woman of seventeen, who married on a dare and left her husband immediately after the ceremony. On further investigation the motive for this act was found to be an attempt to get even with the parents from whom the patient had never obtained the affection that she craved.

A precocious boy of ten whose more obvious problem was stuttering had attempted to thwart the too strict supervision of the parents by indulging surreptitiously and with amazing finesse in group immorality that knew no bounds. The resentment that develops of not being able to rule the world when parents are too indulgent and of not being able to rule anything when they have been too strict, is alarming. It is frequently found in paranoid states and reactions, and may be an explanation of much radical behavior. If the resentment can be unearthed in early childhood when it begins to develop, a useful adjustment to authority can be made and energy may be directed consciously into social channels rather than being allowed to drift unconsciously into asocial ones.

III The tendency to accept real or imagined limitations both physical or mental and to allow them to dominate ambition in actual accomplishment, instead of attempting to overcompensate for them in some way and make assets out of what appear to be liabilities, results in a state of inferiority which later may be found as a basis of mental depressions and of excitements, of schizophrenic states and of inadequacies in general.

A child of fourteen when away at school was asked by the other girls to be particularly kind to a classmate because they said it was the anniversary of the day when she accidentally killed her little brother. The child was thrilled and horrified by the tale told her and did everything in her power to help her friend. A few days later the girls told our patient that it was all a joke and laughed at her gullibility. During the entire year the child suffered keenly at their jibes at what they called her lack of sense of humor. She felt that she was inadequate in her estimation of human nature, and from being a dominating, self-confident personality she lost all faith in her own judgment. Her mental distress at the time was associated with a cessation of menses for a period of several months. It was the sense of inferiority resulting from this experience that formed the basis for indecisions later in life,



which together with an inability to adjust actually with idealism furnished a foundation for a manic-depressive psychosis.

A sense of fear or of shame is frequently a cause of feelings of inferiority. A boy of six who was told by his father that if he continued a certain type of behavior he would never be able to look any man in the eye, was haunted and depressed by the remark for years. The fact that he chose the ministry for a calling, instead of counteracting the effect only served to increase his sense of shame. A girl of eight was told by her mother that if she continued in her ways she would be either a bad woman or insane. In the psychoneurotic condition that developed in later life her mother's ill advised admonition was an important factor. A girl of five had an emotional experience which was so unpleasant that she was soon able to forget about it. A psychoneurotic condition that developed at sixteen and lasted until twenty one was almost wholly relieved when, soon after treatment was commenced, the incident was recalled to her mind through an association of a dream. While the incident was recalled intellectually at that time with marked relief of the symptoms it was not until a year later when the incident was recalled with all its emotional setting that the patient was wholly cured.

The middle child often grows up with a sad dearth of affection which may result in a feeling of not being wanted. A case in point is one that in addition to having this situation to meet, heard in her childhood that her parents had wanted a boy rather than a girl when she was born. The thought of this dominated her entire youth. She tried to compensate by always doing what she thought others would like her to, and formed of herself an artificial personality that quite took the place of her genuine self. When all these compensatory props failed to satisfy, she wove for herself in desperation a fantasy about an approaching marriage, and an elopement with a modern Prince Charming. She became so involved in her own imaginative ideas and the detailed plans for her elopement which she described to her school friends that she had difficulty herself in separating the real from the fictitious. It was a terrible task for this young woman of eighteen to face the world as it actually existed for her and to discover what her true self really was.

It is comparatively easy to help the child to face and overcompensate for such feelings of inadequacy. His sporting blood may be appealed to. But later in life when the individual is scarred with disappointments and defeat, the task is a difficult if not an impossible one.

IV The tendency to avoid difficult situations or to express anger at thwarted wishes through indulgence in tantrums is a common condition in childhood. Its true significance, however, and

the value of the tantrum as a means of interpreting the needs of the child are seldom appreciated. For the tantrum expresses not only a protest against authority in some form but it represents a projection of the child's inadequacy onto the other person. At the same time the child is reminded of past failures and associated emotional episodes, and experiences a corresponding chagrin. If the child can be helped to understand this and to face the reality of the situation an attitude can be developed which will be of inestimable value in both his personality development and his mental health of later life. Frequently the young woman of twenty or thirty tells of her struggles to attain such an attitude after adolescence. Often they feel that it is too late to begin and bitterly shift the responsibility onto their unwise training.

As we have pointed out elsewhere, equivalents of the tantrum expressed either negatively or positively, may be traced in many psychoneurotic symptoms in the psychoses, in antisocial behavior and in certain physical conditions. Other habits of evasion are frequent and have a similar effect on personality. It is not uncommon for a boy to admit that most of his time is occupied with trying to get out of work or of other disagreeable tasks. It was such an attitude as this that was in part responsible for some of the war psychoneuroses. The soldiers unconsciously became blind to avoid seeing, and paralyzed to avoid carrying on. In those companies in which this situation was recognized and in which the men were willing to carry on in spite of fear and inadequacy there were relatively few cases of so-called shell shock.

V One of the important reactions to inadequacy, defeat or thwarted desire is seclusiveness. From this characteristic develops the make up known as the shut in personality that is so often found in the early history of dementia præcox.

Before she was five years old Dorothy thought her father the most wonderful person in the world. She believed him when he said he went to his office each morning to press a button that would make the world go on. She wished to be supreme with him and when he betrayed her confidences, telling them to her mother, she suspected that her mother might come first in his affections. Gradually as she found she was not getting from him the affection she craved she sought for it in herself. For the next twelve years she indulged herself to an extreme degree in emotions which came at will following her mental content. Not until she was in a sanatorium during her nineteenth year did she become conscious of their nature or significance.

The conditions which result in shut-in ness can be reached in children, and much unhappiness



and resulting mental abnormality can be prevented

Another patient who was brought up in an idealistic atmosphere in which the physical universe was considered unclean and personal interest of any kind was discouraged developed such a starved and thwarted personality that spontaneous action was almost impossible in spite of her superior mind. On analysis it was found that her emotional development had remained fixed at the lowest level of childhood and that as soon as an emotion of any kind had tried to express itself it had been repressed, as unclean and unworthy. Such a foundation is favorable for the development of dementia præcox as well as of depressed states.

VI It is in the overdependence on home ties and on childish affections that the personality is prevented from reaching the power to which it is entitled and remains fixed at a level of immaturity. In several of the cases already cited there was a dependence on home conditions and on family affections that proved disastrous in many ways. The last patient described who had an extreme feeling of inferiority became acutely depressed whenever she was obliged to leave home. Another who had resorted to day-dreaming to compensate for the affection she craved, sank to a low level of inadequacy whenever she went home to visit, was erratic in the extreme, at times being highly excitable and controversial. At such times she became so dissociated and out of contact with her surroundings, that it required many hours for her to dress herself.

It is well known that many of the maladjustments and personality incompatibilities of married life are based on the too great emotional attachments of childhood and a corresponding dependence on nursery ideals.

A child who presents a behavior problem will frequently do well when removed from the home environment while a return to that setting for even a short period, will result in a return of all the asocial reflexes that have been conditioned there.

The trends that have been described are rarely as simple as might be imagined from the cases given. In each case there is a multiplicity of factors that are interwoven in such a way and are so closely interrelated in their causes and their effects that the entire picture appears as an intricate picture puzzle which instead of but two has three dimensions.

The three dimensions referred to might be described briefly as the intellectual, the emotional, and the physical, a combination of all of which constitutes the social and gives the reaction pattern of the individual. A factor in the physical, the importance of which is being more and more appreciated, is the endocrine status. Recent ex-

perience is substantiating the great value of this element in the trends that develop in the personality. It will be many years, however, before we shall be able to understand the intricate relationship between the endocrinogenetic and the psychogenetic elements.

In each picture pattern, however, there appears one motive that dominates all the others. It is this motive that constitutes the trend which the personality is developing.

### *Conclusions*

It is difficult for many people, and especially for mothers, to give up their illusion of altruism and disinterestedness in their children and to realize that every act is an attempt to gain an end which to them spells power. Still, even as old a friend as Ralph Waldo Emerson tells us that power is the aim of all existence, and we have only to consult some of the philosophers of the last few centuries to find the same mechanistic theories that are held by psychiatrists at the present time. Thomas Hobbes, of the 17th century, believed that the individual's behavior was based wholly on self interest, and that the conduct of each was but the expression of his fundamental instincts. John Locke somewhat later answered the controversy of free will versus determinism by saying that will is but a power or an ability which is determined by the desire for happiness. Freedom is another power or ability. To speak of free will, therefore, says Locke, is like speaking of swift sleep or square virtue. Hegel, in the 18th century, socialized this concept by showing the right of the other person to live his life also and to express his instinctive energy, too. He described the antagonisms which naturally exist between the individual and society and showed what advantage existed for both in the obligation which each felt for the other.

It is between the mill stones of the desires of the individual and the demands of society, of elemental desires and the standards of civilization, that the child's personality is constantly being ground.

If we grant the power of cause and effect in the universe, especially as it is evidenced in the development of personality, we should appreciate, too, the great opportunity that lies in directing the adjustments that are being made in the life of the child, so that they may result in social power rather than in antisocial or in psychotic conditions. To this end the child must be helped to go through, rather than around difficulties, by facing reality and avoiding unprofitable day dreaming. He must have adequate affection and encouragement in the family life, but not enough to cripple him by causing overdependence. His confidence must be won so that he will not repress



episodes and thoughts that cause him a sense of unnecessary shame and which may live in his unconscious to become the spectres of later life. He must be helped to make an adjustment with authority of whatever kind it may be, and to

assume his share of responsibility and obligation. And, above all, his life must be so full of healthy interests and activities that the less constructive ones will not have a chance to grow and will be crowded out.

## MODIFICATION OF BREAST MILK.\*

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**B**REAST milk may be modified as to quantity and quality in the mother's breast, and as to composition in the infant's stomach after nursing.

The quantity of breast milk may be increased

- (1) By nursing both breasts at each feeding
- (2) By increasing intake of liquids
- (3) By proper exercise, short of fatigue
- (4) By providing sufficient rest at night for the mother

The quantity of breast milk may be lessened

- (1) By limiting the fluid intake
- (2) By unwise purgation
- (3) By binding the breasts

The solids in breast milk are increased by shortening the intervals between nursings, and they are diminished by lengthening these intervals, especially by substituting or skipping a breast feeding.

The protein of breast milk is increased by nervous tension in the mother, or by overexertion and fatigue.

The fats in breast milk are increased by removal of mental worry from the mother, and by avoiding exertion or exercise.

The vitamins in breast milk depend absolutely on the vitamin content of the mother's diet. The main source of vitamins are fruit juices, eggs, fresh milk, preferably raw, leafy vegetables, the outer coats of the grains, and the glandular organs of animals. Deficiency of vitamins in the mother's diet may produce deficiency disease not only in her own body but also in her nursing infant.

O'Keefe of Boston and Shannon of St. Paul have shown that breast milk may transmit proteins to which the nursing baby is sensitized but which are apparently harmless to the mother. Skin tests have repeatedly shown this reaction to foods on the part of the child while the same tests were negative in the mother. Consequently digestive disturbances may sometimes be due to this cause in the nursing infant, and can therefore be corrected by eliminating the offending foods from the diet of the nursing mother.

Breast milk has about same caloric value as cow's milk, and the caloric system of feeding may be used in breast feeding exactly as it is used in artificial feeding. The caloric needs of the individual child may be estimated, and by weighing the child before and after nursing, it can be easily ascertained whether or not the caloric requirements are being met.

Laboratory tests of breast milk are unsatisfactory and I have come to use the phrase "The child is the best laboratory for testing his mother's milk." Such authorities as Fritz B. Talbot and Julius H. Hess agree in this statement for the following reasons:

(1) Because it is very difficult to secure every drop of breast milk for a sufficient period (24 hours, for example).

(2) Because the composition of breast milk may vary greatly in the same woman not only from day to day, but even from nursing to nursing.

(3) Because it is a common experience to have a child satisfied with, and thriving on, a breast milk which, from a laboratory standpoint, is all wrong. On the other hand, a laboratory report may show a classically correct chemical composition in the case of a breast milk which causes colic, flatulence, and digestive disturbance in the child.

If the child has colic and frequently green fermentative stools with excoriation of the buttocks, then that particular milk is too high in sugar for that individual baby. In this case, it often happens that the child is not emptying the breast but is taking principally the foremilk which is relatively high in sugar. This is common in cases where both breasts are fed at each nursing and it constitutes one of the objections to this practice. In such cases, if the milk supply be abundant, it is only necessary to express an ounce or so of the foremilk to correct the trouble. However, if the milk supply be scanty and the stools watery and green, then expression may or may not be done as is seen fit, and a complementary feeding given with high protein and low sugar content. For this purpose one may use Eiweiss milk, buttermilk, or the calcium caseinate powders of which the most commonly used are Larosan Casec, or Protolac.



In the use of protein powders it is wise to omit sugar from the formula, and to use saccharin if the child will not take an unsweetened formula.

If the stools show undigested fat, either macroscopically or microscopically, the child may be taken from the breast just before the complete emptying of that organ. This leaves the cream still in the breast, and it should be expressed manually by the mother after the nursing. Other evidences of fat indigestion are vomiting or sour eructations with the rancid odor of fat, and yellow glistening stools. In the case of fat indigestion a complementary feeding may be given which should be low in fat and high in protein, such as skim milk or calcium caseinate mixtures.

It is sad to note the number of babies which are taken from the breast every day merely because the milk of the mother was not 100 per cent suitable. No breast milk is wholly bad, but it may be corrected or modified either in the mother's breast or in the child's stomach so as to supply its deficiencies. It is a fact to be deplored that many physicians who observe keenly the stools of bottle-fed babies and are guided thereby in the management of their feeding, do not follow out the same cardinal principles in their management of breast-fed babies. Any one who has given careful study to infant feeding knows how to differentiate the various kinds or forms of indigestion by an inspection or examination of the stools, and is guided thereby in the prescribing of a formula. On the other hand, many capable artificial feeders of babies do not put into practice these same principles in the case of breast-fed babies. They either rely on a laboratory test of milk, or they take the baby completely off the breast because of factors which should be given a fair trial at correction by complementary feeding.

#### Conclusions

(1) No breast milk is wholly bad for any infant.

(2) Breast milk may be modified as to quantity, quality, and composition in the mother's breast.

(3) Breast milk may be modified as to composition in the infant's stomach by complementary feedings.

(4) Indications for the exact nature of complementary feedings may be made out from the infant's stools.

(5) Laboratory tests of breast milk are not a reliable guide in deciding the question of weaning a breast-fed infant.

#### DISCUSSION

DR DEWITT H. SHERMAN, Buffalo. The fore-milk contains about one per cent of fat, the middle milk two per cent and the strippings four per cent. This low percentage of fat renders fat fermentation in the baby infrequently. Fat

curds in the stools of a wholly breast-fed baby mean little, and never indicate fatty acid fermentation.

DR T. WOOD CLARKE, Utica. Feeding vitamin-rich foods to nursing mothers is too often neglected, owing to the belief that fruits and vegetables cause colic in the infant.

If the nursing mother eats what she does ordinarily, not only will she get plenty of vitamins, but she will not be likely to lose her milk.

DR FRANK HOWARD RICHARDSON, Brooklyn. Dr. Donnelly has in this paper done what we must all begin to do—consider breast-feeding as something to be conducted and directed and modified by the doctor, just as the doctor has previously done with his artificial feeding, whereas in the past it has been the custom to leave the details of breast-feeding to the mother and the grandmother.

The conscientious pediatricist can no longer neglect the fact that the maintenance and adaptation of mother's milk is his task, and that the earlier he has a chance to help in directing the whole process, and with it the health of the baby while he is well, the sooner will artificial feeding, with all its attendant ills, vanish from the face of the earth. The Minneapolis experiment, the Nassau County (Long Island) demonstration now going on, and the personal experiences of men who have made a definite effort to maintain, improve, and reinstitute breast-feeding as a definite routine in their practices—all have proved that the vast majority of babies can be kept on the breast—not wholly on the breast—for we have come to realize that the two most important features of the technique of breast-feeding are (1) manual expression of the milk left in the breast after the baby has finished nursing, and (2) the offering of a complementary feeding to make sure the child has had all that he needs.

Not all mothers need either of these procedures in order to carry lactation through the whole nine months of the lactation period *par excellence*, but the use of the complementary feeding, like the employment of a second speed for the laboring motor, even though it may not be absolutely necessary, makes it possible to make many a grade easily that would otherwise tax the engine seriously. A combination of breast and complementary feeding may be far better than exclusive breast feeding, for, while it gives the baby everything that an exclusively breast feeding would give him, it also ensures him an adequate supply at all times, accustoms him to the use of the nipple and bottle against the weaning time later on, and enables his mother to get about the rest of her multifarious household duties without fear that she may be defrauding him of some of his meal. Further, it enables the medical attendant to remedy any suspected insufficiency in the maternal supply, whether it be of quality or quantity.





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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## THE PRESENT STATUS OF THE PRACTICE OF MEDICINE ACT

Two weeks have elapsed since the Practice of Medicine Act was introduced in the Legislature and a week since the NEW YORK STATE JOURNAL OF MEDICINE carried the act to every member of the MEDICAL SOCIETY OF THE STATE OF NEW YORK. There has been abundant time for thoughtful consideration of the proposed act, and we can summarize the present status of the act.

1 Governor Smith has gone on record that a strong Medical Practice Act is needed, and that he will give his support to any measure which is approved by the medical profession. Since the proposed bill has the endorsement of the State Medical Society, the State Department of Health, and the State Department of Education, there is no doubt regarding Governor Smith's approval.

2 The Council of the Medical Society of the State of New York gives its approval of the proposed bill, and considers the bill to be for the best interests of the medical profession as well as of the public.

3 A large number of county medical societies have gone on record in favor of the act (see this JOURNAL, February 22, page 214). Those counties which are listed in the JOURNAL in opposition to the act, seem to be opposed to only one feature of the bill—that of re-registration.

4 Those physicians who are opposed to the proposed Practice of Medicine Act assign the following reasons for their attitude:

a. They object to the principle of taxation of physicians, although few object to the mere payment of the fee as such.

b. They fear that their licenses may be taken away on slight technical grounds. The law specifically provides that no physician can be penalized, except in a nominal way for mere failure or neglect to register and in no case can so severe a penalty as the revocation of a license to practice be imposed for the failure to register.

c. They fear that the law will not result in preventing the practice of cults.

5 It seems to be agreed that the proposed act will accomplish the following results:



a It will secure an accurate registration of all those who are entitled to practice medicine

b The five year period during which annual registration will be required is necessary in order to check up all practitioners. It gives the medical profession five years in which to clear house

c It provides an official bureau on which to place the responsibility for the prosecution of illegal practitioners

d It will permit a licensed physician to practice medicine anywhere in New York State

e It takes advantage of the present state of public opinion against quacks which may not be reached again in ten years

f The benefits of the medical profession far outweigh the petty annoyances that it may impose on physicians

g Destructive opposition to the proposed act will subject the medical profession to the accusation of blocking the sincere attempt of the State's Administrative officers to make a really effective Practice of Medicine Act

6 The chiropractors are holding meetings all over the State in an attempt to arouse public sympathy for the cult. Arguments used in these meetings are misleading and untruthful but they can be controlled by those who are willing to take the trouble to do so, as the following extracts from a letter show

"I want to report a matter of interest. We have a patient named ——— from ———. This place is a small town near Olean. He was an Assemblyman some years ago and knows more or less about how the strings are pulled. The other evening in Olean he heard there was to be a meeting at the Town Hall, and upon making inquiries, found that there had been about 300 people given invitations to come in, and they were having the Assemblyman and Senator from that district present. The idea was to show how the public felt toward the chiropractors and the bill that they have up.

After the chairman of the meeting had given a glowing report of what the chiropractors are doing and some of the audience had spoken in

favor of them, the ex-Assemblyman got up, and although the chairman told him that he had no business to speak, he insisted upon doing so, stating that it was a public meeting, and from what I gather, he certainly hit out straight from the shoulder. When once he gets started talking, he goes like an alarm clock. He called the chairman and all the rest of the chiropractors there in Olean a bunch of fakirs, and said that he had \$100 in his pocket that they could not prove to the contrary. He also told them that if they were holding any more meetings in the county he would make it his business to attend and let the public know the truth. He pointed out first one and then the other of the chiropractors, and called attention to the audience who they were, and what their preparatory education had been, and how they had only been away from four to six weeks and had returned to take the lives of the citizens in their hands. He tells me that they are going to hold a meeting in Wellsville, N. Y., next week, and I gave him the last number of the STATE JOURNAL that he might read those articles on chiropractic.

"That is the sort of thing that is more effective than a doctor, because everybody realizes that he has no axe to grind."

7 It will be necessary for the members of the County Legislative Committees to use their influence with their representatives in the Assembly, where the real contest for passage of the bill will take place.

In order that every physician may know who his Assemblyman is, a list of Assemblymen is printed on page 274 of this JOURNAL.

All letters and other communications regarding legislative matters that are sent to the STATE MEDICAL SOCIETY, 17 West 43rd Street, New York City, will be forwarded to the proper Assemblyman.

O S W

## THE NARCOTIC BILL

We have attended a meeting of the committee called by Commissioner of Health Nicoll, to confer with the Committee of the Bar Association regarding the re-wording of the Narcotic Act that was introduced into the Assembly on January 16th, by Mr. Weinfeld (see this JOURNAL, February 1, page 86). It was agreed that the medical profession should not be hampered by requiring physicians to fill out any slips and forms in addition to those already required by the Federal Harrison Act. It was felt that the Federal Act was ample so far as the physicians are concerned.

The committee was in sympathy with the views of Dr. Carleton Simon, that the problem of heroin control was one relating to the police and not to physicians, for Dr. Simon has shown that 97 per cent of heroin users are members of the underworld.

The attitude of the Bar Association is that of co-operation with the physicians and was taken in response to the representation of the leaders of the Medical Society of the State of New York and of the Department of Health of the State and New York City.

O S W



## BREADTH OF VIEW

The present discussion of the proposed Practice of Medicine Act reminds us of the debates in 1788 in the individual states over the adoption of the proposed Constitution of the United States of America. Earnest patriots, such as Patrick Henry, said that the Constitution would be the death blow to individual freedom and to local self government, while others, such as Alexander Hamilton, took the broad view of the national powers that finally prevailed. The Constitution is by no means perfect, the most eminent jurists differ in its interpretation, and it has been amended in eighteen details, and yet after a century and a quarter no one would consider its abolition.

The proposed Practice of Medicine Act may not be perfect in every respect, and no one can foresee its effect in every minute detail, but its broad principles are sound and the law as a whole is admitted by all to be the best that has ever been devised. If its execution is 75 per cent perfect, the physicians will probably be as well satisfied with it as they are with the Constitution of the United States.

The objections of the Practice of Medicine Act are based on three groups of arguments:

1. The failure of many phases of medical laws in the past
2. Present annoyance over re-registration
3. Fears of the inefficiency of future executions of the laws

Two outstanding past failures are urged against the proposed Practice of Medicine Act:

1. A somewhat similar law has failed to remove quacks and pretenders from among the dentists

2. The State Department of Education has not kept a record of those who have been licensed to practice medicine

The law relating to the Practice of Dentistry is similar to that of the Practice of Medicine. It provides for the education, State examination, licensing and county registration of dentists, but it fails to provide the machinery for the detection and prosecution of quacks and illegal practitioners. It selects and classifies the dentists and collects them into a bundle and puts a chain around the package, but the chain is too short and lacks the link of a responsible prosecuting body. The features of annual registration and notification of the State Board of Dental Examiners which are in the Practice of Dentistry Act accomplish nothing with the dentists because of the lack of responsible prosecutors, just as is the case with physicians. The chain is just one link too short. The present Practice of Medicine Law makes no provision for the collection and filing of a list of registered physicians. A criticism of the Department of Education as of all other Departments of the State Govern-

ment has been that it spends too much time collecting useless statistics. An up-to-date list of physicians would have been costly to obtain and would have been useless in the absence of a prosecuting bureau. But the fact remains that such a list is absolutely necessary in order to enforce the law. There is no use in deploring the lack of the list. The present problem is to go out and get it, and this brings us to the question of re-registration which simply means that the physicians shall do their share of the work of making the list.

The Practice of Medicine Law will be enacted and executed by office holders nearly all of whom are laymen. To them there is nothing incongruous or burdensome in requiring re-registration and the payment of a fee for the privilege of practicing a remunerative profession. Moreover, they accuse physicians of dodging their proper civic burden when objection is made to re-registration. Physicians will do well to remember who are making the laws, and to accept some annoying features along with those which are satisfactory.

The fears of the inefficiency of execution of the proposed Practice of Medicine Act in the future center around two arguments:

1. That the funds provided will be insufficient
2. That the method of raising the funds is wrong in principle and therefore the funds will not be effective

Those who fear that registration fees and prospective fines will be inadequate for the enforcement of the law may have good ground for their fears. The bill provides that the fees and fines collected under this act shall be used to pay inspectors and prosecuting officers in the Attorney General's office, and that the Attorney General may pay additional sums out of the appropriations for his office. A question arises as to the amount of money that will be at the disposal of the Regents and the Attorney General. If the legislators will provide a liberal sum of money, then the law can be enforced, but if the sum is too small, then the enforcement will be inefficient. Objection is made to re-registration and its fees on the ground that they are bribes to the State. A principle may possibly be raised that any registration fee is wrong. If it is wrong, it is an error of judgment and not of morals. The State is supreme and may impose any requirement that it sees fit. The principle of registration is old and well established in New York State, and physicians cannot expect to reform the fee system at the present time. We believe that the results which the proposed Practice of Medicine Law will accomplish will abundantly justify its makers and proposers, just as the operation of the Constitution justified the makers of the United States of America.



## ACTION WANTED

It is pleasing to note that the JOURNAL in its new make-up and with the broadened policy that has been adopted is apparently being perused at least, and mayhap being read more carefully since assistance in the form of correspondence is beginning to drift in to the Legislative Bureau relative to events happening in various places throughout the State. As has been pointed out before, the Bureau is anxious to have sent to it reports of medical meetings, welfare organizations and of cultist's propaganda, whether the same be in printed pamphlets, newspaper form, or authenticated word of mouth. For many times some little event may hook up in this Bureau with other material or reports and be of great value. For instance, this last week information has come to the Bureau that a meeting was held at Olean, N. Y., on or about February 15th, for the purpose of putting out cultist propaganda in the interest of the chiropractic cause. Your Bureau knew nothing of this from any of the physicians in that city, but the report was given by an interested person who lived in a neighboring city. That not alone are the physicians interested, but far-seeing laymen and legislators, who have listened to the arguments of

cultist propaganda, are interested in the public health to a degree beyond that which would be expected, is evidenced by the following information.

At this meeting, which was a public one, but apparently limited to those deluded individuals who had been exorcised to attend, there presented himself an ex-Assemblyman whose interest in the conservation of public health through rightful and lawful means was purely of an unselfish nature. He was informed, when the discussion was declared open to the body, that his presence was not desired and that he had no right to speak, but he proceeded to discuss the negative side of the question at issue, to the discomfort and dismay of the audience, and did so to such a degree as to impress some of those in the audience that the claims of the cultist were far and beyond the fact of the present day, and to say the least, were ephemeral in their logic. Would that other laymen and lay bodies might rise to the defense militantly of the medical fraternity whenever and wherever the opportunity is given, that the healing art may be kept within the sane bounds of absolute fact.

J N V V

## BIRTH REPORTS

Last week's issue of this journal, page 229, carried a note stating that prosecutions would be begun against physicians and others who persistently fail to report births. This action has been forced upon the State Department of Health after a long and patient campaign of education and persuasion.

The statutes of New York State charge every physician with the duty of reporting every birth within five days of its occurrence. This is a reasonable and necessary procedure and no physician finds fault with the requirement. The five days' time which a doctor has in which to make the report errs in being unreasonably long in favor of the doctor. The blanks with stubs are supplied by the State Department of Health, and are easy to carry and to fill out. The whole procedure is simple and easy, and requires only about ten minutes of a doctor's time, for which he is entitled to a fee of twenty-five cents.

It would naturally be supposed that the registration of births would approach one hundred per cent perfection, but such is not the case. Excluding the emergency births at which no physician or midwife was in attendance, and those in which two doctors were called and each supposed the other made a report, there are a considerable number in which the physicians themselves are negligent. There is a type of physician, fairly common, whose

aversion to putting pen to paper is as great as that of a truant school boy to writing a composition. The same physician will neglect reports time after time and will give no excuse for his delinquency. It will not do to say that the physician who is delinquent in his birth reports will be delinquent in other medical duties, for this is not usually true. The psychology of the matter seems to be simply an unconscious dislike to writing.

What is the remedy? It is not education, for the delinquents know the law and its penalties, and have received numerous warnings and appeals from the Vital Statistics Division of the State Department of Health and from the District State Health officers. It would seem that the only procedure is that of imposing a penalty for the violation of the Vital Statistics law. The maximum penalty is a fine of one hundred dollars or imprisonment for sixty days or both. The statutes provide that the commissioner of health, when he deems it necessary, shall report the violation to the district attorney, who shall forthwith initiate and promptly follow up the necessary court proceedings against the violator of the law.

If a physician finds himself under the ban of the law for failure to report his births he has no one to blame except himself.

F O



## HEALTH NEWS

The February 18th issue of *Health News*, the weekly publication of the State Department of Health, is an excellent example of what such a publication should be. The publication is a four page folder whose sheets are the size of the NEW YORK STATE JOURNAL OF MEDICINE. It contains official announcements and up-to-date news from the central office and from health officers' districts throughout the State. The present issue contains seventeen items eight of which are on scientific topics and have a direct application to the common experiences of physicians in private practice. Among these topics are the following:

1 The effect of freezing on toxin antitoxin mixtures

2 Typhoid carriers in New York State

3 Trichinosis in New York State

4 Chlorination of highly polluted water gives insufficient protection

5 Tularemia in New York State

Nine of the items are on administrative topics. Among those which are of direct interest to practicing physicians are the following:

Prosecutions for failures to report births

State clinics to be coordinated

Committee to investigate health conditions meets

Treatment of syphilis

MD or MV?

Three of the topics have been mentioned in the Daily Press Department of the NEW YORK STATE JOURNAL OF MEDICINE, and one is the subject of an editorial in this issue, but it was written before *Health News* appeared.

It is gratifying to physicians to know that the editors of *Health News* and of the NEW YORK STATE JOURNAL OF MEDICINE working entirely independently of each other, should discuss so many topics in common. This is an evidence of an increasingly close cooperation between the State Department of Health and the Medical Society of the State of New York. The editors of both Journals are finding that getting out their publications weekly requires an unexpected degree of speed and advance preparation.

*Health News* is sent to every physician practicing in the jurisdiction of the State Department of Health. Every doctor should read it regularly for it contains information which is sure to interest him.

F O

## PUBLICATIONS OF COUNTY MEDICAL SOCIETIES

The field of the activities of the official medical societies of the State and its several counties has broadened tremendously in recent years. Physicians are recognizing their civic relations to one another and to the public generally. The programs of medical societies now usually include discussions of civic relations as well as the presentation of scientific papers.

The State and the county societies represent organized medicine, and their leaders speak the opinions of the great mass of their members. It is manifestly impossible for all the members to attend conferences, study the details of laws, and make themselves familiar with the ramifications of medical civics. If one were to devise a means for informing the members regarding the policies and activities of the medical societies one would choose a periodical publication that should go to every member.

At least five county medical societies have recognized this need and have begun to issue their own publications to their members. These are as follows:

*The New York Medical Week*, published by the Medical Society of the County of New York.

*The News Letter* of the Suffolk County Medical Society.

*The Bulletin* of the Bronx County Medical Society.

*The News Bulletin* of the Medical Society of the County of Westchester.

*The News Bulletin* of the Medical Society of the County of Erie.

*The Bulletin* of the Medical Society of the County of Kings.

*The New York Medical Week* is now in its third year. It consists of from sixteen to twenty pages, about half of which carry advertisements. It gives the programs of the several medical societies of New York County, and contains special comments on current medical topics. It lacks the personal touch and appeal of the publications of the other counties, but it seems to be well suited to the varied medical constituency of the central county of the big metropolis with its cosmopolitan interests.

*The News Letter* of the Suffolk County Medical Society was described on page 574 of the December 1922 issue of the NEW YORK STATE JOURNAL OF MEDICINE. It is issued at irregular intervals as there is need for giving information to the members.

The Bronx County Medical Society issues a monthly *Bulletin* which reflects the enthusiasm



of the officers and members of the Society Its scope is confined almost entirely to the Bronx County Medical Society, and it fulfills the design of its editors to carry information and appeals to the members of the Society Its pages are enlivened with humor, and altogether it sets an admirable standard for other county medical societies to follow

The *News Bulletin* of the Medical Society of the County of Westchester is described on page 123 of the March, 1923, issue of this Journal

The Medical Society of the County of Erie began to issue a four-page *News Bulletin* on December 16, 1923 It is published under the direction of the Council of the Society, under the editorship of Dr G R Critchlow, Chairman of the Committee on Legislation It is filled with news of the activities of the County Society

The object of the *Bulletin* is clearly set forth in the first article, as follows "We believe that indifference and neglect (of civic duties) are due to the fact that the members at large are not kept in touch with the matters which constantly engage the attention of their officers and committees How could it be otherwise with meetings at two month intervals, and an attendance at these meetings of perhaps 15 to 30 per cent of the membership? What then is the remedy? Obviously closer contact between officers and members This little *Bulletin* is an effort in that direction"

Nearly a page of the *Bulletin* is given to legislative matters, and another page is a memorial to the late Dr John Pryor A striking feature is a half column description of the activities of the censors Five persons were successfully prosecuted for the illegal practice of medicine during 1923, three physicians were compelled to refund excessive fees to their patients, and three or four practising quacks were driven out of the city "The Board read the riot act to a number of druggist medicine demonstrators in department stores, etc, about counter prescribing, and believes the practice has been slightly curbed Many fakirs absconded after a visit from our investigators"

The *Bulletin* also contains news of hospitals and public health nurses and is well calculated to keep the Buffalo physicians informed about their civic duties

The newest publication of a county society is the *Bulletin of the Medical Society of*

*the County of Kings* It consists of four pages the size of the pages of this Journal It is written in a breezy, conversational way that pleases and attracts attention It starts off "GREETINGS! I make my bow to you This is a new departure The purpose of this monthly talk is to interest you and give to you the news of things medical—especially concerning your County Society"

The remainder of the first page consists of an appeal to attend the meeting of the Society on February nineteenth It says "*No scientific paper will be read* Inasmuch as we conduct twenty Friday afternoon lectures a year, the scientific part of our Society life is amply covered The eight monthly meetings will be devoted to civic and economic problems"

A half column is given to an appreciation of the work shop of Mr Paul Hoeber, who is publishing the year's Practical Lecture Series There are a dozen items of a civic nature, among which is a description of the conviction of a doctor who refused to pay his taxes on the ground that he wanted to be left entirely alone and permitted to mind his own business The *Bulletin* is full of humor, and is written in a style of friendliness that is characteristic of the Brooklyn physicians generally

The *Bulletin* makes several references to activities which are well known to all Brooklyn physicians, and whose fame is spreading to other communities The Friday afternoon lectures are a unique series given free at 5 o'clock in the auditorium of the Library of the Medical Society of the County of Kings Each one has been attended by an average of over 500 doctors, and the room has been filled to overflowing at every lecture

The Society is also conducting a plan for graduate medical education in co-operation with the Long Island College Hospital Medical School The instruction is given in the several hospitals at hours which are convenient to the physicians of Brooklyn and Long Island It is intended that the physicians shall have the opportunity to learn modern medical procedures while they are attending their private practice These two activities indicate the possibilities of united co-operation of the physicians of a community The new *Bulletin* is well adapted to arouse a desire for participation in the activities of the Medical Society of the County of Kings

F O



# LEGAL

BY GEORGE W. WHITESIDE

## EXCERPT FROM OUR BRIEF IN A MALPRACTICE CASE

Plaintiff seeks to recover on the basis of liability of the defendant arising from the relation of patient and physician and the defendant's breach of duty resulting from that relation.

The basis of liability, as in all tort actions is injury resulting from breach of duty. The duty of a physician relates particularly to his exercise of skill, learning and care, and his best judgment in the treatment of his patient. Mere failure to exercise these required elements of his duty is but the first step in establishing liability. The injury claimed to have been suffered must be one which is the result of that failure of duty on the part of the doctor. In this branch of any malpractice case there is a broad field of possible speculation that is not usually present in other tort actions. In ordinary cases of negligence the resulting injury is one which the average layman, from his general experience, recognizes as a consequence of the negligent act. Whether or not an injury arises in the treatment of a case by a physician, from his failure to use his skill, learning or care, is not so easy of determination because at the time the physician assumes the relation of physician to his patient, the patient is not in a normal state of health. The physician is summoned by reason of the fact that the patient is suffering from some physical disability. Whether the bad result or injury that is the basis of a plaintiff's claim in a case of malpractice is attributable to the physician's treatment or neglect or whether it is a condition that may reasonably arise under most skillful treatment is also a question that has to be determined in a malpractice case. It is in this field that the courts have attempted through their enunciation of principles to prevent physicians being mulcted by lay juries indulging in mere surmises or speculations with respect to technical and scientific facts. To determine whether or not the result in the case is a bad result and whether that bad result is attributable to some failure of the physician's duty to the patient in all cases requires evidence from medical experts.

This was stated by the Appellate Division of the First Department, as follows:

that the right of the plaintiff to recover must necessarily depend upon medical evidence, for the question is to what extent if any the failure of the defendants to properly treat the plaintiff aggravated the disease from which he was suffering or increased his pain or suffering. That question can be decided neither on the testimony of laymen nor by the jurors

on their own knowledge and experience without testimony" (*Lubbe v. Hulbert*, 135 App. Div. 227, 231.)

Even though it appear from expert testimony that such injury has resulted from the physician's treatment, unless the error of treatment be due to a failure to use skill or care there is no liability.

If such improper treatment is the result of an error of judgment in the selection of one of two or more procedures in a case, such error of judgment would not be the basis of liability, provided the procedure employed was an approved one and was skillfully used. Where there is more than one procedure in a given case which may be followed, there will necessarily be disciples of both methods in the medical profession. A small minority may steadfastly believe and employ one and a large majority the other. Both procedures may have definite advantages that may reasonably be claimed for them. It becomes a matter of judgment as to which procedure a physician should employ. If the profession is to be deprived of this freedom in the treatment of disease, no progress can be made. Departure of course, from approved methods may be at the peril of the physician employing such.

This may be the penalty that has to be paid for attempting innovation.

The question arising in this case at the outset is what is the proper and approved method of treatment of the disease of tuberculosis of an ankle in a child two years of age. If there were two schools of thought as to proper treatment in such a case, both of which have reasonable following in the medical profession could it be said that those following one would be answerable for bad results ensuing when disciples of the other school would condemn such procedure if called as expert witnesses? There may not be necessarily, but one proper and approved method of treatment, there may be many, and a physician in treating a case discharges his legal obligation if he employs with care and skill a proper and approved method. In the case at bar let us assume for the purpose of illustration that there are two procedures that are employed by reasonably skillful physicians in the treatment of the plaintiff's condition.

1. The immobilization of the local part affected and a general building up of the system by fresh air, sunshine, diet, tonics, etc.



2 Early operation upon the particular bone or joint affected

If a physician employs the first and there develops thereafter evidences of the disease in other parts of the body and the disciples of the second method of procedure were of the opinion that the appearance of the disease locally in other parts of the body was occasioned by the failure of early operative interference, would that create a liability upon the physician who had employed the first method? If the non-operative method were a recognized approved method it could not be contended that there is liability, because to do so would require that we hold that a bad result is evidence of malpractice, which would do violence to the established law of malpractice. Similarly, if the second school, believing in early operative interference, were to employ its method of treatment and a similar bad result appeared, that fact would not be evidence of any liability on that physician.

In the case at bar we have not as strong a justification for the operative procedure as the one just supposed. Operative procedure in this case is supported only by the expert testimony of one physician, which when analyzed constitutes simply a statement of what he would have done under the circumstances, what he would regard as proper, what he believes was the result flowing from the use of the immobilization procedure. Assuming that he possessed the necessary qualification, his opinion at best is simply of one school of thought. The predominant opinion is to the contrary, as is shown by the testimony of the eminent surgeons who testified for the defense, and by the quotations from eminent authorities in the cross examination. The mere expression by expert witnesses of different views and opinions does not necessarily create an issue for the jury. It is not for the jury simply to choose one opinion or another on a thoroughly scientific subject and to believe one and disbelieve the other, where both may have substantial scientific support. The best that could be said would be that the question of method was doubtful, and if that be so, the jury would

not be permitted to guess or surmise as to which method should have been employed and whether different results would have flowed from employment of a different method where both methods have support in scientific circles.

A physician is not liable in negligence for his treatment because other physicians might have adopted other methods, if the method adopted has substantial medical support, and where there is a difference of opinion a physician may exercise his own judgment. *Schumacher v Murray Hospital, et al* (Supreme Court, Montana), 193 Pac Rep, 397. *Yaggle v Allen*, 24 App Div, 594.

The plaintiff, however, in this case had but one physician who advocates early operative interference and who has not in any way indicated that his opinion has the weight of authority among his professional brethren. His opinion is based on the assumption of the presence of an abscess in the ankle, and that opinion rests solely upon what the father and other members of the family of the plaintiff stated were the symptoms they observed. His willingness to make such a diagnosis upon the observation of lay persons of admittedly subnormal intelligence was expressed by him when he testified that he would order an operation over the telephone were such symptoms told him by a layman, without seeing the patient. It is difficult to believe that he represents any recognized school of thought in medicine. There is no proof in the case that he does. There is no evidence in the case that any other physician agrees with him. If this type of evidence is sufficient to discharge the plaintiff's burden, then all that is necessary to place in the hands of a lay jury the opportunity for wild speculation on scientific facts, the condemnation of an established medical procedure, the ruination of a professional man's reputation, is to have some one holding a degree of Doctor of Medicine, utterly unknown, unvouched for, a professional rolling stone, take the stand and express his personal condemnation of the treatment. This does not discharge the plaintiff's burden in this class of case.

G W W

#### OBSTETRICIAN ENGAGED FOR DELIVERY—SUED FOR NON-ATTENDANCE

The defendant was engaged to attend the plaintiff in her confinement and for the aftercare, also to give the plaintiff the necessary medical attention before delivery.

At about the time of the plaintiff's expected delivery the defendant examined her and found that she would not give birth at that time and stated that he should be called when the plaintiff felt ill. Two days later the defendant was notified that the plaintiff was about to give birth and, it is claimed, that the defendant though repeatedly notified failed to call upon the plaintiff and

attend her during her delivery, that he sent another physician to attend the plaintiff, that this physician administered medication to the plaintiff for the purpose of delaying her delivery until the arrival of the defendant, that early in the morning of the succeeding day the plaintiff was in active labor and was delivered of a child by the physician whom the defendant had sent in his place and that the defendant though notified did not attend the plaintiff at the time of her delivery. The plaintiff's child died on the day following its birth and the plaintiff claimed that



by reason of the failure of the defendant to attend her at the time of her confinement she sustained various injuries to her internal organs and suffered great pain and sought to hold the defendant responsible.

The defendant had seen the plaintiff from time to time during the prenatal period and given her the necessary and proper attention and treatment. At about the time of the expected delivery of the plaintiff the defendant upon examination found that the membranes had ruptured and that she had a temperature. At that time he advised the plaintiff to go to a hospital. She deferred following his advice until the return of her husband, who though advised by the defendant to send his wife to a hospital refused to consent.

On the afternoon of the second day the plaintiff was again examined by the defendant and her condition disclosed that birth was not imminent at that time. Out of precaution the defendant notified his associate to call upon the patient that evening and to keep watch of her and if labor progressed to notify him. The defendant's assistant attended the plaintiff that evening and found upon examination it might be necessary to induce labor as the pains were weak and tardy and she was also running a marked temperature. Later that evening the defendant's assistant notified him by telephone of the plaintiff's condition. The defendant again advised that the patient be removed to a hospital, which the patient's husband refused to consent to. Medication was administered by the defendant's assistant pursuant to his instructions to shorten the first stage of labor. The assistant remained in attendance upon the patient, making the necessary examinations to observe her condition. After several hours there was little progress in the labor and the assistant left the patient's home with instructions to notify him when labor had further progressed. Within about half an hour he was notified and returned to the patient's home, at which time he found that the head was engaged and that there had been rather rapid developments towards delivery. The defendant was immediately notified by telephone, which was about four

o'clock in the morning. The assistant then proceeded to care for the plaintiff and delivered her. There was normal delivery of the placenta and no tear of the perineum.

After the defendant's assistant had fully cared for the patient and child he cleaned up and prepared to leave when he was told by the plaintiff's husband that he had gotten rid of the defendant and that the defendant's assistant should take care of the mother and baby. The assistant returned later on the same day and also in the evening giving necessary care and attention to the mother and child. Other physicians were called in consultation as to the child but its condition was such that it died on the following day.

The defendant when he had received notice that labor was progressing which was about three or four o'clock in the morning, prepared to go to the plaintiff's home, but as he was leaving he received a telephone call from the plaintiff's husband who told him that his services were no longer required as his assistant was attending to the patient. Upon this notification the defendant did not go to the plaintiff.

The theory of the plaintiff's complaint was that having engaged the defendant to attend her in her confinement he had breached his obligation and attempted to lay at his door responsibility for the injuries which she claimed to have suffered which were the natural and inevitable results of her physical condition and delivery. There was no complaint made by the plaintiff as to the services rendered by the defendant's assistant, it being admitted that he had properly attended and cared for her at the time of delivery and in the aftercare of herself and child.

Upon the trial of this action, after the plaintiff had introduced her testimony and rested the court dismissed the complaint, characterizing it as entirely baseless and unfounded. The attorney representing the plaintiff in this matter had several other malpractice actions but having met with the result of a dismissal of this case he decided to abandon his other actions, concluding that malpractice litigation was unproductive.

G W W



# LEGISLATION

By James N Vander Veer, M.D

## LEGISLATIVE BILLS

### SENATE

In Re the State Institute for the Study of Malignant Disease at Buffalo, N Y—Senate Int No 175 (Print No S 175), by Senator Michael E Reiburn of New York, concurrent Assembly Int No 195 (Print No A 195), by Assemblyman Julius Berg of Bronx County, would amend Section 345, Public Health Law, by placing fiscal control of State Institute for Study of Malignant Disease with State Department of Health

See comment on page 82 of the February 1st JOURNAL and page 132 of the February 8th JOURNAL

We have received from the Chairman of the Committee on Legislation of the Erie County Medical Society the following letter, which is published for the information of the members of the Society

### COPY

MEDICAL SOCIETY OF THE COUNTY OF ERIE

February 12, 1924

Dr James N Vander Veer,  
Pine & Chapel Sts,  
Albany, N Y

DEAR DR. VANDER VEER

I have before me Senate bill No 175, introduced by Mr Reiburn and referred to the Committee on Public Health This bill proposes to amend Public Health Law in relation to the fiscal management of the State Institute for the Study of Malignant Diseases

The Erie County profession is strongly opposed to this bill, as it proposes to take the management of the Institution out of the hands of the present Board of Trustees and make it a department of the State Board of Health We look upon this as only a first step to further measures looking toward absolute control of this Institution and possible removal of same from Buffalo

I am writing Mr Carroll, of the Committee on Public Health, along this same line As this measure is of interest particularly to the Erie County membership of the Society I feel that the Committee should be guided by our feelings in the matter

Very truly yours,

(Signed) G R CRITCHLOW

Another letter has been received which brings up certain considerations of a personal nature and commends the present Board of Trustees of the Institute, but which also points out that the Institute was under the State Department of Health from 1902 to 1911, and in the latter year legislation was sought and obtained putting the Institute on an independent basis under the present Board of Trustees, who are appointed by the Governor, and may be removed at his pleasure These trustees serve without compensation and have charge of the finances and management of the Institute

In view of the fact that the Chairman of the Committee on Legislation of Erie County Medical Society has asked me to bring this matter once more to the attention of the members of the Society, the bill will be kept in the active columns of the JOURNAL and information given to the Society as to its progress or disposition

The Narcotic Bill—Senate Int No 285 (Print No S 289), by Senator Morton J Kennedy of New York, concurrent Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld of New York, still rests in Public Health Committee in each House

It is to be hoped that a conference will be held concerning the elimination of certain features which are considered objectionable by the medical profession In this connection your Chairman has received a letter from Mr Stephen P Anderson, who is the Chairman of the Committee on Legislation of the New York State Bar Association, together with a report of that Committee in relation to Narcotic Drug Control presented at the 47th Annual Meeting of the New York State Bar Association, held on the 18th and 19th of January, 1924 The report of the Committee is printed here in full

Report of the Committee on Legislation of the Bar Association in relation to Narcotic Drug Control Presented at the Forty-seventh annual meeting of the New York State Bar Association Held at the City of New York, on the 18th and 19th of January, 1924

To the New York State Bar Association

Your Committee was appointed at your annual meeting in January, 1922 For over two and



one-half years, since the repeal of the Narcotic Drug Control Law at the legislative session of 1921, our State government has wholly lacked indispensable control over the drug evil. Apparently, its repeal was induced primarily by onerous regulations adopted by the Commissioner, and its concurrent re-enactment, but eliminating the Commission, failed accidentally. We understand that the bill for that purpose, having been passed practically unanimously, was not approved by Governor Miller because no appropriation had been made for enforcement by the State Department of Health.

The policy of State control over the drug evil has been imbedded in our statute law since the evil first manifested its intolerable menace more than two decades ago. The alarming increase in addiction and illegitimate traffic led to the exhaustive Whitney Committee investigation, promptly followed by the formulation of the elaborate Narcotic Drug Control Law enacted in 1918. It was then regarded by many as a model. Undoubtedly, defects and deficiencies developed in enforcement. But a State control law is indispensable to effectively cope with the evil, and it is hardly conceivable that the Legislature would have repealed that law, except upon the assumption that the substitute enactment would be approved by the Governor.

The repeal of the law aroused an immediate public demand for effective legislation, in which the Committee of the State Association of Magistrates, Committees of all the more important Medical Associations and of this Association urgently joined.

The activities of your Committee in forwarding legislation in the session of 1922 and the Committee's recommendations are shown in detail in its special report dated February 28, 1922, and its annual report dated December 29, 1922.

At the Medical Conference called by Governor Smith and held at Albany in February 1923 attended by the leading medical men of the State the urgent need of legislation on this subject was unanimously proclaimed giving to this vital public movement the professional impetus and direction essential to a rational and progressive solution of its inherent problems. Through the active participation of your Committee with Committees of representative medical and other organizations, and with public officials, a simple and comprehensive bill was formulated in accord with the Federal Harrison Act and along the lines generally of a draft for a Uniform State Narcotic Drug Control Law, formulated under the auspices of the American Medical Association Committee on Narcotic Drugs.

The enactment of this bill was recommended in a special message by Governor Smith to the Legislature dated April 11 1923.

The Governor's recommendation gives a concise statement of salient features of the proposed legislation, demonstrating clearly that there can be no real ground for legitimate professional or trade opposition, as follows:

"At the same medical conference the subject (narcotic drug control) was discussed, and based particularly on recommendations by the committee appointed at that conference and by other groups called in to advise me I am transmitting to you legislation which I think will meet the situation as it exists at the present time, and enable us to go forward gradually to the acquisition of a body of information concerning the subject as it affects this State. We will then be able to apply more constructive remedies as the situation clarifies.

"Naturally our efforts should be toward prevention of the spread of drug addiction, and the legislation which I am submitting to you is aimed at this. It provides for the enactment into State law of the provisions of the Federal law, known as the Harrison Drug Act, and permits acceptance of the Federal order slips and blanks as of record in the State, requiring a third blank to be filed so that we will be able to build up our own body of statistics. From these statistics it will be possible, in a year or two, to know what further steps, if any, are necessary for the control of the addict who is not a criminal.

"Police authorities will be assisted in their prosecution of drug peddlers by placing at their disposal an analyst whose function it will be to analyze drugs confiscated and to testify in court concerning them. The Insanity Law is to be amended so as to place under the supervision of the State Hospital Commission, private institutions for drug addicts. The State Hospital Commission is also given the right to license and inspect such institutions. This is a logical expansion of their functions.

"Reputable private physicians are not restricted by the provisions of this Act. It contains provision for the commitment by a magistrate of persons applying voluntarily to a magistrate or judge for such commitment for treatment.

"In the main the police authorities will administer the act. The triplicates of the order blanks on which the drugs are bought and sold are to be filed with the State Police for the purpose of having a centralized record. By enacting the provisions of the federal drug control law into the statutes of the State and building up a volume of statistics, we will not be creating any new administrative department and we will strengthen our control of the criminal and come closer to a solution of the preventive phases of this problem.

"I hope that you will proceed to early enact



ment of this much needed legislation so that we can have a constructive program under way which will finally lead to a rational solution and control of this dangerous and evil traffic

\* \* \* \* \*

"Certainly there can be no difference of opinion either as to the need to go forward with a program for control of the spread of the narcotic drug evil"

The bill (See Assembly Print Nos 2223, 2400, Int No 1835) was not reported out of committee by either House. We cannot conceive of any explanation for failure to enact this legislation, other than the lateness of the session when introduced and tremendous pressure incident to unprecedented volume of important matters

Partisanship impeding an indispensable measure to arrest the ravages of this sinister monster, the narcotic drug evil, is inconceivable. The Federal foundation for the form of the measure, and its disinterested conception through high and representative professional efforts, preclude any possible suspicion of partisanship in its inception

The bill is about to be re-introduced. Its passage will be a demonstration of public-spirited, non-partisan devotion to the sovereign welfare of the whole State, such as has invariably actuated all legislation on this subject

Intricate ramifications in the highly profitable illegitimate traffic in these dangerous drugs lead us to give warning of insidious, obstructive propaganda, so disguised as to delude the ignorant or thoughtless. We instance an assertion broadcast last session that it should be the policy of our State to leave narcotic drug control to Federal law and enforcement, since liquor prohibition under the Volstead Act was treated that way by repeal of the Mullen-Gage Law. Whatever public opinion may be in this State regarding the prohibition of light wines and beers, there is and can be but one, unaltered public opinion regarding the non-medicinal use of narcotic drugs—that it is a monstrous evil which must be fought to extermination by organized society over the whole world, and against which every nation, State and community must wage relentless and concerted warfare, as almost all are earnestly striving to do

Indeed, it must be a dominating aim throughout our country to have formulated through the indispensable processes of the National Conference of Commissioners on Uniform State Laws, a Uniform State Narcotic Drug Control Law, and to secure its adoption by the legislatures of every State in the Union. The proposed legislation in this State was formulated so as to accord strictly with this ideal, after taking into consideration the laws of the principal States affected by the evil, as well as the Federal Law

We recommend that the Committee be continued, also the adoption of a resolution at the Association's annual meeting recommending the enactment of the proposed legislation, and the formulation of a Uniform State Narcotic Drug Control Law under the auspices of the National Conference of Commissioners

In conclusion, we deplore the death during the year of Hon Charles Thaddeus Terry, whose zealous and invaluable services as a member of this Committee are indelibly impressed in its work. Professor Terry was probably the most distinguished national authority on uniform State laws, having served seventeen years as one of the Commissioners of this State, and several years as President of the National Conference, and we feel bound to publicly record his opinion

"There is no subject on which there is more need of uniform laws than that of narcotic drug control"

New York, January 8th, 1924

Respectfully submitted,

STEPHEN P ANDERTON,  
*Chairman*

GEO GORDON BATTLE  
J HARRIS LOUCKS,  
PETER B OLNEY,  
CORNELIUS F COLLINS

The letter accompanying the above report calls attention to the fact that the Committee believes "the bill is in accord with the recommendations in the report (See NEW YORK STATE JOURNAL OF MEDICINE, May 1923, page 222) of the Medical Advisory Committee appointed by the Governor after the Governor's Medical Conference last year, of which you are a member, with one qualification, which I shall presently mention"

The letter then goes on to state the embodiment of the Harrison Act in the State law that there are no provisions for a State regulation of reduplicating of blanks affecting the physician, that under Section 426 the sole test of professional responsibility is good faith in the course of practice, Section 427, regarding the written prescription, is the same as in the Harrison Act, Section 428, regarding the record of drugs administered or dispensed, is the same as in the Harrison Act, BUT requires an annual return on blanks, showing the amount of drugs on hand and, etc., for that period

The letter calls attention to the fact that ambulatory treatment of drug addicts should be prohibited by law, and substitutes a policy of segregation and confinement

Attention is also called in the letter to Section 435, providing for reports of treatment so that



official statistics may be compiled, thus "affording a foundation for constructive adoption of the policy of segregation and confinement recommended."

"Need for immediate State legislation for control of the evil is such that no other course seems practicable this session."

Again a digest of the bill from the viewpoint of the Law Committee is printed here.

The attention of the members of the Society is again called to the full text of the bill as printed on page 86 of the February 1st JOURNAL.

Assembly Introductory Bill No. 342 introduced by Mr. Weinfeld, follows as closely as practicable the provisions of the Federal Harrison Law. No State authority or court has any power to enforce that law. The primary purpose of the bill is to confer the same power upon the police authorities and courts throughout the State. It further provides for building up statistics enabling future constructive solution of the entire problem, and provides for a means of caring for addicts committed for treatment either involuntarily, when arrested for any reason or voluntarily, in the desire to escape the drug.

#### *Peddling and Illegal Possession a Crime*

The bill makes possession, or dealing in the narcotic drugs specified, except in accord with the law a misdemeanor, and then proceeds to describe how persons can legitimately come into possession of and deal in them as under the Harrison Law. Except physicians, dentists, veterinarians, manufacturers or dealers, an individual can legitimately acquire the specified narcotics only through a professional man for a medical need.

#### *Federal Order Blanks Used*

It adopts the system of the Harrison Act for purchase on order blanks adopting the Federal order blanks and adding only the requirement that the person giving the order must make an other carbon copy of the original and file it with the State authority. This copy is to be made on a blank furnished by the State.

#### *Physicians*

No record of prescription is required. Prescriptions must be kept on file by the pharmacist filling them for the two-year period he is required to keep them under the Harrison Act. No special prescription blank or duplicate prescriptions is required, but the physician or veterinarian writing the prescription must date and sign it, and

give his Federal number, as required under the Harrison Act. If a physician dispenses or administers narcotics, he must keep the same record as required under that act, and send a report to the State authority annually, showing the gross amount used in the past year. He may prescribe, dispense or administer narcotics in good faith in the course of his professional practice only thus adopting the language of the Harrison Act. Dentists may not prescribe. Veterinarians may prescribe or dispense for, or administer the drug to, animals and not for any human being.

Physicians undertaking treatment of the habit are required to file reports with the authorities in each case except that cases treated in a hospital or sanitarium are to be reported annually. In this way statistics will be accumulated showing the extent and localization of addiction, affording means for future constructive solution of the problem. Private hospitals and sanatoria must be licensed by the State Hospital Commission which already has a similar function for private insane asylums.

#### *Commitment of Addicts*

The need of the addict prisoner for treatment is met by permitting the court to commit him to an institution for treatment. Voluntary commitment of other addicts is also provided for.

#### *Statistics*

Statistics of the amount of narcotic drugs dealt in are collected in the office of the State police where the copies of Harrison Act order forms are sent, and to make these statistics complete dealers file returns of the amount of drugs received by them from without or sent outside the State. Thus the record will indicate where large amounts are being used. These records are important for purposes of detection and enforcement as demonstrated in the administration of the Harrison Act, in showing leaks from the legitimate traffic into the illegitimate.

#### *Administration of Act*

The enforcement of the act is placed in the hands of the police authorities and courts throughout the State. The other administrative features are placed in the State Hospital Commission as affecting the professions and copies of Federal order blanks are filed with the police authorities. Peddling and other illegal traffic in the drugs are treated as crimes to be detected and punished like other violations of the law.



**In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools**—Senate Int No 317 (Print No S 321), by Senator Benjamin Antin of New York, concurrent Assembly Int No 370 (Print No 372), by Assemblyman Frederic S Cole of Herkimer County, is still in Public Education Committee in each House

The following letter, in explanation of the above bill, is published for the information of the members of the Society

The State Department of Education

Albany, February 15, 1924

MY DEAR DR VANDER VEER

I am just in receipt of yours of yesterday regarding the Reich and Cole bills. In reply I am pleased to advise you as follows

I have always been and am still opposed to State medicine. I do not believe that it is a function of the Education Department to practice medicine. This is a function that belongs strictly to the physician, and as an Educational Department we should encourage the physician so far as we can. I have already filed a memo with Commissioner Graves as follows

"The bill introduced by Mr Reich to amend the Education Law in relation to medical services in the schools of the State is the same as the Ullman bill of last year. This bill distinctly provides for State medicine for which, as a department, we cannot stand. The State Medical Society is unanimously opposed to the measure, and I feel as a department we should do likewise."

Regarding the Cole bill—we are greatly in need of more medical, dental and other assistants, to enable us to stimulate and supervise school medical inspection throughout the State. For several years I have recommended appropriations to enable us to strengthen our force for those purposes. The members of our staff, as you of course know, do not attempt nor are they privileged to practice medicine. They serve the State in purely a supervisory capacity. Should we obtain an expert on eyes and ears, his services would be utilized purely in a supervisory capacity and in training pupil teachers in our normal schools to make the simple Snellen test, to recognize defective vision, that children may be sent to physicians for proper advice and attention. It is my desire to be clearly understood in this matter by you and by the medical profession throughout the State.

I greatly appreciate your willingness to assist such legislation as might be necessary to strengthen our force to enable us to accomplish more of the real purposes for which school medical inspection is intended. Believe me,

Very sincerely yours,

WM A HOWE, M D,  
State Medical Inspector of Schools

**In Re Peddling Unpasteurized Milk**—Senate Int No 425 (Print No S 434), by Senator Chas Hewitt of Locke, N Y, concurrent Assembly Int No 642 (Print No A 651), by Assemblyman G S Johnson of Wayne County, will be dropped

**In Re Reporting Vaccinations to Local Health Officers**—Senate Int No 430 (Print No S 440), by Senator Wm Love of Kings County, concurrent Assembly Int No 565 (Print No A 568), by Assemblyman Frank H Lattin of Orleans County, the bill has been reported and is up for passage

If there is no request on the part of any member of the Society this bill will be dropped

**In Re Distribution of Information Concerning Results of Scientific Study**—Senate Int No 436 (Print No S 445), by Senator Michael E Reiburn of New York, concurrent Assembly Int No 588 (Print No A 592), by Assemblyman Joseph Gavagan of New York, referred to Judiciary Committee in each house, still in committee

Objection has been made to the above bill

**In Re Health Districts to be Created by State Commissioner of Health**—Senate Int No 448 (Print No S 457), by Senator Daniel J Carroll of Kings County, concurrent Assembly Int No 646 (Print No A 655), by Assemblyman Frank H Lattin of Orleans County, is still in Public Health Committee in each house

Information has come to your Committee on Legislation that abuses are prevalent on the part of tourists who are using the public lands and certain of the parks in the State which are of such great size as to be located overlying districts of local health officers who are reluctant to act in matters involving State territory, the bill has been introduced for the purpose of giving the State Commissioner of Health jurisdiction over such State lands in order that he may conserve the interests of the public health by action where the local health officers are somewhat negligent and allow nuisances to exist, especially from the sanitary point of view

Your Committee can see no reasonable objection to the bill and in fact, in view of the great tourist population of certain of the forest preserves and State parks, believes it is in the interest of the public health and is in favor of the measure, and unless there is comment offered by the members of the Society, the bill will be dropped



**In Re Violations of Local Health Orders**—Senate Int No 455 (Print No S 464), by Senator George L Thompson of Kings Park, N Y, concurrent Assembly Int No 513 (Print No A 515), by Assemblyman Edwin W Wallace of Nassau County, will be dropped

**In Re Refusal to Comply with Rule or Order of Local Health Board**—Senate Int No 459 (Print No S 468), by Senator George L Thompson of Kings Park N Y, concurrent Assembly Int No 542 (Print No 545), by Assemblyman Edwin W Wallace of Nassau County, will be dropped

**Amendment to Workmen's Compensation Law**—Senate Int No 463 (Print No S 477) by Senator Peter J McGarrv of Queens County, concurrent Assembly Int No 632 (Print No A 693), by Assemblyman A. I Miller of Westchester County, which has been referred to the Labor and Industries Committee in each house, this bill will be dropped

**In Re Deduction from Income Tax of All Expenses Paid for Medical, Surgical or Dental Services**—Senate Int No 527 (Print No S 543), by Senator John A Hastings of Kings County, concurrent Assembly Int. No 65 (Print No A 65), by Assemblyman Joseph Reich of Kings County, still in committee, this bill will be dropped

**The Child Experimentation Bill**—Senate Int. No 584 (Print No S 603), by Senator John P Ryan of Rensselaer County, no concurrent Assembly bill as yet, still in Senate Codes Committee

Too strong a representation on the part of the County Chairmen and County Society officers cannot be made to the introducer of the bill and to the Senate Committee on Codes and your Committee must be ready undoubtedly, to appear at a hearing reinforced by those who are most conversant with the subject, and yet the County Chairmen and County Society officers can be of great aid to your State Committee on Legislation if they will voice their protests to their individual representatives in the legislative halls

**The Anti-Vivisection Bill**—Senate Int No 588 (Print No 512), by Senator John P Ryan of Rensselaer County no concurrent Assembly bill as yet, the bill is still in Senate Codes Committee

The same comment may be offered as above in the Child Experimentation Bill, for un-

doubtedly those who are interested in this bill do not appreciate what the sciences have done in advancing public health and the extent to which the study in the art of healing of human ills would be retarded as has been evidenced in such countries which have attacked the good faith of the medical profession at large and have placed obstructions of this or a like nature in the way of progress

Senate Int. No 603 (Print No 629), by Senator Clayton R Lusk of Cortland, N Y. concurrent Assembly Int. No A 824 (Print No A 850), by Assemblyman Edmund Jenks of Broome County, would add new article 4-a, Domestic Relations Law, by providing child born out of wedlock shall be entitled to support and education by both parents and shall inherit from each in same manner as legitimate children Referred to Judiciary Committee in each house

No comment thereon, digest given for the information of the members

**State Education Department Bill to Amend the Medical Practice Act**—Senate Int. No 637 (Print No S 663), by Senator Daniel J Carroll of Kings County, concurrent Assembly Int No 888 (Print No A 927) by Assemblyman Frank H Lattin of Orleans County, which has been referred to the Public Health Committee in each house, which would amend sections 170, 171, 173, 174 Public Health Law, relative to practice of medicine. Every person now lawfully practicing and hereafter authorized to practice must register with the secretary of the board of medical examiners

**Comment** This bill has to do vitally with the medical profession and has been introduced at the request of the State Department of Education following conferences that have been held with the various state departments, in the hope on the part of the State Department of Education, that they may clear up and strengthen the medical situation in this State

Attention is called to the bill printed in full in the previous JOURNAL, and to the stand which the various County Societies have taken in regard to the general features of the bill The following counties have not expressed an opinion either "for" or "against" the general propositions, singly or *in toto*, as expressed in the bill, and the request is made that the bill be perused thoroughly and the decisions of the County Societies and of all others interested be transmitted to the Legislative Bureau Bronx, Cattaraugus, Chautauqua, Chenango, Columbia, Cortland Delaware, Herkimer, Lewis, New York, Onondaga, Oswego, Otsego, Steuben, Tioga, Wyoming, Clinton, Niagara

In the February 8th JOURNAL on page 126



your Chairman of the Committee on Legislation has called attention to the County Societies which do not seem to be of aid to the Legislative Bureau that they have helped in creating

Honorable criticism and constructive suggestions make for better understanding of a legislative procedure, and your Committee feel that they should be instructed from every angle relative to such an important move

Senate Int No 738 (Print No S 781), by Senator William T Byrne of Albany County, would add new sections 281-b, 281-c, Public Health Law, relative to practice of chiropody and podiatry Referred to Senate Public Health Committee

No comment

### ASSEMBLY

Medical Inspection in Schools Bill—Assembly Int No 66 (Print No A 66), by Assemblyman Joseph Reich of Kings County, is still in Assembly Public Education Committee No concurrent bill has as yet appeared in the Senate

It would seem that a bill of such a socialistic tendency is well cared for at the present time by the legislators in its negation

In Re State Institute for Study of Malignant Disease at Buffalo—Assembly Int No 195 (Print No 195), by Assemblyman Julius Berg of Bronx County, concurrent Senate Int No 175 (Print No S 175), by Senator Michael E Reiburn of New York, the Assembly Bill has been changed from Public Health Committee to Assembly Ways and Means Committee, see concurrent Senate bill for digest and comment

In Re Nursing and First Aid Services in Factories, etc—Assembly Int No 309 (Print No A 309), by Assemblyman Joseph Reich of Kings County, is still in Assembly Labor and Industries Committee, no action having been taken No concurrent bill has as yet appeared in the Senate

The Narcotic Bill—Assembly Int No 342 (Print No 342), by Assemblyman Morris Wemfeld of New York, concurrent Senate Int No 285 (Print No S 289), by Senator Morton J Kennedy of New York County

See concurrent Senate Int No 285 for comment

In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools—Assembly Int No 370 (Print No A 372), by

Assemblyman Frederic S Cole of Herkimer County, concurrent Senate Int No 317 (Print No S 321), by Senator Benjamin Antin of New York County, still in Public Education Committee in each house

See concurrent Senate Int No 317 for comment

In Re Distribution of Information Concerning Results of Scientific Study—Assembly Int No 588 (Print No A 592), by Assemblyman Joseph Gavagan of New York, concurrent Senate Int No 436 (Print No S 445), by Senator Michael E Reiburn of New York, still in Judiciary Committee in each house

See concurrent Senate Int No 436 for comment

In Re Health Districts to be Created by State Commissioner of Health—Assembly Int No 646 (Print No A 655), by Assemblyman Frank H Lattin of Orleans County, concurrent Senate Int No 448 (Print No S 457), by Senator Daniel J Carroll of Kings County, still in Public Health Committee in each house

See concurrent Senate Int No 448 for comment

State Education Department Bill to Amend the Medical Practice Act—Assembly Int No 888 (Print No A 927), by Assemblyman Frank H Lattin of Orleans County, concurrent Senate Int No 637 (Print No S 663), by Senator Daniel J Carroll of Kings County, has been referred to the Public Health Committee in each house

See concurrent Senate Int No 637 for comment

Assembly Int No 890 (Print No A 929), by Assemblyman Frank H Lattin of Orleans County, concurrent Senate Int No 376 (Print No S 380), by Senator Henry G Schackno of New York, would add new sections 446, 447, 447-a, Penal Law, forbidding sale of wood alcohol except as metheriol, and making it a felony to sell any article of food or drink or medicinal or toilet preparation for internal or external use, in which there is metheriol Referred to Codes Committee in each house

To date, February 18th, there have been 1,003 bills introduced in the Assembly, and 742 bills in the Senate

Action on Bills—Assembly Int No 195, relative to the control of the State Institute for the Study of Malignant Disease at Buffalo Reference has been changed to the Ways and Means Committee of the Assembly



**Committee Hearings**—Your Chairman appeared at a hearing on February 13th, before the Assembly Committee on Public Health, in relation to Assembly Bills Int No 232, 267 and 565

Your Committee on Legislation has received from the Committee on Live Legislation of the American Medical Association, Section on Laryngology, a tentative bill to safeguard the distribution and sale of certain dangerous caustic or corrosive acids, alkalis and other substances.

The purport of the bill seems to be proper and just and your Committee will favor the bill when introduced.

It is of interest to the Chairman of your Committee on Legislation to study the situation now existing in the State of Ohio where their law classifies the offense of illegal practice as a misdemeanor and a fine of \$25 to \$500 is the penalty, unless the affidavit states that the offense is a second offense then imprisonment is a part of the penalty and a jury trial is required.

It is of interest to note that illegal practitioners of one cult were prosecuted for illegal practice to the number of 386 cases during 1923, 326 were convicted, 24 were dismissed and 36 are still pending, and there are two inspectors employed who have since January 1st had 15 convictions and 50 cases pending.

The penalty section is, in the main, similar to the one vetoed by Governor Miller in our State some two years ago.

It has been noted in the Ohio situation that where chiropractors were involved the majority of them elected to go to jail rather than to pay fines, on the advice of the Universal Chiropractors Association of Davenport, Iowa, which protects its members in malpractice suits, agrees to pay fines and furnishes legal help in case of arrest for illegal practice.

Evidently the courts of Ohio are determined right and left that the practice of Chiropractic is the practice of medicine, and that those who are following this practice in the State of Ohio without first passing the Medical Board, as duly constituted there by law, are illegal practitioners.

## REPORT ON NARCOTICS

In the report of the Commissioner of Internal Revenue for the year ending June 30, 1923, just received, it is stated that 410 persons were registered under the Harrison Narcotic Law as importers and manufacturers, 2,256 as wholesale dealers, 45,536 as retail dealers 147,891 as practitioners, and 90,942 as dealers and manufacturers of untaxed narcotic preparations. During the year, 6,450,605 ounces of imported taxable narcotics was withdrawn from the customs custody for domestic consumption, which, added to the amount (2,312,695) in the possession of manufacturers, July 1, 1922, made a total of 8,763,300 ounces. Manufacturers exported 9,800 ounces of this supply or of drugs derived therefrom, and 2,393,844 ounces of like description was sold by them to domestic purchasers, leaving a total of 5,017,652 ounces with the manufacturers June 30 1923. An aggregate of 6,180,582 ounces of narcotic drugs was imported during the year, which is an increase of 3,480,706 over the previous year. During the same period 13,683 ounces were exported a decrease of 26,430 ounces over the previous year. Officials of the Federal, State, county and municipal governments and institutions, who are exempt as such from registration and payment of tax under the Harrison Narcotic Law, purchased a total of 9,398 ounces of narcotic drugs contained in stamped packages amounting to 83,606 taxable ounces. A total of 8,678 ounces of narcotic drugs and preparations came into possession of the gov-

ernment during the year through enforcing the laws which was a decrease of 62,473 ounces over the previous year. There were 4,194 convictions under the internal revenue narcotic laws for which sentences aggregating 4,692 years, and fines amounting to \$291,690.46 were imposed. The general attitude of the courts toward violators is reflected in the fact that the number of convictions during the year was larger by 1,050 than for the previous year. Penalties were assessed during the year (Section 3176, revised statutes as amended) against 29,776 registered persons for failure to register and pay special tax required, and 1,572 violations of the law were reported which involved other charges of greater significance. A total of 8,683 violations accrued during the year against unregistered persons, and 33,268 violations of all kinds against registered persons. Of the unregistered persons charged with violations, 3,953 were convicted, 1,093 cases were dropped, and 3,366 cases were pending at the close of the year, of the cases against registered persons collection of special penalty was made in 29,776 cases 241 persons were convicted 30 were acquitted, 452 cases were dropped and 2,035 cases were pending at the close of the year. The number of agents and inspectors in the narcotic field force averaged 176 for the year. The collections under the narcotic laws were \$998,197.41, a decrease of \$270,842.49 over the previous year.



## ASSEMBLYMEN BY COUNTIES

## ALBANY COUNTY

1st Dist, William J Snyder, Dem, 248 Madison Ave, Albany  
 2nd Dist, John A Boyle, Dem, 48 Bassett St, Albany  
 3rd Dist, Frank Wilson, Dem, 108 Hudson Ave, Green Island

## ALLEGANY COUNTY

Cassius Congdon, Rep, West Clarksville.

## BRONX COUNTY

1st Dist, Nicholas J Eberhard, Dem, 300 E 162nd St, Bronx  
 2nd Dist, Lester W Patterson Dem, 201 Alexander Ave, Bronx  
 3rd Dist, Julius S Berg, Dem 887 Forest Ave Bronx  
 4th Dist, Louis A Schoffel, Dem, 1387 Crotona Ave, Bronx  
 5th Dist, Harry A Samberg, Dem, 927 Fox St, Bronx  
 6th Dist, Thos J McDonald, Dem, 876 E 224th St, Bronx  
 7th Dist, John F Reidy, Dem, 636 E 183rd St, Bronx.  
 8th Dist, Joseph E Kinsley, Dem, 63 E 190th St, Bronx

## BROOME COUNTY

1st Dist, Edmund B Jenks, Rep, Whitney Point  
 2nd Dist, Forman E Whitcomb, Rep, Endicott

## CATARAUGUS COUNTY

Leigh G Kirkland, Rep, Randolph

## CAYUGA COUNTY

Sanford G Lyon, Rep, Aurora

## CHAUTAUQUE COUNTY

1st Dist, Adolf F Johnson, Rep, Jamestown  
 2nd Dist, Jos A McGinnies, Rep, Ripley

## CHEMUNG COUNTY

Hovey E Copley, Rep, R D No 2, Elmira

## CHENANGO COUNTY

Bert Lord, Rep, Afton

## CLINTON COUNTY

Geo W Gilbert, Rep, Ellenburg Depot

## COLUMBIA COUNTY

Lewis F Harder, Rep, Philmont

## CORTLAND COUNTY

Irving F Rice, Rep, Cortland

## DELAWARE COUNTY

Ralph H Loomis, Rep, Sidnev

## DUTCHESS COUNTY

1st Dist, Howard N Allen, Rep, Pawling  
 2nd Dist, John M Hackett, Rep, Poughkeepsie

## ERIE COUNTY

1st Dist, Wm J Hickey, Rep, 121 Albany St, Buffalo  
 2nd Dist, Henry W Hutt, Rep, 761 Tonawanda St, Buffalo  
 3rd Dist, Chas D Stickney, Rep, 773 Ellicott St, Buffalo  
 4th Dist, John J Meegan, Dem, 41 South St, Buffalo  
 5th Dist, Ansley B Borkowski, Rep, 72 Woltz Ave, Buffalo  
 6th Dist, Chas A Freiberg, Rep, 714 Northampton St, Buffalo  
 7th Dist, Edmund F Cooke, Rep, Alden  
 8th Dist, Nelson W Cheney, Rep, Eden

## ESSEX COUNTY

Fred L Porter, Rep, Crown Point.

## FRANKLIN COUNTY

Geo J Moore, Rep, Malone

## FULTON AND HAMILTON COUNTIES

Eberly Hutchinson, Rep, Green Lake.

## GENESEE COUNTY

Chas P Miller, Rep, So Byron

## GREENE COUNTY

Ellis W Bentley, Rep, Windham

## HERKIMER COUNTY

Frederic S Cole, Rep, Little Falls

## JEFFERSON COUNTY

H A Machold, Rep, Ellsburg

## KINGS COUNTY

1st Dist, Chas F Cline, Dem, 87 Warren St, Brooklyn  
 2nd Dist, Murray Hearn, Dem, 2114 Ave K, Brooklyn  
 3rd Dist, Frank J Taylor, Dem, 47 Walcott St, Brooklyn  
 4th Dist, Peter A McArdle, Dem, 136 Hooper St, Brooklyn  
 5th Dist, Jos C H Flynn, Rep, 833 Herkimer St, Brooklyn  
 6th Dist, Jos Reich, Dem, 808 DeKalb Ave, Brooklyn  
 7th Dist, John J Howard, Dem, 453 55th St, Brooklyn  
 8th Dist, Michael J Reilly, Dem, 452 Baltic St, Brooklyn  
 9th Dist, Richard J Tonry, Dem, 468 83rd St, Brooklyn  
 10th Dist, Bernard F Gray, Dem, 984 Pacific St, Brooklyn  
 11th Dist, Edw J Coughlin, Dem, 217 Clermont Ave, Brooklyn  
 12th Dist, Marcellus H Evans, Dem, 305 E 4th St, Brooklyn  
 13th Dist, Wm Donnelly, Dem, 918 Metropolitan Ave, Brooklyn  
 14th Dist, Jos R Blake, Dem, 185 North 5th St, Brooklyn  
 15th Dist, John E McCarthy, Dem, 124 Oak St, Brooklyn.  
 16th Dist, Maurice Z Bungard, Dem, Manhattan Ave, Seagate, Brooklyn  
 17th Dist, Julius Ruger, Dem, 35 Troy Ave, Brooklyn  
 18th Dist, Irwin Steingut, Dem, 1357 Eastern Parkway, Brooklyn  
 19th Dist, Anthony L Palma, Dem, 238 Knickerbocker Ave, Brooklyn.  
 20th Dist Frank A Miller, Dem, 1277 Hancock St, Brooklyn  
 21st Dist, Walter F Clayton, Rep, 212 E 17th St, Brooklyn  
 22nd Dist, Howard C Franklin, Dem, 251 Crescent St, Brooklyn  
 23rd Dist, Jos F Ricca, Rep, 26 Gunther Place, Brooklyn

## LEWIS COUNTY

Miller B Moran, Rep, Lowville

## LIVINGSTON COUNTY

Lewis G Stapley, Rep, Geneseo

## MADISON COUNTY

J Arthur Brooks, Rep, Cazenovia

## MONROE COUNTY

1st Dist, Russell B Griffith, Rep, Pittsford  
 2nd Dist, Simon L Adler, Rep 17 Argyle St, Rochester  
 3rd Dist, Vincent B Murphy, Rep, 541 University Ave, Rochester  
 4th Dist, Gilbert L Lewis, Rep, Dewey Ave Sta, Rochester  
 5th Dist, Wallace R Austin, Rep, Spencerport

## MONTGOMERY COUNTY

Samuel W McCleary, Rep, Amsterdam



NASSAU COUNTY

1st Dist., Edwin W. Wallace, Rep., Rockville Center  
2nd Dist., F. Trubee Davison, Rep., Locust Valley

NEW YORK COUNTY

1st Dist., Peter J. Hamill, Dem., 585 Broome St., N. Y.  
2nd Dist., Frank R. Galgano, Dem., 57 Kenmare St., N. Y.  
3rd Dist., Thos. F. Burchill, Dem., 347 West 21st St., N. Y.  
4th Dist., Samuel Mandelbaum, Dem., 1 Sheriff St., N. Y.  
5th Dist., Frank A. Carlin, Dem., 639 10th Ave., N. Y.  
6th Dist., Morris Weinfeld, Dem., 231 E. 3rd St., N. Y.  
7th Dist., Victor R. Kaufman, Rep., 176 West 87th St., N. Y.  
8th Dist., Henry O. Kahan, Dem., 236 5th St., N. Y.  
9th Dist., John H. Conroy, Dem., 66 W. 91st St., N. Y.  
10th Dist., Phelps Phelps, Rep., 70 West 49th St., N. Y.  
11th Dist., Samuel I. Rosenman, Dem., 226 W. 113th St., N. Y.  
12th Dist., Paul T. Kammerer, Jr., Dem., 157 E. 46th St., N. Y.  
13th Dist., John P. Nugent, Dem., 10 St. Nicholas Ave., N. Y.  
14th Dist., Frederick L. Hackenburg, Dem., 336 E. 69th St., N. Y.  
15th Dist., Jos. Steinburg, Rep., 24 E. 97th St., N. Y.  
16th Dist., Maurice Bloch, Dem., 303 E. 87th St., N. Y.  
17th Dist., Meyer Alterman, Dem., 60 E. 118th St., N. Y.  
18th Dist., Owen M. Kiernan, Dem., 163 E. 89th St., N. Y.  
19th Dist., James Male, Dem., 540 Manhattan Ave., N. Y.  
20th Dist., Louis A. Cuvillier, Dem., 172 E. 122nd St., N. Y.  
21st Dist., Henri W. Shields, Dem., 208 W. 141st St., N. Y.  
22nd Dist., Joseph Gavegan, Dem., 557 W. 114th St., N. Y.  
23rd Dist., Nelson Rutenbergl Dem., 286 Ft. Washington Ave., N. Y.

NIAGARA COUNTY

1st Dist., Mark T. Lambert, Rep., Lockport  
2nd Dist., Frank S. Hall, Rep., Lewiston.

ONEIDA COUNTY

1st Dist., John C. Devereux, Rep., 1609 Genesee St., Utica.  
2nd Dist., Russell G. Dunmore, Rep., New Hartford  
3rd Dist., George J. Skinner, Rep., Camden

ONONDAGA COUNTY

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2nd Dist., Geo. M. Haight, Dem., 152 W. Seneca St., Onondaga Valley  
3rd Dist., Richard B. Smith, Rep., 411 Elm St., Syracuse.

ONTARIO COUNTY

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ORANGE COUNTY

1st Dist., Clemence C. Smith, Rep., Meadowbrook.  
2nd Dist., Chas. L. Mead, Rep., 24 Mulberry St., Middle town.

ORLEANS COUNTY

Frank H. Latin, Rep., Albion R. D. No. 7

OSWEGO COUNTY

Victor C. Lewis, Rep., Lewis House, Fulton.

OTSEGO COUNTY

Julian C. Smith, Rep., 21 Ford Ave., Oneonta.

PUTNAM COUNTY

John R. Yale, Rep., Brewster

QUEENS COUNTY

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2nd Dist., Owen J. Dever, Dem., 2552 Gates Ave., Ridge wood.

3rd Dist., Alfred J. Kennedy, Dem., 51 S. 8th Ave., Whitestone.

4th Dist., D. Lacy Dayton, Rep., Ashburton Ave., Bay-side.

5th Dist., Wm. F. Brunner, Dem., 214 Beach 116th St., Rockaway Park.

6th Dist., Paul P. Gallagher, Dem., 2385 Van Courtland Ave., Ridgewood

RENSSELAER COUNTY

1st Dist., John H. Westbrook, Dem., 171 Congress St., Troy

2nd Dist., Henry Meurs, Rep., Rensselaer

RICHMOND COUNTY

1st Dist., Wm. S. Hart, Dem., 475 Oakland Ave., W. New Brighton.

2nd Dist., Wm. L. Vaughan, Dem., 229 Fisher Ave., Tottenville.

ROCKLAND COUNTY

Walter S. Godney, Rep., Nyack.

ST. LAWRENCE COUNTY

1st Dist., William A. Laidlaw, Rep., Hammond

2nd Dist., Chas. L. Pratt, Rep., Massena.

SARATOGA COUNTY

Burton D. Esmond, Rep., Ballston.

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1st Dist., Chas. W. Merriam, Rep., 20 Parkwood Blvd., Schenectady

2nd Dist., Wm. M. Nicoll, Rep., Scotia.

SCHONARIE COUNTY

Kenneth H. Fake, Rep., Cobleskill

SCHUYLER COUNTY

William Wickham, Rep., Hector

SENECA COUNTY

Wm. H. Van Cleaf, Rep., Seneca Falls

STUBEN COUNTY

Wilson Messer, Rep., 334 W. Pulteney St., Corning

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1st Dist., James G. Peck, Rep., Southampton  
2nd Dist., John Boyle, Jr., Rep., Huntington.

SULLIVAN COUNTY

Guernsey T. Cross, Dem., Callicoon

TIoga COUNTY

Daniel P. Witter, Rep., Berkshire.

TOMPKINS COUNTY

Jas. R. Robinson, Rep., 313 E. Mill St., Ithaca.

ULSTER COUNTY

Simon B. Van Wageningen, Rep., Sloatsburg.

WARREN COUNTY

Milton N. Eldridge, Rep., Warrensburg

WASHINGTON COUNTY

Herbert A. Bartholomew, Rep., Whitehall

WAYNE COUNTY

George S. Johnson, Rep., Palmyra.

WESTCHESTER COUNTY

1st Dist., T. Channing Moore, Rep., Bronxville.

2nd Dist., Herbert B. Shonk, Rep., Scarsdale.

3rd Dist., Milan E. Goodrich, Rep., Ossining

4th Dist., Alexander H. Carnjost, Rep., Yonkers

5th Dist., Arthur I. Miller, Dem., Yonkers

WYOMING COUNTY

Webber A. Joiner, Rep., Attica.

YATES COUNTY

James H. Underwood, Rep., Middlesex.





# State Department of Health



## REPORT OF DR WADSWORTH ON THE EFFECT OF FREEZING TOXIN-ANTITOXIN MIXTURES

Following the occurrence of unfortunate reactions after the use of a toxin-antitoxin mixture which had been frozen, Commissioner Nicholl requested Dr A B Wadsworth, Director of the Division of Laboratories and Research of the State Department of Health, to make an investigation. Dr Wadsworth's report is as follows:

After exposure to severe cold, certain preparations of the diphtheria toxin-antitoxin mixture may become extremely toxic. In a neighboring State severe reactions in a group of children immunized with one preparation of the mixture have recently been reported and very carefully investigated. This mixture during transit had been exposed to "0 degrees F for approximately 48 hours." Subsequently experimental tests have been made by the Hygienic Laboratory in Washington with frozen samples of toxin-antitoxin mixture prepared in different laboratories. The mixture that incited the severe reactions was the only one of the series which became toxic. As a result of freezing, the toxin and the antitoxin became dissociated and did not reunite. However, preparations of toxin-antitoxin mixture which had been accidentally frozen have been administered without noticeable increase in the severity of the reactions.

An experimental test of the toxin-antitoxin mixture prepared by the Division of Laboratories and Research of the New York State Department of Health, made in March, 1922, for purposes of control, failed to demonstrate any material increase in toxicity after freezing. A precipitate developed but the toxicity was not materially increased. No reactions have been reported from the use of the toxin-antitoxin mixture distributed by the laboratory which could be attributed to freezing. However, no toxin-antitoxin mixture which has been frozen should be used.

## TRICHINOSIS IN NEW YORK STATE

Three separate outbreaks of trichinosis have recently come to the attention of the Department, vs 10 cases in Yonkers, 7 cases in Rochester with 3 fatalities, and 2 cases in Patterson, Putnam County. Laboratory confirmation of the diagnosis was obtained in every instance. The physician who attended the Yonkers cases is convinced that trichinosis is by no means uncommon in and about that city. According to his statement, such cases are usually diagnosed as grippé, and he emphasized the importance of a blood

examination (for eosinophilia) in every case of suspected grippé who has edema of the eyelids.

## TYPHOID CARRIERS IN NEW YORK STATE

On January 1, 1924, the State Department of Health had 90 persons on its list of typhoid carriers. None of these resides in New York City. This is a net gain of nineteen over January 1, 1923, twenty-one new carriers having been discovered. Three old ones were returned to the list, four died and one moved out of the State.

The twenty-one new carriers are known to have been responsible for sixty-nine cases of typhoid fever, not all, however, having occurred during 1923. One woman alone has been the source of sixteen cases during a period of twelve years.

## GOVERNOR'S RURAL HEALTH COMMITTEE MEETS

The first meeting of the Governor's Committee to investigate the status of rural medical practice was held February 1st at the office of the State Commissioner of Health.

The members of the Committee are Professor Dwight Sanderson of Cornell University, Dr Orrin S Wightman, President of the State Medical Society, Mrs Grace A Powell, President of the New York State Federation of Home Bureaus, Dr Grant C Madill, ex-President of the State Medical Society, Dr Stover of Amsterdam, State Senator Byrne of Albany, and Dr Matthias Nicholl, Jr, State Commissioner of Health.

After organizing permanently with Professor Sanderson as Chairman, the Committee agreed to study ways by which a careful survey could be made of some rural county, that the adequacy of medical service, especially in the more remote sections, might be definitely determined.

## BIOLOGICAL AND CHEMICAL PRODUCTS DISTRIBUTED BY THE STATE LABORATORY

During one recent month the State Laboratory in Albany sent out nearly 18,000 separate packages of biological and chemical products prepared at the laboratory for therapeutic and preventive use. Among the items were over four thousand 6,000-unit packages of diphtheria antitoxin, and 4,500 packages of diphtheria toxin-antitoxin mixture.





# THE DAILY PRESS



We are all interested in what the newspapers say about physicians and medical topics. To the credit of both the physicians and the newspapers, criticisms of particular physicians are seldom or never published, but the papers often publish criticisms of medical methods and procedures. On the other hand, the newspapers publish much about public health movements—probably because those who carry on the movements maintain efficient publicity bureaus. It is our intention to prepare a cross section of the medical news contained in the daily newspapers in order that physicians may know what the people think about them and their work. (The Editor)

The Niagara Falls *Gazette* February 11 contains an article with the double column heading "Anti-compulsory Medicine group wants toxin antitoxin treatment investigated." The article quotes the Citizens Medical Reference Bureau 145 West 45th Street, New York, as advocating an investigation into the ill effects following the use of frozen toxin-antitoxin mixtures, which were mentioned on February 15th in the Daily Press department of this journal. The article makes the most out of arguments against toxin-antitoxin. It first quotes the Summit, N. J., *Herald* as in turn quoting Dr. W. H. Park as saying that the toxin antitoxin is absolutely harmless. The *Gazette* goes on to say that the results in Massachusetts prove that such was not the case. It quotes Dr. Zingher's article on toxin antitoxin in the February 1st issue of the *JOURNAL*, and says "Dr. Zingher refers to experiments conducted on children in the local schools, with a large number of different mixtures of toxin-antitoxin and refers in a general way to very severe reactions in a number of cases." The article then gives quotations from Dr. Zingher's article, describing the reactions in children, and the results of inoculations into guinea pigs in which death occurred all tending to show the poisonous nature of the toxin-antitoxin. However, the *Gazette* refrains from comment on the article or the ill effects of the injections in Massachusetts.

The Binghamton and Syracuse papers carry accounts of the administration of toxin-antitoxin to school children in those cities. Apparently the propaganda against the immunization is not having much effect. The Albany *Journal* quotes Dr. Nicoll, State Commissioner of Health as saying "If Syracuse where one of the Milbank

fund demonstrations is being conducted, does not eradicate diphtheria within five years, I shall be very much disappointed."

The Watertown *Times* February 11, contains a column account of the expected action of the Board of Supervisors of Jefferson County in voting \$8,000 to maintain three public health nurses who shall cover the entire county. An office and automobiles will be provided for the nurses. The appropriation will be duplicated by an equal assignment of money from the Shepherd-Towner Funds of the State Department of Health.

This action by the Board of Supervisors is the direct result of the action of the Jefferson County Medical Society, which voted to petition the supervisors to appoint the nurses in expectation of the duplication of the funds by the State. The County Medical Society will continue to take a deep interest in the work through a committee of three physicians, who will supervise the work of the nurses. The Society was stimulated to take the action because of the high infant mortality in the county.

The physicians of Jefferson County are to be congratulated in setting a new standard of leadership in public health affairs by practicing physicians. We shall follow the demonstration with interest.

The Troy *Times* of February 12th contains a well-written editorial on the keep-well movement. While it ascribes much health value to a line of vigorous ancestors, it also calls attention to the satisfactory results of hygienic efforts. The text of the article was Dr. Haven Emerson's speech before the State Charities Aid Association, on February seventh.

The newspapers of Albany and vicinity carry an account of the appointment of Dr. Otto R. Eichel to take charge of the epidemiological statistics of the League of Nations. Dr. Eichel has been granted a six months leave of absence from the Vital Statistics Division of the State Department of Health in order that he may go to Europe to compile statistics there.

Dr. Eichel is a born statistician. He lives on figures and draws elaborate graphs for the same compelling reason that other persons paint pictures or compose orations.

The New York *Telegram* of February 13th contains an account of the death rate among the



people who are insured in the Metropolitan Life Insurance Company. The Company has 15,000,000 industrial policy holders, and in this group the death rate for 1923 was 9 per 1,000. The account states that the influenza epidemic of the beginning of the year prevented the rate falling below that of 8.8 for 1922, which was the lowest in the experience of the Company. This rate shows a considerable decrease from the rate of previous years. In 1919 the rate was 10.6, in 1917 it was 11.6, and in 1911 it was 12.5. The reduction in death rates is extremely creditable to the Metropolitan Life Insurance Company. Some companies take the stand that a reduction in death rates is of very little concern to them for they fix their rates according to the estimated deaths, and any money collected in excess of that needed to pay death claims must go back to the policy holders as dividends. But the Metropolitan Life Insurance Company places its work on broad humanitarian principles, and spends immense sums each year on public health nursing and other forms of preventive work among its policyholders.

The Buffalo *Commercial* of February 13th contains a discussion of the hospital needs of the city. It quotes figures given by Superintendent Lindbald of the Millard Fillmore Hospital. Three per cent of the population are usually sick at any given time or 16,000 in the City of Buffalo. It is estimated that about one in six of those sick requires or will accept hospital treatment. Various surveys show that 5 beds per 1,000 inhabitants will be occupied by the sick. This ratio exists in New York City, while in Buffalo there are 3.5 beds per 1,000 inhabitants, giving 1876 beds instead of 2,800 which the city should have. If the surveys show that 70 per cent of the beds are occupied, the occupancy is a fair average. New York City had 89 per cent of the hospital beds occupied in 1922. The percentages for Buffalo per beds occupied was 89 in 1918, and since then the percentage has been over 90 per cent and in 1921 it was 100 per cent. This indicates the overcrowding of the Buffalo hospitals and the need for more institutions. The Buffalo papers also state that the annual convention of the

American Hospital Association will be held in Buffalo on October 6th of this year.

The Buffalo *Express* of February 10th contains an article which is evidently intended to discredit health propaganda. It is entitled "Walk and be happy, but wear out your shoes," and concerns a walk-and-be-happy week in an Indiana town promoted by the Y M C A and Y W C A under the chaperonage of the Mayor. The article asks "Who pays the bills? People wear out shoes when they walk. The men behind the guns are the Associated Retail shoe dealers of the City."

The week is announced as a big success and one dealer has reported a sales increase of 46 per cent. Plans are being made for a walking week next year. The article continues "The trade publications do not reveal the identity of the religious or uplift organization that is to be chosen as a sponsor but we may be sure the right one will be found."

The Ithaca *Journal-News* of February 13 contains an account of an argument for a contagious disease hospital presented by Dr. L. T. Genung, the City Health Officer. He told of a girl coming down with scarlet fever in a family with several small children, and the difficulty of finding a place in which to care for her. He said that two lives were lost last year because of no place where the patients might receive proper care.

The Amsterdam *Recorder* of February 12 contains a column account of a report given by the Amsterdam representative who attended the Public Health conference of the State Charities Aid Association in New York on February seventh. After describing the program the article concludes by quoting from the address of Dr. Haven Emerson as follows: "We have almost reached our limit as to what can be done *to* you *for* you. We have come to the point where the things have got to be done *by* you, *for yourselves*, and until you accomplish that you will not get a great deal further." This is in line with the arguments that have frequently been heard from the floor at the meetings of the New York State Medical Society.





## NEWS NOTES



### BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza on February 20, 1924, was called to order at 9 P.M., the President, Dr. Podvin, in the Chair.

Dr. Sidney Cohn moved that we suspend the regular order of business and proceed with the election of new members. Dr. Gitlow amended the motion that in addition to the election of new members, the Society also take action in regard to the proposed Bill for Annual Registration of Physicians. The motion as amended was then carried.

Dr. Gitlow moved that the Secretary be instructed to cast one ballot for the following applicants for membership:

Emmanuel W. Billard, William Lenetska, Joseph G. Levine, Matthew A. Liotta, Isidor Mogil, William J. Walker, Carl Wurm, Jr., Maurice Meltzer (Associate).

Dr. Gitlow moved that the Society go on record

as in favor of the Bill introduced in the State Legislature providing for the Annual Registration of all Physicians and that notice of this action be sent to the State Society for publication in the *NEW YORK STATE JOURNAL OF MEDICINE*. This motion was discussed and strongly endorsed by Dr. Cunniffe, Chairman of the Committee on Legislation. The motion was then put to vote and was carried.

The program of the evening, arranged for the benefit of the members of the Society and their guests, thus being an Open Meeting, then proceeded as follows:

Illustrated Lecture with Colored Slides  
"Camping Along the Saskatchewan River,"  
Frank Richard Oastler, M.D.

Dr. Sidney Cohn moved that the Society give a rising vote of thanks to Dr. Oastler to express our appreciation for this wonderful lecture. This motion was seconded and carried.

It was moved and carried that the meeting adjourn.

The meeting adjourned at 10.50 P. M.

### LECTURES ON TUBERCULOSIS AND INDUSTRIAL HYGIENE

A six weeks' combined course on tuberculosis and industrial hygiene for medical practitioners has been arranged at the Academy of Medicine under the joint auspices of the Public Health Committee of the Academy, the New York Tuberculosis Association, and the Division of Industrial Hygiene of the New York State Department of Labor.

The purpose of the course is to focus the attention of the physicians of this city on such problems of tuberculosis and industrial hygiene as would be of practical assistance to them in their professional work.

The lectures will be held at the Academy of Medicine on Tuesday and Friday afternoons at 4.30, beginning March 14th and ending April 22nd 1924. Two lectures of thirty minutes each, one on tuberculosis and the other on some phase of industrial hygiene will be given at each session. An additional half hour will be devoted to answering questions from the floor.

Enclosed is a schedule of the lectures with the topics, names of lecturers, and dates. It is of a size that can be easily inserted in the pocket appointment book.

Physicians are cordially invited to attend these lectures.

*March 14*  
4.30 p.m. Prevalence and Distribution of Tuberculosis in New York City—Haven Emerson, M.D.  
5.00 p.m. Industrial Poisonings and Diseases.—Leland E. Cofer, M.D.

*March 18*  
4.30 p.m. Industrial Neuroses—Michael Osnato, M.D.  
5.00 p.m. Tuberculosis in Children.—Charles Hendee Smith, M.D.

*March 21*  
4.30 p.m. Etiology and Immunology of Tuberculosis.—Allen K. Krause, M.D.  
5.00 p.m. The Diagnosis and Treatment of Lead and Copper Poisonings.—William E. Ramsay, M.D.

*March 25*  
4.30 p.m. Carbon Monoxid Poisonings—Charles Norris, M.D.  
5.00 p.m. The X ray—Its Use in Diagnosis and Treatment.—C. E. Hamilton, M.D.

*March 28*  
4.30 p.m. Treatment of Tuberculosis—J. B. Amberson, Jr., M.D.  
5.00 p.m. Treatment of Fractures—Joseph A. Blake, M.D.

*April 1*  
4.30 p.m. Traumatic Surgery in Industry—William V. Healey, M.D.  
5.00 p.m. Early Diagnosis of Pulmonary Tuberculosis—James Alex. Miller, M.D.





# PRUNES



## Contributions Solicited

### George Crabbe Brought Up to Date

But now our quacks are gamesters and they play  
With craft and skill to ruin and betray,  
With monstrous promise they delude the mind,  
And thrive on all that tortures human-kind

How strange to add in this nefarious trade  
That men of parts are dupes by dunsters made,  
That creatures, nature meant should clean our streets  
Have purchased lands and mansions, parks and seats,  
Wretches with conscience so obtuse, they leave  
Their untaught sons their parents to deceive,  
And when they're laid upon dying bed,  
No thought of murder comes into their head  
And then in many a paper throughout the year,  
Must cures and cases, oaths and proofs appear,  
Men snatched from graves as they were dropping in,  
Their lungs coughed up, their bones pierced through  
the skin

And chiropractors is their latest name,  
The sturdy spine they give an evil fame,  
Distorted vertebrae gangrene the lung,  
And dandruff from a crooked spine is sprung  
The rotten bladder-slough will grown anew,  
And pus will vanish as the morning dew,  
The spirochete we all may scoff and puff  
If we'll but hold our backs erect and stuff  
When dogma such as this can gain assent,  
The world's askew and not the spine that's bent  
'Twas ever thus, and ever will be thus  
While men keep patent their esophagus

What then our hopes?—perhaps there may by law  
Be method found these pests to curb or awe,  
Yet in this land of freedom, law is slack  
With any being to commence attack,  
Then let us trust to science—there are those  
Who can their falsehoods and their frauds disclose,  
All their vile trash detect, and their low tricks expose.  
Perhaps their numbers may in time confound  
Their arts—as scorpions give themselves the wound,  
For when these cures dwell in every place,  
While the cured, we not a man can trace,  
Strong truth may then the public mind persuade  
And spoil the fruits of this nefarious trade.

—STEPHEN J. SPITZER, in *Bronx Bulletin*

Fair Patient Oh, doctor, what do you recommend  
for tired, fagged-out brain?

Doctor Well, fish is a great brain food

Patient What kind of fish?

Doctor Why, for you, a couple of whales might be  
about right to start with.—*Brown Jug*

### Purely Medical Reasons

"Now, tell us about it—why did you steal the purse?"  
"Your Honor, I won't deceive you—I was ill and  
thought the change might do me good"

—*Sydney Bulletin*

### Conservation in Extremis

The dying man shook his head tearfully and main-  
tained, "I won't take it, no, Ikev, it tastes awful"

"But, mine dear fren," groaned Ikev, "you can't die  
and leave all these expensive medicines wasted"—*Bison*

### Needed Treatment

Golfer Doctor, you remember you recommended golf  
to take my mind off my work?

Doctor Yes

Golfer Well, can you prescribe something now to  
get it back again.—*Life*

### Monthly Metaphors—for Our Poker Friends

Insufflation I blow

Exploratory Laparotomy Opening blind

Operation Table stakes

Cheap Appendix Freeze-out

### And Our G U Specialists Are Riding in Cadillacs!

Dr I J Landsman, our jovial Secretary, points out  
that in the New York State Medical Journal's report  
of Statistics on Venereal Diseases by Counties, Bronx  
County is conspicuous by its absence.

Bronx County is the most moral county in the State  
Which easily explains the Croesus-like wealth of our  
G U Specialists

### Reckless of Him

First Cannibal "The chief has hay fever"

Second Cannibal "Serves him right, we warned  
him not to eat the grass widow"—*Argywan*

### Prepared

A visitor said to a little girl, "And what will you do,  
my dear, when you are as big as your mother?"  
"Diet," said the modern child.—*Tit-Bits (London)*

Three years ago we were called to a man who at-  
tempted suicide because the girl refused to marry him  
Three weeks ago we were called to treat the same man,  
who attempted suicide because the girl did marry him.  
We warned him then

### Just So

First Angel "How'd you get here?"

Second Ditto "Flu."—*Gargoyle*

### To Our Medical Board.

Some men on our board have a face hard to read,

Just get this advice I'm unfolding

While you're shaking their hand for a friendly "Hello,"  
Keep your eye on the hand you're not holding!

### All the Joys

At a Southend chauffeur's wedding, his comrades  
made an arch of petrol cans outside the church Another  
pretty idea would be to strew soft pedestrians in the  
path of the happy couple as they drive away.—*London  
Opinion*

### Our Monthly Smiles

Convergent Squint—"East is West"  
Brain Surgeon—"Nut cracker"



# NEW YORK STATE JOURNAL of MEDICINE

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## SOME ABNORMALITIES OF THE URINARY TRACT IN THE MALE, WITH SURGICAL METHODS OF CORRECTION \*

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NEW YORK CITY

### ABNORMALITIES

#### Introduction

**C**ONGENITAL malformations met with in the urinary tract often assume considerable importance and sometimes may be of vital significance

Due to the perfection of instruments of precision, chiefly the cystoscope and X-ray apparatus, we are now able to investigate cases which were formerly beyond our reach. The greatest recent advance has been the discovery of a safe pyelographile media with which the upper urinary tract may be outlined

It is impossible to even mention all of the variations from the normal that occur in the urinary tract so it is thought best to discuss a few cases of each type with a brief mention of the surgical significance.

#### MALPOSITION OF THE KIDNEY

**Unilateral Dystopia**—Our routine investigation of a case in the cholec disclosed the fact that the patient had a fused kidney located on his right side with two ureters entering the bladder at their usual locations. The upper kidney pelvis was connected with the right ureter, the lower was connected with the left ureter. The lower kidney pelvis connected with the left ureter was infected and located just under McBurney's point. Pus was obtained from the catheter inserted into this ureter

While the patient was under treatment for pyelitis he had an accident and was rushed as an emergency case to another hospital. We were notified and immediately communicated with the surgeons as we felt that they should be informed of the infected kidney pelvis in a location noted for abscess of the appendix.

Dr Clark has collected data regarding renal

and ureteral anomalies in 4,215 routine autopsies and I quote from his work freely

Acute military tuberculosis in two cases

*Cause of Death in the 62 Cases of Anomalies*

—The variations seldom played an important role. Deaths occurred, as a rule, from causes totally unrelated to the congenital defects

1 A congenital absence of a kidney was found twice in the series of 4,215 consecutive cases. Piersol<sup>4</sup> states that this happens about once in every 2,650 individuals

Extreme congenital atrophy of one kidney, almost to the point of its absence, was found in four more cases

Marked congenital atrophy, a fibro-cystic mass of small size, was recorded in ten additional cases

Extreme cases of congenital cystic kidneys forming large masses were found six times

This forms a total of 22 cases in which the change was limited to the right side in eight cases, to the left side in nine cases and being bilateral in the others

Therefore, about 0.5 per cent of the series were cases in which one side could not have been safely relied upon to assume the duties of the other in case of its incapacity from disease or injury and nephrectomy would have been contraindicated in this group of cases under any circumstances

2 The "Horseshoe Kidney" occurred 7 times or about once in 600 cases. Piersol<sup>4</sup> states that it is found about once in 1,000 cases. There is usually a marked malposition of the horseshoe or fused kidney to a position low in the abdomen over the psoas muscle groups or in the pelvis. This can lead to wrong conclusions when found by palpation over these regions

3 Congenital dystopia of a kidney either in a

Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 22 1923





FIG I Horse shoe kidney, in which the renal structures are arranged in four separate groups, with each group drained by its ureter. These join high up, so that only two ureters enter the bladder.



FIG II Case of bilateral double kidney, in which the kidney pelvises are separate on the left side and connected on the right.

unilateral or its bilateral fused state occurred 15 times. A low position in the right iliac fossa or over the right sacro-iliac joint in 6 cases and in 6 more cases in a corresponding position on the left side. The location was three times over the median line in the lumbar region or over the promontory of the sacrum. Thus there was one case in every 281 individuals showing a low malposition of one or both organs. This can easily lead to confusion in palpation of the pelvic and low abdominal regions.

4 No accessory kidney was encountered. The number of kidneys was reduced to one by fusion in seven individuals and by a congenital absence in two additional individuals.

5 Ureters. Multiple ureters (unilateral or bilateral), going as far as the pelvic brim or sometimes as far as the bladder wall before fusion to empty as one normal channel, were found in 10 cases.

Complete doubling of the ureter was found in 10 cases.

Complete absence of a ureter was recorded in two cases and extreme atrophy of a ureter in eight more cases.

Short ureters were associated with all cases of renal dystopia. In all, there were 40 cases in the series which presented some form of a variation but a multiple ureter which empties into the bladder as one channel is probably the variation which might cause the greatest difficulty in diagnosis, since ureteral catheterization without associated radiographic assistance might yield little knowledge of the functional state of such a kidney. The pelvis of a kidney is frequently divided and a given branch of the ureter would, therefore, drain only a fractional part of the kidney.

About one in every 100 cases had some form of a ureteral variation. Therefore, for good orientation in the study of these tracts, a combined ureteral catheterization, instillation and radiographic examination is indicated if confusion is to be avoided.

6 Variations in number or origin of the renal arteries were noted in 40 cases, but this by no means represents all that were present. They probably have little or no clinical importance except to the surgeon during nephrectomy.

7 Veins. There were 25 variations found, but these were practically all associated with cases of renal dystopia.

8 Anomalies were slightly more frequent on the left side than the right side, while in about one-fifth of the series some form of a variation was bilateral.

9 Serious developmental defects were common enough in the renal apparatus to justify a careful examination of the entire system before directing radical surgical intervention against one



side Congenital cystic kidneys, usually bilateral, are probably the most serious variation so far as danger to life is concerned through the simple presence of the anomaly itself

Some developmental defect in the system was found in 147 per cent of the 4,215 consecutive cases. About one-third of these were capable of causing confusion in diagnosis and treatment

10 Race This did not appear to be an important factor in the incidence of the anomalies

11 Sex. Nearly all the cases in the series examined were males, therefore, little can be said as to sex incidence. Fifty-three cases were in males and nine cases in females

12 Age Most of the individuals lived a normal length of time or died of a disease or accident that was totally unrelated to the presence of the anomaly

13 There was never a consecutive series of more than 380 cases in which a renal variation of one character did not appear

14 No sustained effort was made in many parts of the series to search for minor vascular and ureteral variations near the pelvis of the kidney nor for divisions in the pelvis

Exaggerated kinking of the ureter was more or less frequently noted at the points where normal constrictions in the ureter are expected to occur

*Malformation of the Kidney*—Unilateral double kidney is of fairly common occurrence. Nearly all of such cases, seen by the urologist are infected in one or the other pelvis, sometimes both

Treatment of infections in malformed kidneys is the same as that in other kidneys. The first step is to get rid of all infected or questionable teeth, tonsils or other foci of infection in accordance with the splendid research of Bumpus who has been able to reproduce kidney infections and stones by repeated injections of organisms from carious teeth. The patient is put on urinary antiseptics and the kidney pelvis involved is irrigated with an appropriate antiseptic solution. Only as a last resort is the kidney removed

Bilateral double kidney we have seen once. All four pelves were infected and on the right side the upper pelvis and lower communicated with each other. This case has been reported by Drs Kingery and Kirwin

Other malformations, such as fused kidneys of various sorts are important and recognized by pyelography

An important congenital lesion of the kidney from the surgeon's viewpoint is bilateral cystic kidney. Three cases have been met with in our clinic since Christmas and a beautiful specimen



FIG. III Picture of wax model of polycystic kidneys (Dr Pool's case)

presented to us by Dr Pool of the general surgical service, and of which our artist has made a



FIG. IV Pyelogram of polycystic kidney, showing typical cupping of the distorted kidney pelvis due to encroachment of the cysts upon it.



wax model This condition presents a typical pyelographic picture which is unmistakable The treatment of polycystic kidney is never nephrectomy Ordinarily the less done to such a case the better In case of grave abscess formation in such a kidney nephrotomy and drainage may be performed as a last resort

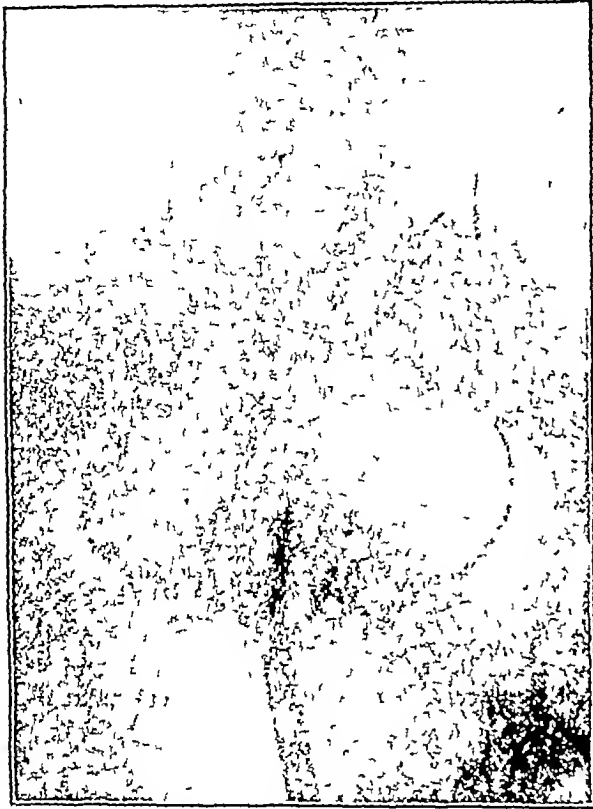


FIG V Congenital stricture of ureteral orifice, resulting in dilatation of the lower end of the ureter Easily cured by slitting the orifice by means of the operating cystoscope.

*Abnormalities of the Ureter*—Stricture of the ureter is more liable to be of infective origin than congenital, although the latter unquestionably does occur The best example of the congenital form is stricture of the ureteral orifice of which we have several cases The treatment is universally successful and consists of merely incising the ureteral orifice with the small scissors through an operating instrument

*Abnormalities of the Bladder*—The abnormalities of the bladder which are of most importance are, extrophy, incontinence due to congenital sphincteric deficiency, double bladder, hour-glass bladder, etc

Surgical intervention in extrophy is of two sorts The commonest procedure is to transplant the ureters into the large intestine at different sittings The mortality from ascending infection of the kidneys is high It seems to be more fa-

vorable in children than in adults The other procedure is the reconstruction of the bladder and penis, which is always a complete epispadias.

*Abnormalities of the Urethra.*—These are so varied and interesting that one could fill a large volume in their discussion Two cases that have come to the author's attention are deserving of mention

*A Case of Complete Epispadias with Incontinence of Urine*—Patient. J L C, Jr, six years of age, walked into the hospital in good health Well developed and nourished boy, with negative clinical history, presented a congenital deformity of penis with all characteristic symptoms of a typical pubo-penis epispadias in the third class or complete epispadias with incontinence

The little patient had worn a diaper for the past four years and had history of very little control of urine, that is, he knows when he wishes to void, but is unable to control urine

Patient was examined carefully X-ray picture was taken before introduction of the catheter, and after the introduction of No 14 F catheter into the bladder, about fifteen c c silver iodide solution was injected into the bladder and X-rays taken

This X-ray examination of the bladder before and after cystogram shows considerable separation in the symphysis pubis The injection was not definitely opaque, but faintly showing, suggesting an abnormally low location of the bladder

Patient was examined under ether The corpora cavernosa were noted as a huge mass inferior to the urethral opening, which latter consisted of an infundibulum-shaped passage just above the corpora extending into the bladder

The foreskin consisted of a loose tab of skin lying underneath the corpora and without particular shape or form and recognized by its consistency Both testicles are descended and present in scrotum No hernia, no other deformities made out The kidney function was tested by p s p reaction Both kidneys had good function and good concentrated amount of phthalein made out

The first operation done on this case was done on May 6th, 1922, under gas-ether anæsthesia The first stage of the operation was the suprapubic cystotomy accompanied by dissection of the bladder neck

Patient in dorsal position, incision in midline as usual for cystotomy Bladder exposed and peritoneum stripped back as far as possible This was done with considerable difficulty owing to the fact that in a child of this age the peritoneum is more adherent and reflected lower than in older individuals

Peritoneum noted as particularly thin Blad-



der opened in midline and contents evacuated. A small rubber catheter which was previously introduced into bladder was identified.

Digital examination of the vesical neck showed it to be moderately relaxed, presenting roughly a triangular form and the tip of the index finger could easily be inserted into the orifice. The bladder was previously found to contain about six ounces of fluid.

The bladder was mobilized from its attachments anteriorly and freed up as far as its attachment to the symphysis. The vesical neck was divided superiorly and a wedge-shaped piece excised and then a through and through suture of chromic gut passed through with a boomerang needle tightening the sphincter. It was noted



FIG VI Picture of wax model of repair of congenital epispadias with incontinence of urine. Penis is entirely reconstructed and patient has good control

that following this compression the catheter could be withdrawn with moderate difficulty thereby indicating a moderate increase in constriction as the result of the procedure.

The bladder wall was sewed up in the midline and a rubber cystotomy tube sewed firmly in position. The muscular tissues were loosely approximated with plain gut interrupted—fascia with chromic and skin with interrupted silkworm gut with a rubber tissue drain inserted in the space of Retzius.

*Second Operation*—One month later, after period of suction drainage, the second operation was done under gas ether anesthesia. The operation consisted in the plastic repair of the congenital deformity of the penis.

Usual picric acid preparation of skin and genitalia. The suprapubic opening made at the previous operation was noted as almost closed. This

was enlarged slightly and fitted with a close-fitting rubber tube with an accompanying smaller enclosed tube for suction drainage. A tight connection was made between this outer tube and the skin so as to insure adequate fixation for the tube giving ample opportunity for permanent drainage.

The penis was then put on a stretch and the urethral mucosa was represented by a long funnel-shaped arrangement of tissues. The lower portion of this extended to the glans penis, mucosa incised and blunt separation made between this mucosa and the tissues just inferior to the symphysis. This was stripped back for a distance of about one and a half inches until the external sphincter fibres which were well defined were made out. These were tightened around the urethra in a criss cross fashion with sutures of plain gut. A grooved director in the urethra during this procedure gave indication of amount of tension and increased sphincteric action exerted by these sutures.

The urethral mucosa on the lower aspect of the urethra was then separated at its most external portion from the underlying corpus cavernosa and denuded until the entire corpus could be picked up between the index finger and thumb. Separation was partially accomplished on the opposite side but at this point a moderate amount of union between the urethra and corpus was left intact in order to supply vascularity to the newly formed urethra and urethral mucosa.

The freed surface of mucosa on the right side was then turned over a grooved director and united with the freed edge of the opposite side with sutures aimed to approximate the healing surfaces. The glans penis was partially incised and its outer edges brought together forming a new meatus. This closure was effected for a distance of two inches.

The corpora were then united superiorly over the newly made urethra and this line of sutures reinforced. Union of skin surface was accomplished covering over the entire organ.

A small dead space at the root of the penis just inferior to the symphysis was closed with buried sutures of silkworm gut and an attempt made to obliterate this space insofar as possible. A small rubber tissue drain was packed gently into the upper portion of the wound at this point. A catheter was then passed into the bladder and found to meet moderate resistance throughout the entire urethra. The presence of the grooved director in the urethra throughout the union of the mucosa prevented any of the sutures from buttonholing the urethral mucosa.

The entire area was then carefully cleaned with alcohol and wet alcohol dressing placed on the row of sutures. A gauze dressing was reinforced with an overlying dam of rubber tissue which was then sealed to the skin by collodion.



It was observed that the suprapubic drainage by suction worked well and there was no leakage observed into the wound

*Third Operation*—Patient recovered pretty well from this operation and three weeks later a third operation was performed to attempt the reconstruction of the anterior urethra, which had partially broken down. Under gas-ether anaesthesia, incision made on either side of the corpora cavernosa and the union of the two corpora was again attempted. The suprapubic drainage by suction was left in position and after three weeks the patient went home.

*Fourth Operation*—Later, about one month, the patient returned, and another attempt to reconstruct the anterior urethra was made.

This time, as before, this was not very satisfactory on account of the stitches loosening and the outer portion of the urethra broke down due to pressure. The glans penis was deeply incised.

*Fifth Operation*—Three weeks later further attempt to reconstruct the anterior portions of the urethra was made. This time the glans penis was split entirely through and apparently prevented its healing and exerting pressure whereby the wound was broken down. In this last operation a perineal drainage tube was inserted in order to keep the upper portion of the reconstructed urethra dry.

The patient at the present time is entirely cured and his condition is very satisfactory. The sphincter shows signs of successful reconstruction, the patient has better control and incontinence is not observed.

J. M., aged three and one-half months, was admitted to the department of pediatrics at Bellevue Hospital on July 30, 1913, as an urgent case. He had a temperature of 105 degrees, and died a few hours after admission, with oedema of lungs. The only history obtainable was to the effect that the child had been ill for a few days only, and the mother had noticed nothing unusual about its micturition.

*Autopsy Was Performed*—In the dilated posterior urethra are observed a number of prostatic duct openings. The verumontanum is peculiar in that six small bands are seen extending from the apex of the trigonum vesicae to the largest portion of that structure, where they seem to become imbedded in and form an integral part of it. At its widest portion, the verumontanum measures 3 mm. At this same point it is 3 mm in height. At its lowermost portion, a particularly interesting arrangement is noticed. Ordinarily the verumontanum, which is formed by the ingrowth of the Mullerian and Wolffian ducts and their accompanying muscular coats, as described previously by the author,<sup>1</sup> becomes smaller and smaller at its lower portion

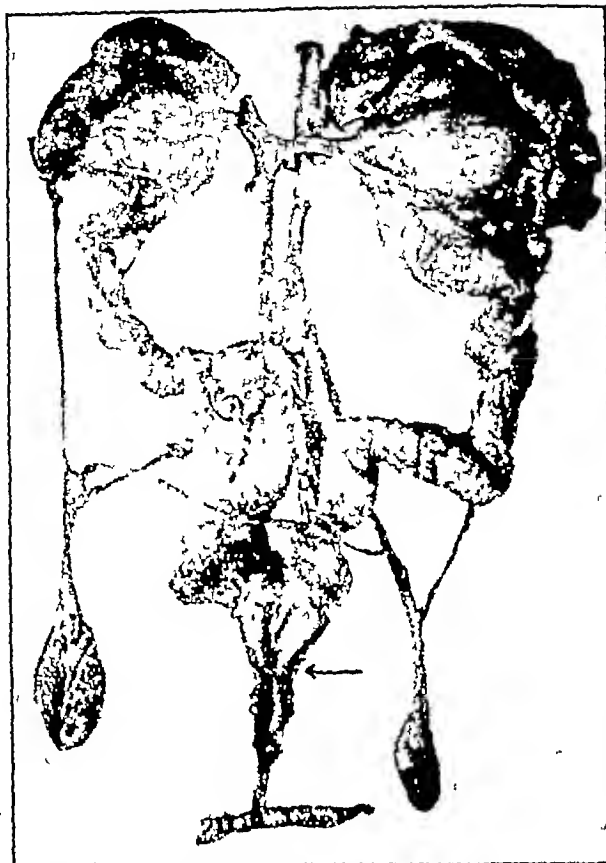


FIG VII Congenital stricture of posterior urethra, resulting in bilateral hydroureter and hydronephrosis. This condition could have been easily repaired by merely passing a small sound, which would have ruptured the diaphragmatic membrane which sealed off the posterior urethra. Site of stricture marked by arrow.

where its fibres, about 1 cm below its upper end in a specimen of this age, finally disappear by spreading out on the floor and sides of the urethra in from 2 to 6 strands, some of which attach themselves to the walls. In this case some of the tissue of the verumontanum is disposed in the usual way, but a considerable portion of it continues down to the membranous urethra, where it divides into two portions and then attaches itself intimately to the entire urethral circumference with the exception of a very small slit-like opening on the floor of the urethra, just to the left of the median line which is lined with mucous membrane and could be penetrated with a fine probe.

The manner in which the division into two rather thick membranous bands occurs, and their attachment to the entire circumference of the urethra with the exception of a small aperture on the floor to the left of the median line, and also the fact that the entire structure is more or less dome-shaped, make the term "diaphragm" seem most appropriate in referring to this anomaly. Almost complete obstruction to urinary outflow is caused by this unusual arrangement.



Below the point of blocking, the bulbous urethra is considerably dilated.

There is a very large hydrocele of the right cord. Both testicles, the vasa deferentia, seminal vesicles, and the prostate are normal in appearance.

**Urethra.** The dilated prostatic urethra is lined with epithelium of the transitional type, resting upon a felt-work of fibro-elastic bundles under which is a thickened submucosa. The verumontanum is interesting in that, by the use of Van Gieson's stain, it is observed that while there is a sprinkling of muscular elements throughout it is at its lower portion made up mostly of connective tissue fibres. It is quite vascular throughout its entire length the vessels being rather more numerous and considerably larger than is usually the case. Cross section at the point of obstruction shows a very small slit-like lumen lined with stratified epithelium, resting on

a felt like base under which is a very thick submucosa. Surrounding this there is an exceedingly extensive area rather densely arranged, made up of connective tissue and smooth muscle fibres. There are a number of dilated vessels quite thickly scattered throughout this tissue.

This entire condition if recognized early could have been cured by merely dilating the posterior urethra in order to allow drainage.

#### REFERENCES

- 1 Dorland, W. A. N. "A Consideration of Renal Anomalies," *Surgery Gynecology and Obstetrics*, vol. xiii pages 303-319
- 2 Piersol G. A. *Human Anatomy* J. B. Lippincott & Co., 1908 vol. ii, page 1887
- 3 Piersol G. A. *Human Anatomy* J. B. Lippincott & Co., 1908 vol. ii page 1887
- 4 Piersol G. A. *Human Anatomy* J. B. Lippincott & Co., 1908, vol. ii page 1887

### EPITHELIOMA OF THE TONSIL \*

By LEON H. SMITH, M.D.

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**M**Y brief remarks this afternoon concern the clinical study of 40 patients afflicted with epithelioma of the tonsil and adjacent structures. There is possible source of error in the far advanced cases as to the primary site of disease, whether it be the tonsil proper or the pillar. The border line base of tongue types are not included in our study. Sarcomata are not considered. These patients were all treated at the State Institute for the Study of Malignant Disease, Buffalo, New York. Each patient admitted has a personal and medical history, general physical examination, Wassermann, which is repeated if doubtful, biopsy, complete urinalysis, blood count and chemical blood as the occasion demands.

Obviously it is not within the scope of these few cases to attempt formulation of criteria of radiation therapy from the viewpoint of the radiologist. However the clinician, after all is the one who expressly desires to be informed as to what can be offered his patient. Unfortunately but little attention has been centered upon tonsil malignancy, being generally considered a rare clinical entity and usually classified under mucous membrane neoplasms of the oral cavity.

Historically we find the first scientific publication on record was in 1812 by Baile and Cayol of

Paris. These authors differentiated the scirrhus or indurated type from the soft ulcerated condition. Since that time the names of Lambert, Newman, Hess, Delavan and others have been associated with tonsil malignancy. The more recent literature has been limited to isolated case reports with the exception of a comprehensive resume of the subject by Mathews in 1911 of Mayo Clinic and a discussion and review of methods of treatment by Quick of New York Memorial Hospital in 1922.

There is a frequency which deserves our attention although it is quite possible that few of those present have ever met with many malignant tonsils, especially in private practice. Of the 3,000 malignant patients treated at the Institute we have a record of 45 proven cases by biopsy. Laryngeal epithelioma commonly considered much more prevalent has not shown this to be true in our small series. We have 50 case records of laryngeal malignancy. Five case records have not been studied, three of these were not admitted for treatment because of their utter hopelessness and advanced moribund condition, the other two have incomplete follow-up records.

Cancer is at all times a live medical problem and from early times identified as an incurable and fatal disease. Much of the ancient history and literature reflects considerable light on this prevalent disease. About the year 800 B. C. we find in

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India extirpation of the new growth with the subsequent application of salve to prevent recurrence as the prevailing treatment. Later cautery was used particularly for its hemostatic effect. Arsenic paste came with the Renaissance. It is most interesting to note that in 1773 Peyrille won the Dijon Prize for stating that not only was it difficult to cure cancer but equally difficult to define it.

One should consider cancer as a definite clinical entity, part of the individual and not one disease but a combination of diseases which attacks each individual in a different manner and may vary from time to time in the same individual with no recognized etiological factor.

Schonholz considers cancer under three periods of life:

- 1 Disease existent unknown to host
- 2 Patient confronted with symptoms
- 3 Time consumed by the physician in diagnosing and instituting treatment

We have no means at our command to attack the first problem. The second phase must be controlled by education of the public at large. Cancer Week is but a recognized outgrowth of the due necessity of an early recognition of this prevalent disease and this holds true particularly in tonsil malignancy where the symptomatology is not only early but the part most accessible. We as physicians are most concerned with the third phase as not only is it a question of professional reputation but the means of alleviating if not the saving of our patient. An early diagnosis is absolutely essential in this work.

All patients presenting themselves for diagnosis and treatment are classified into four groupings, which is purely arbitrary and schematic, being often a question of personal equation, yet it is the only method by which we attempt to check up the progress and results of our patients. It is not with forethought to cover faulty technique or offer an alibi for failures that patients are so classified but rather to determine the activity of any given method of treatment.

Group I New growth confined to tonsil. General physical condition excellent.

Group II Early cervical metastases. General physical condition good.

Group III Metastases well marked. General physical condition poor.

Group IV Hopeless with advanced toxic cachexia.

A brief study of case records reveals the following:

Sex incidence Male 36, Female 4

Age Varied from 28 to 82 years with the average age 55. Approximately 60 per cent oc-

curred during 5th and 6th decades of life. Bryant reports youngest case on record, male 18.

Previous Medical History Only 12 patients admitted previous attacks of sore throat or tonsillitis.

#### Habits

a Tobacco factor most prevalent 75 per cent excessive

16 used excessive amount of tobacco

11 excessive pipe and chewing combination

6 moderate use cigars and cigarettes

3 did not use nicotine in any form

b Dental element 50 per cent carious teeth

10 marked dental caries

7 moderate dental caries with pyorrhea associate

3 upper and lower plates

Others not remarkable

Venereal History 2 patients had positive Blood Wassermanns. Both of these cases did poorly from the onset, one being in Group I and the other in Group IV.

#### Chief Complaints

1 Sore throat and discomfort 50 per cent at least

2 Enlarged cervical nodes with no throat trouble 6 cases

3 Pain in ear as only complaint in two patients

4 Difficult swallowing was only complaint in one patient

5 Dysphasia occurred only in far advanced cases in cachectic stage

It is noteworthy that at least 60 per cent of patients were classified into Groups III and IV. The duration of symptoms varied from two weeks to 14 months before admission. The vast majority of the cases classified in Groups I and II had symptoms dating between 2 to 3 months while those in the later cases were between 4 to 6 months. Three fulminating cases appeared in the operable cases. Less than 25 per cent of the patients admitted were biopsied. An effort was made to ascertain the period of time lapsing before the physician sent the patient to the Institute for treatment. During this time no treatment was given except mouth washes or local application of mild caustics.

No. of Patients	Duration of Symptoms
2	1 month
1	2 months
2	3 months
2	4 months
2	6 months



## Admission Groupings

- Group I 4 cases
- Group II 10 cases
- Group III 14 cases
- Group IV 12 cases

From such an arbitrary classification it can be readily seen that over 60 per cent of our patients are in the late operable and inoperable class which is a great factor in treatment

## DIAGNOSIS

A proper biopsy is performed on each patient. It may not be amiss at this time to mention several precautions regarding this minor procedure. Before removing tissue for histo-pathological study it is well not only to inspect the tonsillar region posterior, pillars, lateral pharyngeal wall, base of tongue and floor of mouth but to gain further knowledge by direct palpation. This method is most valuable in determining the degree and extent of infiltration. A small section is desired from the most suspicious area. It is unwise in the presence of dental caries or oral sepsis to remove a large section for diagnosis. The element of secondary infection within the oral cavity is a very potent factor and its presence greatly inhibits radiation therapy. I personally use small bone ronguer with sharp edges or the usual ethmoid punch. Always follow with abundant alkaline mouth washes to minimize added infection.

**Case Report.** A prominent jurist of this state had a large section of tissue removed from right tonsil and anterior pillar six weeks prior to consultation. Pathologic report was mucous membrane epithelioma. The amount of secondary infection when I first saw the patient simulated an active Vincents Angina. The patient was in good health for his active life of 62. No further section was advised in view of his sepsis and discomfort. Placed on alkaline mouth wash and had him report in two weeks. At this time his sepsis had quieted and a small section from anterior pillar reported as inflammatory. However the induration was suspicious, his Blood Wassermann repeatedly negative, and in view of his history 512 m.c. hours of radium emanations were embedded into tissue proper with the new radium pack to cervical regions. The patient did poorly after one week and during the post therapeutic period it was quite evident that the trauma or mutilation of tissue at first section had only driven the cells to deeper areas. The patient eventually died from hemorrhage following erosion of oropharyngeal vein. A section prior to terminal event reported active epithelioma.

A positive histo-pathological section is characterized by large flat epithelial cells in 90 per cent of this series. It is very rare to observe pearl formation and we were fortunate to have one.

Clinically, we must rule out the possibility of

gummata, tuberculoma, benign neoplasms as papillomata, sarcomata, Vincents Angina, etc. While the age of the patient is basic, the appearance of the lesion varies considerably, either broken, infiltrated tonsillar surface with tendency to irregularity, or ulcerating, fungating surface covered with some slough surrounded by an infiltrating, hard border. In the latter type bleeding is much more profuse. Never overlook the fact of coexistence of syphilis or tuberculosis with cancer. After all is said, the best reliance is the microscopical section under proper conditions.

## TREATMENT

In the earlier patients we resorted to frequent X-ray treatments as known in those days, not the high-powered machine. The results were in a vast majority unsatisfactory. Some of the early operable types showed retrogression of the neoplasm and improvement in the general condition of the patient but this was only a matter of few months, temporary. All the fungating, ulcerative types made little progress and the patient gradually went downgrade. The cervical metastatic nodes were reduced 50 per cent when oral sepsis was at the minimum and the general condition was favorable. The hopeless type case was in reality made worse in many instances even though the dose was small.

During the past three years we have progressed in the number of patients relieved or clinically well by a "combined method of treatment." Radium emanations in glass beads are inserted or implanted into the growth direct where they remain to slough out or become encysted.

In order to wall off the cellular activity and migration we apply either deep X-ray or the new radium pack to cervical regions. The greatest lesson is to respect the element of secondary infection not only locally but also its influence upon the general physical condition of the patient. In my opinion the presence of an active sepsis is an absolute contraindication in any inoperable as well as some borderline cases for either radiation or radium treatment. I have observed to some extent that deep X-ray causes less untoward reaction than radium in the presence of secondary infection. Whether other men interested in this field have observed this I cannot say. It is a question whether it is advisable in the early case and most favorable one for a clinical cure to subject the lymph channels and nodes to repeated radiation as we may destroy too much of nature's protection. Often it is difficult to decide definitely the nature of the cervical enlargement, whether due to products from radiation locally tonsil infection deposit of active cancer cells or combination of same.

There is no one method of treatment as each case is a case unto itself and no dogmatism can produce results. The general care of the patient is



essential, general hygiene, diet, rest and above all the proper psychological status, all aid in accomplishing the end result. Up to date our results have not been startling but this is quite consistent when the majority of the patients were well advanced before treatment was instituted. Of this series 23 patients received combined treatment, 5 fractional radiations and 12 radium packs. Three patients are clinically well and performing regular duty for 2 to 3½ years. Many others are doing their work although the new growth has not disappeared and cervical metastases are palpable.

It suffices to state that surgery to date has not offered the patient much hope, the radical operations are attended with a high operative mortality, recurrences are common and a new field must be exploited. Serums, vaccines and detailed surgical statistics will not be considered at this time.

In placing the radium beads or seeds into the new growth particular attention must be directed toward the anterior pillar with its relationship to the tongue and floor of the mouth as well as to the base of the tongue, which is rich in lymphatic supply and extends to lateral wall of the pharynx. It is not uncommon to have the growth completely destroyed and healed for several months to find to your chagrin that cellular activity has taken place at these two sites. Secondary involvement of the tongue was noted in four patients, lateral pharyngeal wall was involved in three patients. The most resistant are the fungating growths which extend from tonsil inferiorly invading the base of the tongue. The centre of the lesion is free from cellular activity while the border shows

marked undermining and heaping. This heaping in many instances has resisted the most intensive dosage and would invade the floor of the mouth and eventually the cheek. We treat the cervical nodes most conservatively and do not resort to radical dissection en bloc. Our cases are too few at present to test the wisdom of this action but we hope to use the deep X-ray in such a manner to block off lymphatic chains.

Seventeen patients have died, 8 from hemorrhage, usually venous structures, 2 general sepsis, 4 suffocation due edema epiglottis and pharynx and 3 profound toxemia. A marked toxic cachexia was in male, age 38, who had a generalized carcinomatosis involving all the palpable nodes, this being a rather rare condition complicating a primary epithelioma of the tonsil. In Group II there are at present three patients with a favorable clinical progress. Group III only five patients showed any marked degree of permanent improvement, while in the last group none improved and many made worse by treatment.

#### Prognostic Values

1 Those patients with exception of fulminating type of disease whose duration of symptoms was from one to three months were favorable to treatment.

2 After three months more resistant to treatment while after six months were inoperable and most unfavorable.

In concluding my remarks I wish to plea for an early diagnosis, a more prompt institution of radiation therapy and thereby allowing greater activity in an attempt to secure an increasing number of clinical cures.

## HYALITIS OF INDETERMINATE ETIOLOGY

By JOHN J O'BRIEN,

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COMPLETE or partial loss of transparency of the vitreous humor is among the most serious conditions that the ophthalmologist is called upon to treat. At present there is not complete agreement on the anatomic structure of the vitreous body. There are two views<sup>1</sup>. The older one being that it is a semi-gelatinous structureless mass, while the later view is that it is a gelatinous substance the center core being fluid or nearly so with a definite lamellated structure and a limiting membrane. Benson<sup>2</sup> in 1894 called the profession's attention to a form that he named monocular asteroid hyalitis. Examined by the ophthalmoscope the vitreous was perfectly transparent but woven all through it, in their

various forms and shapes resembling the starry heavens, were innumerable smooth, fixed spheres of a light cream color. In the case cited by Benson the acuity of vision of the affected eye, when compared with the patient's other eye, was as good as the latter. The eye, however, could maintain a sustained effort only for a short interval. Argyll Robertson, of pupillary fame, presiding at the meeting when Benson reported his case, said that he had an exactly similar case except that the vitreous opacities were freely movable. Neither of these eminent ophthalmologists had any idea of the nature of these bodies. In 1921, Verhoeff<sup>3</sup> studied thirteen cases of asteroid hyalitis in his own thorough and complete way, and established to his satisfaction that



these bodies were not an excretion from other tissues but were primarily formed in the vitreous as calcium soap mixed with insoluble compounds of cholesterol and lecithin. Verheoff believes that the conditions requisite for the development of asteroid hyalitis is intraocular angio sclerosis combined with an altered condition of the blood.

Another type of hyalitis characterized by dust-like opacities was investigated by Straub.<sup>4</sup> He clearly demonstrated that these were leucocytes in the vitreous as were the deposits on Decemets membran in cyclitis. Straub injected the vitreous with pathogenic bacteria. These attracted leucocytes from the vessels of the ciliary body, the choroid and retina. There was no increase in the white cells of the latter. Then he injected the ciliary body when he found on sectioning the eye that there were no white cells in the vitreous but that lymph and corpuscles filled the vessels of the ciliary body itself. The deduction from these studies is that the infective material changed the cell reactions of the vitreous body making them chemotactic to the white corpuscles of the blood, and acted in a similar way on the ciliary body, choroid and retina. When Straub infected the ciliary body with T B bacilli and produced a granuloma, there were but few white cells in the vitreous, but there was a slight swelling of the optic nerve and the nerve cup was filled with leucocytes. This observation may be of much practical value, for in cyclitis a slight haziness of the optic nerve and swelling of the immediately adjacent retina is said to be nearly always present. These tissues are sensitized by the toxins of the cyclitis and become chemotactic to leucocytes.

Synchysis scintillans has also been long recognized, although the mechanism of its production admits of various hypotheses. The most accepted of these is that cholesterol crystals are present in a fluid vitreous. When the eye is moved the light reflected from the moving crystals resembles a shower of shining particles. Just how the cholesterol is deposited in the vitreous and where the crystals are actually formed—within or without the globe—awaits further investigation.

Another type of hyalitis, to which I invite your attention is quite common. It varies from the faintest haziness of the vitreous to absolute opaqueness. With the aid of most skillful laboratory technicians and commanding the most complete laboratory facilities and equipment, I have been unable to determine the cause of the hyalitis in the illustrated cases, and many others, to which I wish to call your attention. There was no injury in any of the eyes, and cyclitis, uveitis, iritis, choroiditis, retinitis, syphilis, tuberculosis, portal congestion and anemia were ruled out. In one of the cases there was, and had been for ten years, an extensive skin lesion of which the pic-

ture presented gives a very good idea. This had become so much a part of the patient's existence that she did not even mention it till discovered by the nurse. Whatever, if any, causal relation there may have existed between the dyscrasia from which the skin lesion followed, and the hyalitis must remain pure conjecture.

A female, age 60, had always been in poor health. Early in the Fall of 1922, her vision gradually dropped until she could neither read nor sew and the outdoors took on a smoky look. Her vision uncorrected was

R. 20/50-1 J 18

L. 20/100 J 0

Examination of the right eye showed a slight conjunctivitis, and position and movements of the globe normal. The cornea and media were clear, the pupil reacted to light and accommodation, the anterior chamber was normal in depth, the iris was a good color and free from new blood vessels, atrophy or increased connective tissue, the lens was transparent, the vitreous was somewhat hazy but free from opacities. The vessels, disc and retina were seen with a fair degree of clearness. They were apparently normal. The anterior segment of the left eye was the same as the right but the vitreous was so hazy that a good retinal reflex was all one could see. Under vigorous treatment the vitreous cleared sufficiently to make examination of the retina, disc and vessels fairly satisfactory. They were similar to those of the right eye. This improvement was, however, not permanent, the haziness reappeared and the vision again dropped. There was no improvement from subsequent treatment. Her teeth had been extracted, one or two at a sitting, many years ago, so apical abscesses and pyorrhea were eliminated. The blood and spinal fluid Wassermann were negative. A searching examination of the blood and urine disclosed nothing abnormal. Transillumination and X-ray of the sinuses were normal, as were the nares and pharynx. Examination of the nasal sinuses, at frequent intervals over a period of months, revealed no pus. Repeated refractions failed to improve the vision. It remained, as did the condition of the eyes, permanent, and the factor or factors underlying it has baffled our united efforts to unravel them.

A male, 69 years old, noticed in April, 1922 that his vision seemed dim, and that he could see better on dull than on clear days. His eyes had never been injured and at no time had they been inflamed. They were never red nor did he have the slightest discomfort in them. On September 5, 1922 his vision uncorrected was

R. 10/200 J 0

L. 10/200 J 0

Examination of the blood spinal fluid and urine showed nothing abnormal. X ray's of the



teeth and sinuses were normal. Close observation of the nasal sinuses at numerous examinations threw no light on the condition. There was no tonsillar tissue present and his general health and personal habits were exceptionally good. Examination of the right eye showed that the cornea was clear, media slightly hazy, the pupil active, the disc a solid white, physiological cup and lamina cribosa with increased connective tissue in the disc. The arteries were moderately sclerotic and the fundus was apparently normal. Examination of the left eye showed it to be the same as the right eye. Vision corrected was

$$\begin{aligned} R + 2.00 \text{ sp} &= 20/200 \\ L + 2.00 \text{ sp } ( ) + 0.50 \text{ cy ax } 0.90 &= 20/100 \end{aligned}$$

A month later the vision had dropped to 20/200 in each eye. This was his poorest vision, for by the end of November the vision had gradually risen with correcting spheres to 20/30. There has been a steady improvement for by February, 1923, the uncorrected vision was

$$\begin{aligned} R &20/200 \\ L &20/200 \\ \text{corrected by} & \\ R + 2.25 \text{ sp} &= 20/20-3 \\ L + 2.25 \text{ sp} &= 20/30-4 \\ \text{add } +350 \text{ sp} &= J 3 \text{ for each eye} \end{aligned}$$

The near vision, you will notice, is not so good as we usually get with this distant vision, for it is not uncommon in ordinary cases to get with this vision J 1.

The high points of this case are

- 1 The marked loss of vision
- 2 Its further drop under the treatment that brought about the excellent recovery
- 3 Failure of the laboratory to discover any abnormality in the blood, spinal fluid or urine
- 4 Failure to find a focus of infection in the mouth, nasal sinuses, nasopharynx or tonsils
- 5 Failure of a careful examination by a very competent internist to find any disease in any organ

On June 19, 1922, a woman, age 53, gave a history of being ill for the past three weeks with pleurisy. At that time she complained on and off of pain in her right forehead and adjacent temple. When this pain subsided, her right eye reddened. The eye had been annoying her for the prior three weeks, and at times she had had a feeling of discomfort in her left eye. The patient was a short, stocky, vigorous woman who had always enjoyed good health, except for psoriasis of more than ten years duration. The pain, discomfort and redness of her eyes were not periodic but came and went at any time. Examination of the right eye showed the conjunctiva quite red with no pericorneal congestion

or tenderness. The cornea and media were clear, the anterior chamber slightly shallow, the iris of a good color, it reacted promptly to light and accommodation. The disc, vessels and fundus were normal. There was a slight flushing of the conjunctiva of the left eye that was bleached white with adrenalin. In all other respects the eye was normal.

$$\begin{aligned} \text{The vision was} & \quad R \ 20/50 \\ & \quad L \ 20/20-2 \\ \text{The tension was} & \quad R \ 27 \\ & \quad L \ 30 \end{aligned}$$

Eleven days later there was but little discomfort in the right and none in the left eye. The latter was white but some redness remained in the right. July 13th—She had some pain in right brow and adjacent temple, and a little while later it moved into the right eye. The right eye became again intensely red, but there was no change in the tension, vision, pupil, media, vessels or fundus. Three days later there was again marked improvement, and the fields for white, red and green were normal. The condition steadily improved and the eye felt and functioned as well as ever. But on August 10th, the old pain in the old way and in the old place returned and the eye again became red. There was injection of the scleral vessels and the lids were edematous. There was no change in the anterior chamber nor iris, but the retinal reflex was lost and the vision was light perception. The acute symptoms gradually subsided but with no improvement in vision. She retired on the night of August 24th, feeling fine. When she awoke next morning she could barely see light and when I saw her the same forenoon the left eye was similar to what the right had been at the time its vision was lost. I sent her to the hospital where she was thoroughly examined by two internists who found nothing abnormal. One of these had been her attending physician for ten years. All the tests known to a modern laboratory were invoked but added nothing to my knowledge of the etiology. The hemoglobin, leucocyte count, red blood count, color index, differential count, Wassermann, blood sugar, blood culture, urea nitrogen, uric acid, nonprotein and creatinine were all within normal limits. As before stated, she had had, however, for at least the past ten years psoriasis covering nearly all her body, exclusive of her head and face. The accompanying photograph shows the extent and severity of some of the skin lesions. It is not probable that they had any relation to her eye condition for the latter was recent, the former an old story. At this time the patient became more or less irrational and had to be restrained. On September 1st, she was quiet and considerable vision had returned to her left eye, for she could see the dresser, the mirror and the flowers on it.



Her condition was unchanged until September 3rd, when at noon she lapsed into unconsciousness and two hours later passed quietly away.

In attempting to explain the loss of transparency of the vitreous it occurred to me that it may have been brought about in this way. Owing to the failure of one or more organs to function properly, or to an occult focus of infection, a poison is retained that ought to be neutralized or excreted. In some unknown way the vitreous becomes sensitized to this poison and is chemotactic to it. From this follow all the phenomena narrated with the now slow and again rapid clouding of the vitreous. That a chemical change takes place in the vitreous of the affected eye follows, for only one eye may be attacked while the poison has equally ready access to the other. So it seems as if there were at least two factors in these cases of loss of transparency of the vitreous.

First. A protoplasmic poison of unknown origin and identity is in the general circulation.

Second. In an unknown manner the vitreous is so altered that it attracts this poison and becomes chemotactic to it with loss of its transparency. The problem, then, is to accurately determine these factors. He who solves them will be of incalculable aid in treating disturbances not only of the vitreous, but of all the tissues of the eye, and may be of inestimable help to a clearer conception of disease in general and eye diseases in particular.

#### BIBLIOGRAPHY

1. Lister *Trans International Congress of Ophthalmology* 1922.
2. Benson *Trans Ophthalmic Soc U Kingdom* p 197, vol xxv 1894.
3. Verhoeff *A J O.*, p 155 1921.
4. Straub *Trans Ophthalmic Soc U Kingdom* p 60 vol xxxii, 1912.

### NEWER POINTS IN COLITIS THERAPY\*

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RECENT biochemical studies in the diagnosis and treatment of intestinal intoxications<sup>1</sup> have given us new insight into that much misunderstood and all too common condition which we call chronic colitis. Although today there is practically unanimity of opinion that bacteria play the major role in the causation of colitis the newer laboratory investigations lead us to believe that enhanced toxin production through bacterial activating agencies is the basic factor responsible for the pathology and symptoms characteristic of this disease. The frequency with which histamin is found in chronic colitis and the extraordinary physiological reactions produced by this amine leads to the conclusion that it may be the specific factor in producing colitis. The work of Manwaring, Monaco and Marino<sup>2</sup> leads us to infer that the mucus discharge from the colon is an explosive edema due to the absorption of histamin. This extraordinary tissue reaction induced by histamin suggests the possibility that several misunderstood disease entities such as rhinorrhea, bronchorrhea, leucorrhea, 'catarrh' of the stomach, gall bladder or urinary bladder, retinal or cerebral edema may be due to this same cause.

Tissue infection such as intestinal ulceration or mesenteric adenitis is probably a secondary stage and the result of edema and lowered tissue resistance produced by histamin. Bacterial activation, therefore, by sugars and intermediary

products of proteid cleavage is the fundamental factor and the one at which our therapeutics must be directed. If the condition were due to an infection we would expect a fibrinous exudate with leucocytic destruction and other constituents of inflammatory exudation. But these are conspicuous by their absence. The most chronic cases may show nothing more than a dilated gut with a thin or atrophied wall, or hard, ropey segmental contractions. Scattered throughout are to be seen localized areas of congestion. Toward the sigmoid region small varices may be seen which are undoubtedly the source of the blood which we occasionally see in colitis. The entire mucosa in long standing cases is usually injected, thus presenting a wide surface for the absorption of toxins into the blood. These poisons reach the neuro-circulatory structures of the organism, the cerebro-spinal and splanchic tracts and thereby explain most of the symptoms present in colitis. The "secretory neurosis" explanation of the disease must be discarded, and again re-emphasizes the fact that as our knowledge of pathology increases the number of diseases to which a neurotic origin has been ascribed steadily decreases.

The onset of colitis is so imperceptible and insidious that it is easily overlooked and is not discovered until its chronicity is fairly well established. Constipation sooner or later develops, and then it is that a life of intestinal invalidism or of colonic rectitude is started, depending on



the corrective measures adopted for its alleviation. Mechanical irritants such as fecal scybæ or an over residuized diet, chemical irritants introduced into the bowel in enemas and irrigations, and the abuse of cathartics are factors which prepare the soil for better bacterial proliferation and implantation.

One of our greatest clinicians<sup>3</sup> of a decade ago poignantly remarked that "It is to be hoped that but few physicians will be called upon to treat a case of colitis at the outset of their career, for if so, they will be apt to think that they have made a serious mistake in the choice of their life calling."

In the treatment of colitis our efforts must be two-fold, first to correct the toxæmia, and secondly, to rectify the pathology. The former is accomplished by the biochemical regimen outlined *infra*, the latter by physical agencies such as diathermy and hydraulic dilatation. This latter method is easy of abuse. We justly can criticize the haphazard use of the enema, plain or unscientifically medicated. In atonic conditions overdilatation of the already relaxed, inelastic colon or the application of irritating or corroding chemicals such as are so recklessly used by present day faddists and lay irrigators can do irreparable harm. In spastic conditions, however, adhesions may be stretched or broken up and spasms counteracted in a manner analogous to the dilatation of strictures in the urethra, œsophagus or pylorus. Carefully executed hydraulic dilatation has a definite place in the treatment of colonic spasticity so often the cause of symptoms in colitis.

The advantage of normal gastric secretion as a factor in the prevention of intestinal intoxications has perhaps been insufficiently emphasized. The action of the free acid of the gastric contents either destroys or checks the multiplication of pathogenic bacteria, as has been repeatedly demonstrated by different investigators. Hence it stands to reason that virulent organisms draining into an achylic or hypochlorhydric stomach from tooth, tonsil or sinus, and those carried in contaminated food, readily gain entrance to the intestine and there are subject to the activating influences to be discussed later. Every case of colitis should therefore have a gastric analysis, and wherever there is an acid insufficiency, some preparation of hydrochloric acid should be given to both assist the cleavage of proteid and to inhibit or destroy bacterial activity. The stomachs of colitis patients are usually dilated and ptosed, the gall bladder often pathologic, and the small intestine the seat of disturbed innervation and perverted secretion. Hence our therapy must be an inclusive one, else our patients and our reputations may suffer immeasurably.

Colitis is a far more frequent malady than is commonly thought. In 315 routine stool examinations of patients suffering from some type of

chronic illness mucus was found in 227 cases in large amounts. Only cecal specimens show the real colonic pathology which undoubtedly accounts for the many discrepancies in fecal reports and expert opinions. Rectal specimens from constipated people are alkaline, thus causing solution of the mucus and a great reduction in bacterial volume due to d'Herelle activation in the lower colon. The modern toilet gives the individual little opportunity to notice his evacuation, hence a colitis may often reach a severe stage without the patient being aware of copious amounts of mucus in the stool.

The writer has come to look upon the presence of mucus in the stool, no matter whether in gelatinous or membrane state, and no matter how little in amount, as of pathological significance. Although the intestinal tract is lined with goblet cells which are constantly discharging mucus into the fecal mass, all the mucus normally disappears by going into solution when the cecum is reached. This can be readily shown by adding acetic acid to a watery extract of the stool. Now in order to form membranes the mucus is precipitated by a ferment which Roger<sup>4</sup> and River<sup>5</sup> and Tremolieres have identified and named mucinase. This ferment is formed when an inflammatory condition of the mucous membrane exists. These same investigators found that bile salts had an inhibitory action on the production of mucinase. They likewise found that in chronic colitis biliary secretion was sub-normal.

There is no class of patients as indifferently treated as the chronic colitic. His symptoms usually are not severe enough to prevent him from following his vocational bend, but he does it under difficulties. Surely if a focal infection in tooth, tonsil or sinus can produce serious metabolic disturbances, how much more extensive should be the physiological derangement where the quantitative production of toxins is as marked as it is in chronic colitis. And yet, patients, because of the ambulatory nature of their condition, are very loath to give as much time or attention to their colitis as they would if they were suffering from a hæmorrhoid, a fistula or chronic appendix. And I am confident that the underlying cause of colitis is responsible for more disturbances of the heart, kidneys, arteries or nervous system than any other condition.

The treatment of colitis should never be undertaken without a careful physical survey for localization of infective foci, a thorough gastrointestinal series, proctoscopic examination and a comprehensive feces study. Many cases of diverticulitis, polyposis, early malignancies, pressure necrosis, kinks, etc., which may simulate colitis symptomatically and otherwise are thus excluded. By following this rule true colitis cures would be more common than they are. A fluoroscopic examination of the colon with the patient recumbent gives us, by watching carefully the



rate and character of the barium inflow, much valuable information as to motor activity and pathological anatomy. And right here I wish to make a plea for the more general use of the proctoscope and sigmoidoscope in the study of our cases. Amœbic and simple ulcerations, inflamed crypts, and intestinal or prostatic neoplasms are frequently disclosed which otherwise would be overlooked. At this point, though somewhat irrelevant, the writer wishes to direct attention to the frequency with which dermatological lesions are associated with mucosal pathology. Which is cause and which is effect it is often difficult to determine. The writer has seen mucosal pathology of the colon in early syphilis, psoriasis, acne, and urticaria. I believe that many dermatological lesions have mucosal counterparts at some stage of their development. Embryologically, this would seem reasonable.

A careful feces examination is a prerequisite to colitis therapeutics. The reaction, amount of mucus, evidence of pus, blood or blood coloring matter, presence of intestinal "fauna" (amœbæ, helminths or their eggs), all give positive or negative evidence of extreme value. When it comes to a study of the intestinal flora we are entering a practically unexplored field, in spite of the splendid investigations of Herter, Kendall, Rutger and others.

The present tendency in fecal work, owing to the infinite types and strains of bacteria in the human stool, is away from the specific identification of these types. Aside from the Shiga bacillus and possibly B. Welchii, the other Gram positive organisms are apparently of little pathological significance. The Gram negative organisms are the chief toxin producers. The study of their various toxins, and of their physiological effects, have attracted the attention of some of our keenest pathologists and clinicians.

Neuberg<sup>9</sup> has shown that nearly all reducing substances act as yeast activators. Von Wasserman and Ficken<sup>7</sup> demonstrated the effect of such activating bodies in enhancing the production of toxic substances by intestinal bacteria. D Herelle<sup>8</sup> has discovered a bacteriolytic phenomenon of tremendous interest and potentiality for colonic therapeutics. Barger and Dale<sup>6</sup> demonstrated the toxic property of histamin, an amine from the amino-acid histidin, and its presence in the colon. Abel and Kubin<sup>10</sup> have shown that 1/200 part of a grain of histamin is lethal to a guinea pig in 3 to 5 minutes. Mellanby and Twort<sup>11</sup> isolated a Gram negative organism capable of converting histidin into histamin. Koessler<sup>12</sup> in 1919 showed that histamin is formed only in a highly acid environment and that the acid in question is formic. Connellan has repeatedly called attention to the presence of formic acid in stools and has demonstrated its toxic action on himself. Recently oxalic acid has been frequently found

in the feces of patients suffering from pathologic (Lieb<sup>13</sup>) states. Baldwin<sup>14</sup> has demonstrated the toxicity of oxalic acid in animals and man. Its elaboration in the colon has been shown to be due to bacterial activity. In 1921 Patty showed that the B. pyanocyanous produced HCN in fairly large amounts. This organism has been found in human stools on several occasions. It is a deadly poison, even infinitesimal amounts producing constitutional symptoms. Henriques<sup>15</sup> has shown that acetone can be generated in the intestines as the result of bacterial activity. In 1922 Renshaw and Fairbrother claimed they had found an organism which could break up starch with the formation of acetone and other substances. Berthelot and St. Danyss-Michel examined the feces of 32 persons not suffering from diabetes, and have not once found organisms which elaborate acetone from starch, but they found such organisms in 17 of 22 cases of diabetes.

In the writer's 227 cases of definitely diagnosed colitis the following findings are noteworthy.

Mucus. Amounts variable but always present usually copious.

Reaction. 185 strongly acid to cresol red, cresol purple and cresol blue.

Histamin present in 191 cases.

Oxalic acid present in 110 cases.

HCN 2 cases.

Histamin and oxalic acid together 84 cases.

From the foregoing there is some justification in likening the colon to a huge test tube incubating many types of bacteria. The analogy, however, is not an exact one, for activating media and new strains of bacteria are constantly pouring into this breeding chamber, toxins are absorbed from it and waste products pass out of it, both of which in test cultures have inhibiting effects on bacterial growth. It is, therefore, logical to conclude that in the majority of colitis cases the pathology is due to the action of one or more of these toxins exerting their irritant effects directly on the intestinal mucosa and indirectly through the production of a generally lowered tissue vitality or an explosive edema of the mucous membrane.

Hence, when it comes to treatment, general as well as local rest is essential for the quickest and best results. The patient as well as the pathology should be treated. Rest in bed in pleasant surroundings is important. A room in a hotel is preferable to a crowded hospital when cost is not a consideration.

For the average case of colitis the following dietetic regimen has been followed.

While taking the chemical clyster treatment



the patient adheres rigidly to a low residue and low nitrogenous diet. The restriction of proteid is suggested by the work of Harries, who shows that tryptophan absorption in the absence of indol producers may give rise to toxic symptoms, particularly hyperthyroidism. When *B. coli* are implanted low residue proteid is added, namely, white meat of chicken, fresh fish, sweetbreads, calves' liver, eggs and lactic acid milk. After the implantations the diet is so planned as to give a low residue breakfast and luncheon and a high residue, low starch and sugar-free dinner.

To produce the least amount of intestinal unrest a residueless diet (so called) should be given. Owing to the divergence of opinions once held as to the etiology of colitis it is not to be wondered at that both low residue and high residue diets have been advocated by leading authorities. The variable character of the disease, constipation often alternating with diarrhea, is responsible for this dietetic error. The recent routine use of the X-ray and proctoscope have elucidated the pathology of the disease for us so vividly that our common sense tells us that where inflammation and spasm exist there we must enforce stasis of the part and freedom from mechanical irritants. We have good reason to believe that the majority of cases of constipation, not the habitual type or that due to mechanical causes, are the result of a low grade inflammation or edema such as the explosive type produced by histamin in which Nature tries to enforce the principle of rest, but does so in a bungling fashion. It is the writer's firm belief that the modern tendency of the dietetic pendulum to swing so far in the direction of the high residue diet is greatly increasing the number of gastro-intestinal invalids in this country. Ulcer and colitis are unquestionably on the increase.

The high residue diet and the high sugar consumption per capita work together for harm, the former mechanically carrying the activating sugar to the bowel, thus enhancing toxin production. No matter how meritorious agar-agar may be considered in the treatment of colitis there is evidence to the contrary due to the sugar-carrying power of the agar. This sugar-carrying power may be used advantageously, however, if the indicated sugar is given. A contra-indicated sugar taken with agar alone can do no harm, for it is practically all absorbed before it reaches the lower bowel, but taken with a meal, especially a high cellulose one, or when hyperperistalsis is present, it can do harm. Agar-agar for this reason should not be taken during active digestion.

In severe cases of colitis jejunal feeding is often advantageous. Gastric rest allows that organ to regain its secretory function and contractibility, since the larger per cent of colitis cases have hypo-chlorhydric and hypotonic

stomachs. As one of the aims of treatment is to lessen peristalsis, jejunal feeding by negating psychic secretion and inhibiting gastric mobility prevents maximal peristaltic activity in the intestines.

Our therapeutic sheet anchor in the treatment of chronic colitis therefore is the rigid enforcement of gastro-intestinal rest. Fifty years ago Hilton<sup>16</sup>, in that much neglected medical classic "Rest and Pain," enunciated a medical principle which should be the basis of all cures. "Growth," says he, "is the antitype of repair, prefiguring the physiologic capabilities of existing structures to repair themselves. So intimate is the association between rest and growth as to make them appear, on a superficial view, to stand to each other in the relation of cause and effect. Accurate observation of the animal and vegetable world certainly reveals their perpetual co-existence, and growth, as a rule, seems to proceed, *pari passu*, with physiological rest."

The residueless diet in use by the writer in the treatment of extreme cases fulfills all the immediate dietetic needs of the patient. From two to three thousand calories of it are given daily. It consists of orange juice, butter (melted) or 40% cream, lettuce juice, gelatin 10%-20%, lactalbumen (as best tryptophan source), dextrin or lactose. These foods may be given together or separately at two hour intervals, eight times daily. Patients not only tolerate this dietetic regimen well but improve in appearance and feelings from the start. Some alkali, Vichy, Kalak water, or preferably Tribasic Citro-carbonate, to increase the alkali reserve of the blood, should be given along with this diet.

Jejunal feeding should be kept up from two to three weeks, after which a lacto-farinaceous diet with pureed vegetables should be allowed for two weeks, and the patient after this gradually placed on a general, well balanced diet. Milk acidified with lactic acid (one half drachm to the quart) should be liberally taken as a tryptophan source, which latter is an excellent biological feeding media for *B. coli* and therefore increases indol production.

Medicine has very little place in the treatment of colitis. Belladonna, gr 1/10 of the extract every 3-4 hours inhibits peristalsis and in very hypertonic cases, especially with colic, the drug does much good. In some cases benzyl benzoate acts much better than belladonna. Cathartics are obviously contra-indicated. Adrenalin should be given to practically every case of histamin intoxication, especially in hypotensive cases. The experiments of Kellaway and Cowell<sup>17</sup> justify this therapeutics. Bile salts also have a definite rationale in the treatment of colitis.

Diathermy, in the writer's experience, has proved to be a valuable help in treatment. According to Sampson<sup>18</sup> "The hyperæmia causes



(by diathermy) increased metabolism in the part by dilating all blood vessels opening up lymph channels, activating phagocytes, as well as increasing their numbers in the area, activates the enzymes and increases osmotic processes. The traveling through the part of such inconceivably rapid oscillations produces a vibratory effect upon each molecule. The inhibition of bacterial growth by the high temperature produced is inevitable.

With proper technique the patient can take from 800 to 1,500 M. A. for twenty minutes and feel the beneficial effects of the treatment for hours. It is really quite extraordinary what great relief this treatment gives to ulcer cases as well as colitis colicosa types.

The application of the mercury-vapor quartz light to the abdomen and back unquestionably is of value in treatment and has been used by the writer as an accessory treatment in a few cases of long standing colitis with apparent benefit. Orr<sup>19</sup> and his co-workers concluded that the ultra violet radiations which cause large amounts of calcium and phosphorus to be retained in the organs of rachitic infants affect absorption from the intestines. Experiments are now under way to determine whether the calcium deficiency which has been noted in many patients from whose feces oxalic acid has been extracted, can be corrected by light therapy. Cramer and Drew<sup>20</sup> have shown that the mercury vapor quartz light increases the blood platelets in the blood. It is a known fact that conditions which stimulate the production of platelets will check the development of certain types of bacterial infections.

The newer colitis therapeutics is primarily a bio chemical one. Although we have scarcely scratched the surface of knowledge pertaining to the bacteriology of the colon we have laboratory and clinical data obtained both through carefully controlled experiments and also through trial and error methods which look very promising. There is, of course even today, a wide divergence of opinion as to what constitutes a normal intestinal flora. Some months ago the writer sent a questionnaire to a selected group of internists and pathologists qualified to speak authoritatively on the bacteriology of the colon. The answers were, indeed interesting! The questions pertaining to the practicability of colonic implantations of bacteria and the rationale of the acidophilus or colon bacillus implantations respectively were answered very cautiously. The answers ranged from absolute derision of either method to complete enthusiastic acceptance of one or the other methods. Now, it seems to me that, for the enlightenment of many of the less favored members of the profession who, because of inadequate facilities or distance from research centers, must be followers and not leaders, this problem should be settled. Commercial laboratories and many physicians are enthusiastically vaunting the merits of the *B. Acidophilus*. The

yeast cell has apparently had its day! Careful laboratory workers here and abroad are giving to the much maligned colon bacillus attributes which if true, will revolutionize the treatment of pathologic colon states as well as endocrine, neurological and vascular disorders.

We are all entitled to an opinion. But opinions are often fallacious. An unbiased mind, carefully checked up laboratory investigations and a sufficiently large group of test cases are essentials for the proper evaluation of a therapeutic agent whatever it may be.

The writer has used the same non bacterial therapeutic methods in the treatment of colitis for nearly four years, and during half of this time acidophilus cultures both by mouth and bowel were used, and during the other half of the time *B. coli* implantations were given. In this way he has been able to clinically check up on the merits of the respective methods.

Those who have had a large experience in observing the effects of *Acidophilus* milk cultures in chronic intestinal dysfunctions must admit this form of therapy has some merit. Its corrective influence continues, however, only during the period of active consumption of this milk. From our studies of the biological requirements of *B. coli* we are led to believe that the role of *Acidophilus* milk is a secondary one, and can be explained as follows. Tryptophan is essential to the production of indol whose influence in the endocrine balances in the body has been recently brought out by Langdon Brown<sup>21</sup> and Harries<sup>22</sup>. Indol is produced by the action of *B. coli* on Tryptophan. In experiments by Connellan with the object of adding Tryptophan to *B. coli* cultures for implantation, the method was found to be impractical owing to the tremendous cost of this preparation. In searching for the best Tryptophan source it was found that lact-albumen contained this amino-acid in the largest amounts. Is it not logical to conclude therefore, that *Acidophilus* milk, owing to its production of lactic acid and consequently lact-albumen, may play a very important part in the activation and nutrition of *B. coli*? According to Hiss and Zinsser *B. coli* produce lactic acid when grown in a dextrin or lactose media. Experiments are under way to further elucidate these points. For over a year now the writer has been adding lactic acid (dram  $\frac{1}{2}$  to a quart) to milk in the dietary of most of his gastro intestinal cases for reasons indicated above.

In the writer's series of cases in which *Acidophilus* cultures were used, both rectally and orally results varied. While taking the milk many patients apparently improved, but directly the milk was stopped the symptomatology returned. Fecal smears and cultures showed a gradual diminution in the *Acidophilus* bacilli.



from the third to the eighth day until practically none could be found after that time, attempts at implanting *B. acidophilus* per rectum were invariably unsuccessful.

There is no doubt but that local and systemic disturbances can be benefitted by a transformation of the flora from a heterogeneous one to one in which the dominating organism is a non-pathogenic one. A diversified flora undoubtedly contains many pathogenic organisms whose identity and properties are as yet undetermined. The question arises in our minds whether by transforming the flora from the cosmopolitan type to the simplified type, we are not robbing the body of biologic influences of great moment. Very few studies with the *B. Acidophilus* have been made which throw much light on colonic bio-chemistry. On the other hand a large literature is growing up which gives to the *Colon Bacillus* a greater and greater role in maintaining normal physiological balances in the body.

For two years the writer has been using *B. coli* implantations in the treatment of colitis and the results have been exceedingly gratifying. He has justified this therapy through the work of Koessler, who showed that when *B. coli* are allowed to metabolize the amino-acid histidin, the toxic amin, histamin, is not formed. He also showed that histamin is only formed in an acid media. Connellan, in unpublished experiments, has demonstrated that the high acidity of certain stools is due to formic acid which is a product of bacterial action on certain sugars. Praks, Jollyman, Karazog and Schiff<sup>23</sup> have shown that formic acid is decomposed by colon bacillus with sodium formate as result. This in turn yields sodium carbonate through bacterial activity, thus normalizing the hydrogen-ion content. Connellan maintains that the high acid of the cecum inhibits *B. coli* growth, thereby removing an important factor as an obstacle to histamin formation. Langdon Brown<sup>21</sup> has shown that the colon bacillus splits off indol from the amino-acid Tryptophan and that indol is an endocrine activator. Harries<sup>22</sup> has demonstrated the influence of indol variations in thyroid pathology.

The following bio-chemical technique has been followed in conjunction with the accessory methods outlined above in the treatment of colitis.

Colonic lavage with two quarts of a half of one per cent solution of monohydrated sodium carbonate is given daily. This alkali has the property of "autolysing" all Gram negative bacteria<sup>24</sup>. It also activates the d'Herelle. If oxalic acid is present, 2% of Calcium Lactate is added to the solution. Two ounces of kaolin is added to the carbonate and lactate mixture. The kaolin has the property of making the histamin inert as well as a simplifying effect on the intestinal

flora<sup>25</sup>. It also has a soothing effect upon inflamed mucous membrane. Barium sulphate has a like action, as is evidenced by the feeling of well being experienced by chronic intestinal invalids during an X-ray series, but on account of its tendency to form scybalæ it is not as beneficial. The patients either take a low enema at home or in the office, after which the above colonic medication is administered. Two quarts by volume at a temperature of 110° F is allowed to slowly enter the colon. It is important that the medication reach the cecum and that the intestine be carefully distended to break up small adhesions, to stretch large ones and to relax spastic segments. The increased splanchnic circulation induced by a hot colonic clyster stimulates the lymphatic circulation and the vagotonic and sympathetic systems.

It is very extraordinary how quickly an injected or oedematous mucosa will take on normal characteristics under the above treatment, as revealed by proctoscopic examination. Usually from six to ten colonic treatments are necessary before bacillary implantations are given. The writer's method of implantations is to mix a heavy suspension of colon bacilli of known biologic reactions (which have been grown on hormone agar and washed off with salt solution) with two quarts of a dextrin-kaolin mixture at 98.6° F and allowed to slowly enter the bowel. The dextrin enema produces a favorable cultural environment and the kaolin anchors the *B. coli* to the intestinal wall. A suspension of *B. coli* is also injected into the rectum by means of a large syringe and reversed peristalsis depended on to carry the culture upward. Colonic implantations are often preceded by abdominal diathermy to induce gastro-intestinal rest and better cultural conditions.

Where difficulty is experienced in retaining the preparation, 1/200 of a grain of hyoscine hydrobromide is given sub-lingually at the beginning of treatment. If the patient experiences much gas as the result of the treatment, gtts V of the oil of peppermint added to the suspension gives much relief.

The colitis therapeutics above detailed must be used with discrimination. Standardized methods often lead to the grave, literally for the patient and figuratively for the physician. Each patient must be individualized. More therapeutic mistakes are made by carelessness on the part of physicians than by ignorance, more curative failures are the result of impatience and disobedience on the part of the patient than wrong diagnosis or treatment on the part of the physician. Earnest co-operation between physician and patient is pre-requisite to success. Full realization is necessary on the part of the patient that a condition such as colitis which has perhaps



existed for years cannot be corrected in a fortnight. And the physician must realize that in no other condition does infinite care to the minutest detail in treatment reward both parties to the contract so well.

### CONCLUSIONS

1 Colitis is primarily due to frequent or continuous bacterial activation in the colon with resulting toxin formation, histamin in particular. Thus amin, on absorption, produces in the tissue an explosive edema with mucus formation.

2 The basic principle in the treatment of colitis should be the prevention of activating sugars from reaching the bowel.

3 Gastro intestinal immobilization, i.e., physiologic rest with a low residue diet or a residueless diet by mouth or by jejunal feeding, best produces a carbohydrate and peristaltic free colon.

4 Hydraulic dilatation, with temperature and pressure scientifically regulated is of value in counteracting colonic spasticities, local or general.

5 Diathermy has a definite place in the treatment of colitis (a) by relieving colic, (b) by producing splanchnic hyperæmia and (c) by stimulating cellular activity.

6 Colonic bacteriolytic therapy, produced chemically or by utilizing the d'Herelle principle, followed by implantation of *B. coli*, has a definite place in the cure of colitis.

### BIBLIOGRAPHY

- 1 Lieb (*N Y State Med Jour*, Feb 1 1924)
- 2 Manwaring Monaco and Marino (*J Immunol* 8:217, May 1923)
- 3 Thomson (*Clinical Medicine*, p 379)
- 4 Roger (*Soc de Biologie* Nov 12 1905)
- 5 River and Tremolieres (*Soc de Biologie*, Apr 7, 1906)
- 6 Neuberg (*Klin Wchnsch.*, Berlin, June 3 1922)
- 7 Von Wasserman and Fickon (*Ibid*)
- 8 D'Herelle (*Brit M J* 2:287 Aug 19, 1922)
- 9 Barger and Dale (*Monograph* 1915)
- 10 Abel and Kubm (*J of Phar and Exper Ther* Vol 13 1919)
- 11 Mellanby and Twort (*J of Phar and Exper Ther*, Vol 13 1919)
- 12 Koessler and Hanke (*J Biol Chem.* V 39 1919)
- 13 Lieb (*N Y Med Jour and Med Record*, June 6 1923)
- 14 Baldwin (*Jour Exp Med* Vol. 5 1900 p. 27)
- 15 Henriques (*Ugeskr f Læger*, Copenhagen, 85 171 March 8 1923)
- 16 Hilton (*"Rest and Pain"* p 3)
- 17 Kellaway and Cowell (*J Physiol* London, 57 82 Dec. 22, 1922)
- 18 Sampson (*Phyiotherapy Technique*, p 90)
- 19 Orr, Holt, Wilkins and Boone (*Am J Dis Child* 26:362 (Oct.) 1923)
- 20 Cramer and Drew (*Brit J Path* 4:271 (Oct.) 1923)
- 21 Brown (*Brit Med Jour* Nov 23, 1921)
- 22 Hanes (*Brit Med Jour* Mar 31, 1923)
- 23 Parks, Jollyman, Karczy and Schiff (Quotation from *Koessler-J Biol Chem.* V 39 Oct., 1919)
- 24 Smith, Homer W (*Am. J Hyg* 2:607 Nov 1922)
- 25 Braafadt (*J Infect Dis*, 33 434 Nov., 1923)

### Deaths

COHEN, LOUIS LIPPMAN, Brooklyn, Long Island College Hospital, 1898, Fellow American Medical Association, Member State Society, Associate Ophthalmologist Bushwick and United Israel Zion Hospitals, Attending Ophthalmologist Eastern District Hospital, Chief of Clinic Eastern District and Williamsburg Hospitals Died February 26, 1924

HOHMANN, GEORGE, New York City, Fordham Medical College, 1915, Fellow American Medical Association, American Bacteriological Association, Member State Society Visiting Pathologist and Bacteriologist Fordham, Knickerbocker and Columbus Hospitals Died February 25, 1924

MORROW, SAMUEL R., Albany, College of Physicians and Surgeons of New York 1878, Member State Society Consulting Surgeon Albany Hospital Died February 24, 1924

STALLARD, SAMUEL LAWRENCE, Greenwood, Kentucky School of Medicine, Louisville 1907, Member State Society Died February 8, 1924



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## THE FUNCTION OF COUNTY MEDICAL SOCIETIES

In an article recently brought to our attention appearing in *Medical Economics* for October 1923, written by Dr. Frank D. Jennings, of Brooklyn, N. Y., it is suggested that organized medicine rests on the County Medical Society as a fundamental unit. That is the live, going, moving basis of the entire structure. State and national organizations are in a sense 'paper' organizations meeting through a house of delegates once a year and handling at such times matters of state and national scope.

Therefore it is important to analyze the functions of a county society to determine what its sphere is, and to consider ways and means of making it of greater influence and enhanced value to the public and to the membership.

Organized medicine came into being because of public demand that some agency be created to regulate the 'practice of physic' charlatans abounding even at that time, the latter part of the eighteenth and early part of the nineteenth centuries. By legislative enactment it was permitted that county and state medical societies could be organized and among other powers granted to these societies was that of licensure. Later, the right to issue licenses to practice was withdrawn and assumed by the State.

This left for the County Society, then, two fields for activity—public health and medical education. The former, if at all, was consummated through the medium of a public health committee and it cannot be too strongly emphasized that this phase of county society activity is capable of the greatest and broadest development.

County societies have functioned in the educational field through meeting at stated intervals weekly, semi-monthly or monthly, at which matters of scientific interest, generally the most recent advances in medicine, are discussed. As far as they go, they are admirable and helpful. Thus during a year of normal

active work on the part of the responsible officers programs are provided which give an opportunity for the members to keep abreast of everything new.

Though this is of much benefit there is still something lacking. The general practitioner is not always attracted by a program of superlative, technical interest, and not without reason. His problems and troubles arise in the every-day practice of medicine, and programs such as have been mentioned do not bring him the kind of service he needs most.

It may be said here that not only should the County Medical Society function in graduate medical education for the physician, but its duty is to function for the education of the public within the County that it serves, and it would be far better did the County Societies awaken to their privileges and duties in holding clinics, lectures and demonstrations under its own governmental body, rather than leaving such a function to a state department as we see the tendency exhibited nowadays.

And so the County Society instead of resting on its laurels of a quarterly or semi-annual meeting should bring to its gatherings the lay people of the County, and at such a meeting could well discuss questions of import relative to medical subjects of the day, and could there within its own halls exert great influence upon legislative matters through the lay people interested, and so overcome to a large extent the pernicious propaganda of the present day.

Such meetings have been instituted sporadically by certain County Societies, as in Kings County, and with great success whenever so started, and in some instances the demand has been made by the laity and by legislators that such types of meetings be continued, since it has been found that the people of the present day are inclined toward self-education in all matters and especially are desirous of obtaining information in health matters.

J N V V



## WHAT IS CHIROPRACTIC?

In a recent advertisement there appeared the following

WHAT IS CHIROPRACTIC?  
(KI-RO-PRAK-TIK)

THE SCIENCE THAT DEALS DIRECTLY  
WITH THE CAUSE OF ILL HEALTH

Chiropractic is not a medicine, surgery, osteopathy, massage or faith cure, and is separate and distinct from all other health methods

It is a scientific method of locating and adjusting the cause of disease, without the use of drugs or instruments

No matter what your ailment is, do not think your case is hopeless. Take Chiropractic Spinal Adjustments. What they have done for others they can do for you. Do not, through ignorance of this wonderful science, shut the door to your ultimate relief and happiness.

Chiropractors do not treat, heal nor cure. They eliminate the CAUSE.

## CHIROPRACTIC

(KI-RO-PRAK-TIK) is a new science of adjusting the cause of disease, without drugs, based on a thorough knowledge of the nervous system. Nerves which control the various functions of the body emerge from small openings between the bony segments of the spinal column. A slight variation of these bones will cause pressure on a nerve and cut off the flow of mental impulses, lowering the vitality and the power of resistance of the tissues, the result of which is disease.

The Chiropractic method is to adjust the abnormality, remove the pressure by removing the cause, and thus permit the nerve to regain its normal size and function, restoring health. If you are ill and have tried everything else without results, why not try Chiropractic (spinal) adjustments and get well?

And, yes, what is Chiropractic?

J N V V

## DEFINITION OF CHIROPRACTIC

It is to be noted in chiropractic literature that there has begun to appear a cleavage from the original definition of chiropractic as proposed by its versatile writer and promoter of the present generation.

The original definition as it appears on page 11 of "The Science of Chiropractic," by B. J. Palmer, D. C., Ph. C., Davenport, 1906, is as follows:

"Chiropractic is a name given to the study and application of a universal philosophy of biology, theology, theosophy, health, disease, death, the science of the cause of disease and art of permitting the restoration of the true relationships between all attributes necessary to normal composite forms, to harmonious quantities and qualities by placing in juxtaposition the abnormal concrete positions of definite mechanical portions with each other, by hand, thus correcting all subluxations of the three hundred articulations of the human skeletal frame, more especially those of the spinal column, for the purpose of permitting the re-creation of all normal cyclic currents thru nerves that were formerly not permitted to be transmitted, thru impingement, but have not assumed their normal size and capacity for conduction as they emanate thru intervertebral foramina—the expressions of which were formerly excessive or partially lacking—named disease."

In the Ames bill offered to the Legislature of the State of New York in 1920, the practice of chiropractic was defined as follows:

"The practice of chiropractic is defined as follows:

"A person practices chiropractic within the meaning of this act who holds himself out as being able to locate and to adjust by hand misplaced or displaced vertebrae of the human spine for the purpose of relieving the nerve pressure caused thereby and who shall either offer or undertake to locate or adjust by hand misplaced or displaced vertebrae of the human spine for the purpose of relieving nerve pressure caused thereby."

In the Dunnigan bill offered to the Legislature of the State of New York in 1922, the practice of chiropractic was defined as follows:

"A person practices chiropractic within the meaning of this article who holds himself out as being able to adjust by hand the articulations of the human spine so as to relieve nerve pressure caused by subluxations thereof and who shall either offer or undertake to adjust by hand the articulations of the human spine so as to relieve nerve pressure caused by subluxations thereof."

In the Leminger bill offered to the Legislature of the State of New York in 1923, the practice of chiropractic was defined as follows:



"A person practices chiropractic within the meaning of this act, who holds himself out as being able to locate and adjust by hand misaligned or displaced vertebrae of the human spine, for the purpose of relieving nerve pressure caused thereby, and who shall offer or undertake to locate or adjust by hand, misaligned or displaced vertebrae of the human spine for the purpose of relieving nerve pressure caused thereby"

Apparently the science—if such it may be called, with its weak foundations and illogical reasoning, had to undergo modification to bring it down to earth and to square it with the solid thought of scientific reasoning of the present day, as is witnessed by a change in the definition, for B J Palmer in the January 6th number of the *Fountain Head News* has carefully restated his definition in such a way as to minimize the legal implications of the definition, and as part of his proposed universal state bill gives the following definition

"Chiropractic is defined to be the science of palpating and adjusting the articulations of the human spinal column by hand only. This definition is inclusive and any and all other methods are hereby declared not to be chiropractic."

Very interesting is it to note in the earlier writings of the cult the solemn declaration that their training and study was such as to make the finger tips more acute in palpating the spine and discovering therein the so-called lesions which account for all the ills of man, and to now note in the literature of this cult the many advertisements of the chiropractors who are abandoning this theory and depending to a larger extent on their "analysis" before giving treatment, upon the spinograph, which latter, when translated into present day terms, is our old friend—the X-ray

The very fact that the leader of this cult has allowed the science of X-ray to become incorporated in his so-called profession, thus disputing his original theories, in his commandments and protestations against the medical profession, now shows his desire to recognize this absolute method of diagnosis which so far exceeds his own as to compel him and his associates to incorporate this part of medicine in its broadest sense, within his own cult.

In this does the chiropractic cult begin to break down in its theories and to attempt to perfect itself slowly but what is inevitable in a squaring of thought of its logic (?) with the present scientific thought of the day

But there is another phase which is cropping up within the cult and receiving great attention

on the part of their editorial staff, namely, the development of the term and theoretical relation of "Innate Intelligence" to the practice of the same, and thus shows the desire on the part of the proponents and leaders of the cult to delve into the realms of mysticism and charlatanism, thereby allowing a back door exit for the ignorance and bravado shown in the front door expositions in the way of claims made for this pseudo scientific method of healing

In a recent article by one of the editors, there is contained this statement—"that man is something superior to a mere mass of material, actuated only by the physical and chemical laws of his being, is at once clearly understood, and is, of course, readily accepted by the thoroughbred chiropractor. We believe that, while these immutable laws are undeniably active in the structure, there is resident within a power which supervises every act and movement of the tissues

"This force is spoken of as Innate, because of being borne within the structure, and since each action is the perfect expression of forethought and ripened knowledge, the qualifying term Intelligence is aptly added to signify the true and perfect quality possessed by it."

Here we see one of the great factors which bring to such a group the blind acquiescence of the many who refuse to recognize these same immutable physical and chemical laws, which the science of medicine through its correlative branches is trying to solve toward prolonging of life and ameliorating of human ills

The introduction of this mystic "Innate Intelligence" smacks of a trial at riding a second horse akin to Christian Science.

But, be it said as a compliment to the true Christian Scientist of the present day, that his "Innate Intelligence" directs him now to a surgeon or one educated in the close study of the human frame and its mechanics, when that same true Christian Scientist suffers a fracture of a broken bone, and this came about only when the celebrated leader of that cult was brought face to face with the misfortune of a broken arm, so the report goes, and following her experience, modified at least one part of this so-called science to accord with other sciences of the present day

And so it will be for the cult which calls itself chiropractic. Gradually they will be compelled by the pressure of the sciences of the present day to narrow and belittle their own discordant thoughts and to broaden and accept the results of other real sciences until they shall have squared their doctrine of the healing art in accord with that which is taught to the student of healing of the present day under the term of medicine

J N V V



## PSEUDOMIRACULOUS ABRAMS DIES

The old Roman proverb ran "*De mortuis nil nisi bonum*" Better is the variation, *De mortuis nil nisi verum*, for often the acts and deeds of the dead must be reviewed, to praise or to condemn, because of their continuing influence

When the influence of a false tenet, or of a mischievous doctrine, or of a spurious claim, or of a fraudulent system of medicine persists after the death of the misguided zealot, or the inspired idiot, or the plain knave who had been deceiving the people to their definite injury, it is eminently proper and desirable that the truth shall be told, plainly and emphatically

The people, who have not the opportunity to study and to decide the truth or falsity of published claims, are entitled to the explanation and warning of those who know

Thus it was most desirable that the falsity of the claim of possessing miraculous powers, made by Francis Schlatter should be combated, explained, and exploded, after his death

Concerning this man, who claimed to relieve people through the medium of handkerchiefs upon which he falsely asserted he secured, by supernatural means, the imprint of Christ's countenance, the most charitable thing one can say is that he was insane And indeed his irrationality during his preaching and his subsequent wandering off to die alone, in the Colorado cañons, strongly influences our acceptance of that diagnosis

Perhaps still worse than hoodwinking hungry souls that seek special revelation of divine power and divine help, is the systematized deception of the sick and suffering by means of magical claims, and the selling of impossible "cures," adjusted to the needs of victims through the use of a bogus, mysterious leased instrument

The absurd "oscilloclast" of Abrams, and the untrue statements regarding his "Electronic Reactions" still have their vogue, despite the fact

that Albert Abrams died on January 14, 1924, in San Francisco

As long as mystery and magic are preferred to genuine medicine, so long will the dollars flow from dupes to knaves And so it continues to be our duty to attack the theory and the false claims of Abrams and the unprincipled commercialists who follow his practices, even though he is dead

The newspapers tell us that one "Dr" Mary Lecoque, who held herself out to treat disease, in Arkansas, received a sample of blood from which she asserted she (like Abrams) could affirm or deny diseased conditions This individual is not listed as a physician in the American Medical Directory for 1923

She was charged with diagnosing the blood of a chicken as human blood, and offering to prescribe a cure for the supposititious sufferer In Jonesboro, Ark., she was accused of fraudulent misuse of the mails, in practising the method of Abrams, and he was to have been a witness for her at the trial, had he not been stricken with his fatal illness

For truth's sake it is quite regrettable that he was unable to appear, for undoubtedly he would have been discredited and the eyes of certain credulous ones would have opened

We must reiterate, to protect the people from fraud, that (1) no information can be elicited from the forehead which will assist in diagnosis, (2) there are no distinctive areas of dullness in the abdomen which determine the religion of an individual, (3) there are no specific vibration rates for drugs, nor are there vibration rates which can be communicated to a patient by the "oscilloclast" or any other instrument, which will result in a parallel therapeutic action, and lastly (4) Abrams persistently refused to submit to tests that could be scientifically controlled

A W F

## CO-OPERATION WITH LAY ORGANIZATIONS

The Brooklyn Tuberculosis Committee is an example of highly efficient and well-balanced volunteer health work With a Physician who is a member of the Medical Society of the County of Kings, the State Medical Society, and the American Medical Association, as its Executive Secretary, and with an active Sub-Committee of Physicians to guide it in all matters pertaining to the medical phases of its work, the Committee avoids the blunderings and mis-steps characteristic of organizations animated with volunteer zeal but without the wise guidance of professional medical advice

The Committee conducts a broad educational campaign for the prevention of tuberculosis in Brooklyn in close co-operation with the Depart-

ment of Health, the Department of Education, and the Medical Profession

There is a wide field for volunteer health agencies, for they can do many things that neither the health authorities nor the organized medical profession can do In a democracy their usefulness is manifold, to open up new lines of work, to demonstrate and experiment They should always keep in mind, however, that they are working in a technical field and that they should have the constant advice and guidance of the specialists in that field This policy the Brooklyn Tuberculosis Committee constantly follows Its good example is recommended to all volunteer health agencies

F O



## DIPHTHERIA-LIKE THROAT CONDITIONS

A case diagnosed by smears as Vincent's angina but which an autopsy showed it to be a carcinoma of the throat and upper esophagus, was mentioned in the February 11th issue of the *Health News*, the weekly publication of the State Department of Health, and in the State Department of Health Notes of the February 22nd issue of this JOURNAL. The impression given by the article was that the diagnosis of Vincent's angina was an error. It is more probable that the organisms of Vincent's angina, which seem to be present in most throats, become grafted on the carcinomatous ulcer, and that the case was both cancer and Vincent's angina. This case suggests a brief consideration of throat conditions in which membranes or ulcerations occur.

There are at least five rather common throat conditions in which membranes or ulcerations occur:

- 1 Diphtheria
- 2 Vincent's angina
- 3 Stomatitis
- 4 Streptococcus infections
- 5 Thrush

Diphtheria is by far the most common membranous condition of the throat, and its germs or diphtheria like bacilli are often present when the original condition is Vincent's angina. We have seen a case of severe Vincent's angina resulting in death after it had been treated for three weeks as diphtheria because the first culture was reported as positive for diphtheria. This patient was an adult with severe anemia, which is well known to be a predisposing condition favorable to the development of the organisms of Vincent's angina. The case was probably one of Vincent's angina, and the presence of diphtheria bacilli was only accidental.

Since the organisms of Vincent's angina are present in most mouths, they are likely to grow whenever the resistance of the tissues is lowered by disease or infection. It is natural to expect them to grow on a carcinomatous ulcer, but of course finding them on the ulcer does not exclude other conditions.

A mouth condition, called stomatitis, was formerly common and is now occasionally seen. This consists of small whitish ulcers on the gums and inner surfaces of the lips. They were often seen in the army when the soldiers could not attend to the hygiene of their mouths. The ulcers are caused by the organisms of Vincent's angina, or at least the organisms are found in the ulcers which quickly heal when a strong solution of copper sulphate is rubbed upon them several times a day. When the ulcers are in the back part of the throat, they may readily be confused with diphtheria. When a case of ulcerative stomatitis is seen, the treatment which is appropriate for Vincent's angina quickly clears up the mouth.

It is well known that an acute streptococcus infection may produce a transient membrane, but it is not so well known that streptococci of low virulence may produce a membrane which may persist for weeks or months. The bacilli grow on the surface of the tonsils and pharynx, and produce a friable, adherent membrane. When a membrane that is like diphtheria does not clear up in two or three days, there is a strong probability that the underlying condition is the result of an infection with either streptococci or the organisms of Vincent's angina.

A fifth kind of membrane which any physician is likely to see is that caused by organisms belonging to the thrush or *sprue* family. The common thrush organism is the *oidium*, but there seem to be several species which have not been clearly differentiated. Occasionally an adult is seen with a chronic infection of yeast like organisms which produce white flakes of membrane in the pharynx and on the cheeks. Such a case is difficult to diagnose and to differentiate from diphtheria, Vincent's angina, and chronic streptococcus infection.

A diagnostician that is expert is one who has clearly in mind a variety of unusual conditions which may account for a puzzling condition. The five throat conditions that have been enumerated do not exhaust the diagnostic possibilities of a membranous throat, but a physician who has them in mind will not go far astray in diagnosis.

F O



# LEGAL

## CHIROPRACTORS CLAIM RIGHT TO PRACTICE IN THE CITY HOSPITAL.

This headline appeared in a Jamestown Evening Journal of February 7, 1924, and as a subtitle to this interesting news item, appeared "Delegation of chiropractors and other persons interested in the movement appears before Board of Public Welfare and argues matter of admission to hospital to attend cases" It appeared from this article written under these headings that Mr Rice, a chiropractor of that city appearing at the head of the delegation in support of having chiropractors treat cases in the hospital, stated that he did not recognize the science of bacteriology and that he saw no logical reason why a chiropractor should not be allowed to treat patients in the hospital just as doctors do Dr J J Mahoney, superintendent of Public Health in that city asked Mr Rice some rather interesting and quite embarrassing questions The report states that he asked Mr Rice if he believes in the germ theory in the spread of contagious diseases and if he recognized the science of bacteriology, to which Mr Rice finally responded, "No, I do not" Dr Mahoney then stated, "Bacteriology is the cornerstone of all medical achievement It is a wonderful science, for it has saved thousands of lives, cut down epidemics and safeguarded public health And yet the chiropractors don't believe in it Any man who gets up before a Board like this or before any gathering of intelligent men and denies the existence of a science like bacteriology is analogous to a business man who denies the existence of the multiplication table" Speaking of the presence of the germs of tuberculosis in the body, Dr Mahoney said "Yes, the bug is generally there, but it does not get the same chance to do its damage that it used to get, thanks to the medical profession The number of tuberculosis cases in certain sections of the country has been cut in half within recent years because doctors have made a study of bacteriology and know how to combat this germ"

It was announced further in the article that the corporation counsel stated "That in view of the position Mr Rice admits that he has taken on the germ theory of disease, we would advise the Board to deny the chiropractors the right to work in the hospital" The matter was finally referred to the corporation counsel to determine if the Board could legally admit chiropractors to the hospital

A member of the hospital commission wrote to the counsel of your Society and asked some advice in this matter to which counsel responded

as follows "I cannot see how your corporation counsel can do otherwise than advise you that chiropractors do practice medicine and as they are not licensed they, therefore, violate the law, and your city hospital cannot legally permit chiropractors to violate the law in their city institution The courts have held that chiropractors practice medicine (*People v Ellis*, 162 App Div 288) It would be my opinion that the hospital would make itself liable to criminal prosecution, also its governing staff, were they to permit the hospital to be used by the chiropractors for the purpose of violating the Medical Practice Act"

It is further reported in the article that Mr Rice was asked if chiropractors attempted to treat contagious diseases and that Mr Rice replied that chiropractors do take contagious diseases

If a bill licensing chiropractors is passed by the Legislature, there will be no legal reason why chiropractors cannot be admitted to the hospitals to treat their cases, whether they be contagious cases or not Can the Legislature shut its eyes to the statistics that show an enormously reduced mortality in communicable diseases due to the advanced study and discoveries in bacteriology and license a cult to treat contagious diseases, the communicability of which has been determined by a study of bacteriology, when that cult denies the basic principles of bacteriology and substitutes for the known causes of communicable disease discovered through the study of bacteriology, an assumed dogma that all disease is based upon a subluxation of one or more vertebrae? The law must protect the public against ignorance, and cannot safely permit the practice of a cult that is based upon ignorance of the fundamental discoveries of bacteriology

Some time ago we conducted an extensive investigation of the principles, practice and teaching of chiropractic and broadcasted our results through the lay press for the public's education There are doubtless millions who are now better informed on this subject as a result of that work, so that it seems quite startling to hear such effort referred to as "unnecessary and fruitless investigation" Would that every physician within his circle among the laity would use the fruits of the investigation of chiropractic to combat the fundamental fallacy of that cult G W W



## THROMBO ANGIITIS OBLITERANS—GANGRENE—RESULTANT AMPUTATIONS AND DEATH

A man, about 62 years of age, had called upon a physician stating that he had for a long time been suffering from severe cramp-like pains of his left leg, extreme tired feeling after the least exertion and cold feet and that the big toe of the left foot was blue. The history did not disclose any diseases of childhood. General examination showed a poorly developed and undernourished condition, heart and lungs normal, except a few moist rales at the base of the left lung, muscles of the left leg were flabby and the circulation poor and no pulsation was felt at the dorsalis pedis and all of his toes were very cold. A diagnosis was made of thrombo-angitis obliterans. For his condition the application of heat to the leg was prescribed. On the following day he called at the physician's office and his leg was placed in a haker heated by nine incandescent lamps. At that time he was told that if he felt any burning sensation or if the baking became too hot to notify the nurse who stood at his side. The baking continued for fifteen minutes with all lamps lighted and for fifteen minutes longer with five lamps lighted. Upon the removal of the leg from the haker a small blister was observed on the outside of the calf of the leg, which blister was treated with boric acid ointment and the leg massaged. No other treatment was rendered by the physician to this patient.

The patient, however, was subsequently treated by other physicians for a gangrenous condition of the left leg necessitating the amputation of the leg to the knee. About a month after this amputation a further operation was performed for the removal of part of the leg between the knee and the thigh and about a month thereafter the amputation of the leg at the thigh as the gangrenous condition had progressed. Within three days after the third amputation the patient died.

After the first amputation the patient instituted an action charging the physician with having negligently burned his leg, causing an amputation of the same. This action abated with the death of the patient and an administrator's action was instituted against the physician to recover for the death of the patient, likewise charging the physician with negligently burning the patient's leg, resulting in a gangrenous condition with the subsequent amputations of the leg and death of the patient.

The plaintiff's attorney sought a settlement for a substantial sum. Later he reduced the amount of his demand and still later was willing to accept by way of settlement the funeral and other expenses, as the patient was unemployed and had no dependents. Refusal of settlement, even upon this basis, drove the plaintiff's attorney to the position where he requested a discontinuance of the action without costs against his client, which was consented to and the action terminated.

G W W





# LEGISLATION



By James N. Vander Veer, M.D.

## LEGISLATIVE BILLS

### SENATE

**In Re State Institute for the Study of Malignant Disease at Buffalo, N. Y.**—Senate Int No 175 (Print No S 175), by Senator Michael E. Reiburn of New York, concurrent Assembly Int No 195 (Print No 195), by Assemblyman Julius Berg of Bronx County, would amend section 345, Public Health Law, by placing fiscal control of State Institute for Study of Malignant Disease with State Department of Health. Referred to Public Health Committee in each house.

Still in committee. No action taken.

**The Narcotic Bill**—Senate Int No 285 (Print No S 289), by Senator Morton J. Kennedy of New York, concurrent Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld of New York, is still in committee.

*Comment.* See report of a conference held in re the above bill of February 21st, under separate column headed "Conferences."

**In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools**—Senate Int No 317 (Print No 321), by Senator Benjamin Antin of New York, concurrent Assembly Int No 370 (Print No A 372), by Assemblyman Frederic S. Cole of Herkimer County. Was on order of third reading on February 25th, and was recommitted.

*Comment.* No further comment.

**In Re Distributing of Information Concerning Results of Scientific Study**—Senate Int No 436 (Print No S 445), by Senator Michael E. Reiburn of New York, concurrent Assembly Int No 588 (Print No 592), by Assemblyman Joseph Gavagan of New York, referred to Judiciary Committee in each house. Still in committee.

**The Child Experimentation Bill**—Senate Int No 548 (Print No S 608), by Senator John P. Ryan of Rensselaer County, no concurrent bill has as yet appeared in the Assembly. Still in Senate Committee on Codes.

*Comment.* It is hoped that the County chairmen have fulfilled their duty in writing to the members of the Senate Committee on Codes asking that the bill be kept in committee.

**The Anti-Vivisection Bill**—Senate Int No 588 (Print No 612), by Senator John P. Ryan of Rensselaer County, concurrent Assembly Int No 1094 (Print No 1180), by Assemblyman Samuel Mandelbaum of New York, referred to Codes Committee in each house.

*Comment.* It will be noted that the bill has made its appearance in the Assembly, where it has been referred to the Committee on Codes.

This is the same pernicious type of bill which would limit such valuable work as has been done in the past, making an entering wedge for final and complete anti-vivisection measures.

County Legislative Chairmen can rest assured that there will be unlimited numbers of letters addressed to the committees and to the Legislature, importuning them to vote the bill out of committee and on to the floor of the house, and even now the legislators have been besieged with mail from ill-advised welfare workers asking their affirmative votes for the bill.

It is therefore of the utmost duty for County Legislative Chairmen to write to each member of the Senate and Assembly Committees on Codes, as well as to your individual representatives in the legislative halls, asking them to be ready to object to the bills should they appear on the floor of the house.

**State Department of Education Bill to Amend the Medical Practice Act**—Senate Int No 637 (Print No S 663), by Senator Daniel J. Carroll of Kings County, concurrent Assembly Int No 888 (Print No A 927), by Assemblyman Frank H. Lattin of Orleans County, would amend sections 170, 171, 173 and 174 Public Health Law, relative to the practice of medicine. Every person now lawfully practicing and hereafter authorized to practice must register with the secretary of the board of medical examiners. Senate Bill referred to Committee on Public Health, and Assembly Bill referred to Ways and Means Committee.

*Comment.* The bill is still in committee, and no hearing has as yet been called upon the same.

**Workmen's Compensation Law, Relative to Occupational Diseases**—Senate Int No 700 (Print No S 740), by Senator Jeremiah F. Twomey of Kings County, concurrent Assem-



bly Int No 836 (Print No 862, 1112), by Assemblyman Frank Wilson of Albany County, would amend section 3, Workmen's Compensation Law, relative to occupational diseases Referred to Labor and Industries Committee in each house

This bill would add to the already long list of occupational diseases for which compensation is payable

The benzene derivatives and their homologues or analogues including aniline phenol, etc as well as poisonings by gasoline and the like derivatives, the skin involvements due to oils, cutting compounds and the like and silicosis or its sequelae"

Unless your Committee bears to the contrary the bill will be dropped after simply calling the attention of the profession to the same as we have done

In Re Practice of Chiropody and Podiatry—Senate Int No 738 (Print No S 781), by Senator William Byrne of Albany which has no concurrent Assembly bill as yet, is printed here in full for the information of the profession

STATE OF NEW YORK

No 781

Int. 738

IN SENATE,

February 15, 1924

Introduced by Mr. Byrne—read twice and ordered printed, and when printed to be committed to the Committee on Public Health.

AN ACT

To amend the public health law in relation to the practice of chiropody or podiatry

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1 Article thirteen of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health constituting chapter forty-five of the consolidated laws," is hereby amended by adding thereto two new sections, to follow section two hundred and eighty one a, to be sections two hundred and eighty one-b and two hundred and eighty-one-c, respectively to read as follows

§ 281-b Unlawful practice of chiropody Any person who shall advertise to practice chiropody, without being lawfully licensed and registered as a chiropodist or any business corporation which shall practice chiropody or advertise to practice chiropody, or any person who shall practice or advertise to practice chiropody under a certificate of trade name, shall be guilty of a misdemeanor and shall on conviction, for each and every offense be punished by a fine of not less than fifty dollars nor more than one hundred dollars or by imprisonment for a term not less than thirty days and not more than one year or by both fine and imprisonment.

This section shall not be construed to forbid or prevent the employment by any person, association or corporation of a duly licensed and registered chiropodist to treat employees or members thereof at the expense of said person, association or corporation

§ 281-c Chiropodist, revocation of license. Any licensed and registered chiropodist who shall use distribute, or display upon any card, sign or advertisement, the words, or any of them, "Foot Specialist," "Surgeon," "Orthopedic Specialist," or in any manner upon any card sign or advertisement hold himself out as being able to treat all diseases or all ailments or all conditions of the foot shall be subject to the revocation of his license and the annulment of his registration in the manner provided by section two hundred and eighty one for proceedings for the revocation of a license and the annulment of a registration

§ 2 This act shall take effect immediately

*Comment* Attention is called to the fact that this bill is a far different bill from Senate Bill Int No 229, which was printed in the JOURNAL of February 8th, page 130, which bill allowed physicians to practice as chiropodists without undergoing further examination and with which bill Senate Int No 229 as unamended there could be absolutely no objection but now under this new bill Senate Int No 738, the text specifically states that only that person can practice chiropody or hold himself out as competent to practice chiropody who has been lawfully licensed and registered as a chiropodist

Members of the medical society of this state —this bill deprives you as physicians from practicing a part of medicine in which you have been more thoroughly instructed than those in whose interest this bill has been introduced

Each member of the State Society should address a letter of protest against this bill to his individual representative in the senate and assembly *immediately*, as well as to the members of the committees on public health of both senate and assembly

The original bill as introduced by Senator William Byrne was printed in the Journal of February 8th, page 130 and comparison of the two bills should be made to note how cleverly the changes have been made which would deprive the physician of his right to practice this part of the profession in which he has been educated

This is a bill against which the profession should solidly align itself

The text of Assembly Int. No 507, concurrent Senate Int No 229 has been amended to read exactly the same as Senate Int No 738 and is under Assembly Print No 950, on



which a hearing will be held on Wednesday, February 27th

*Voice your objections thereon*

Senate Int No 830 (Print No 885), by Senator Walter Westall of Westchester County, concurrent Assembly Int No 1106 (Print No A 1192), by Assemblyman Herbert Shonk of Westchester County, is printed in full for the information of those physicians and laymen in Westchester County who might be interested therein

STATE OF NEW YORK

No 885

Int 830

Introduced by Mr Westall Read and referred to the Committee on Internal Affairs

AN ACT

*To abolish the office of Coroner of the County of Westchester and creating the office of County Medical Examiner and prescribing its duties*

The People of the State of New York, represented in Senate and Assembly, do enact as follows

Section 1 The office of Coroner in and for the County of Westchester is hereby abolished and the office of County Medical Examiner is created

Section 2 The District Attorney of the County of Westchester shall appoint a County Medical Examiner who shall be a duly qualified practitioner of medicine and surgery and who shall have had at least five years actual experience in the practice of his profession and who is a skilled pathologist and microscopist and who shall before entering upon the duties of his office take the constitutional oath of office The term of office of such Medical Examiner shall be at the pleasure of such District Attorney and such Medical Examiner shall receive an annual salary to be fixed by the Board of Supervisors of Westchester County, to be paid in the same manner as other county salaries are paid Such Medical Examiner shall receive in addition thereto all of his actual and necessary expenses incurred in the performance of his official duties, to be audited and paid in the same manner as other charges against said county The Board of Supervisors of the County of Westchester shall provide and furnish the necessary office or offices for such Medical Examiner

Section 3 The said Medical Examiner shall make examinations by view of the dead bodies of such persons only as are supposed to have come to their death in the County of Westchester, due to unlawful act or criminal neglect, and in such cases issue and file the proper death certificate. If upon such examination, the said Medical Examiner is of the opinion that death was due to unlawful act or criminal neglect, he shall at once notify the District Attorney and the police of the city, town or village within said County of

Westchester in which the body lay when found, and if on view thereof and inquiry into the cause and manner of death, he deems a further investigation necessary he shall upon being authorized by the District Attorney of the County of Westchester, make an autopsy and carefully reduce, or cause to be reduced to writing, every fact and circumstance tending to show the condition of the body and the cause and manner of death and for the purpose of such inquiry, the Medical Examiner shall have power to subpoena and examine witnesses under oath in the same manner as a magistrate would in holding a court at Special Session, which examination may be in private, in which case any or all persons other than those required to be present may be excluded from the place where such examination is held, and such Examiner may also direct witnesses to be kept separate so that they cannot converse with each other until they have been examined The District Attorney, or some person designated by him may attend and examine all witnesses

Section 4 It shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the Medical Examiner, or to a police officer who shall forthwith notify the Medical Examiner Any person who shall wilfully neglect or refuse to report such death or who without written order from the Medical Examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor

Section 5 If the said Medical Examiner finds that the person or persons causing such death by unlawful act or criminal neglect be not in custody, he must issue a warrant, signed by him with his name of office, in one or more counties, as may be necessary, for the arrest of the person charged, which warrant may be served in any county, and the officer serving it must proceed thereon, in all respects, as upon a warrant of arrest on an information, except, that when served in another county, it need not be endorsed by a magistrate of that county, and when such defendant is brought before said Medical Examiner, he may hold the defendant to answer or discharge him therefrom, in the same manner in all respects as upon a warrant of arrest on an information

Section 6 If the said Medical Examiner finds that a crime has been committed he may bind over as in criminal prosecutions, any witness as he deems necessary or as the District Attorney may designate to appear or testify at the court in which an indictment for such an offense may be found or presented Such Medical Examiner shall take charge of any money or other property found on the body of a person, the death of



whom causes investigation as provided in this act, and immediately deliver the same to the County Treasurer, who shall hold and dispose of the same as provided by law

Section 7 It shall be the duty of the Medical Examiner to keep on file in his office full and complete records of all deaths coming under his jurisdiction, together with his conclusions thereon. Such records shall be kept in the office, properly indexed, stating the name, if known, of every such person, the place where the body was found and the date of death. To the record of such case shall be attached the original report of the Medical Examiner and the detailed findings of the autopsy and inquiry, if any. The office shall promptly deliver to the District Attorney copies of all records relating to every death as to which there is in the judgment of the Medical Examiner, any indication of criminality, which said records so delivered to said District Attorney shall not be open to public inspection except with in the discretion of the District Attorney. All other records shall be open to public inspection. The District Attorney may require from such Medical Examiner such further records and information as he may deem necessary.

Section 8 The Medical Examiner may administer oaths and take affidavits, proofs and examine as to any matter within the jurisdiction of the office.

Section 9 This act shall take effect January 1, 1925

### IN ASSEMBLY

Medical Inspection in Schools Bill—Assembly Int. No 66 (Print No A. 66), by Assemblyman Joseph Reich of Kings County, is still in Assembly Public Education Committee. No concurrent bill has as yet appeared in the Senate.

In Re State Institute for the Study of Malignant Disease at Buffalo, N. Y.—Assembly Int. No 195 (Print No A. 195), by Assemblyman Julius Berg of Bronx County, concurrent Senate Int. No 175 (Print No S. 175), by Senator Michael E. Reburn of New York, still in committee.

In Re Nursing and First Aid Services in Factories, etc.—Assembly Int. No 309 (Print No A. 309), by Assemblyman Joseph Reich of Kings County, is still in Assembly Labor and Industries Committee, no action having been taken. No concurrent bill has as yet appeared in the Senate.

The Narcotic Bill—Assembly Int. No 342 (Print No A. 342), by Assemblyman Morris

Weinfeld, of New York, concurrent Senate Int. No 285, by Senator Morton J. Kennedy of New York County.

(See report of a conference held in re the above bill on February 21st under separate column headed "Conferences".)

In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools—Assembly Int. No 370 (Print No A. 372), by Assemblyman Frederic S. Cole of Herkimer County, concurrent Senate Int. No 317 (Print No S. 321), by Senator Benjamin Antin of New York County, the Assembly bill is still in Committee, the concurrent Senate bill is on order of third reading.

Comment: No further comment.

State Department of Education Bill to Amend the Medical Practice Act—Assembly Int. No 888 (Print No A. 927) by Assemblyman Frank H. Lattin of Orleans County, concurrent Senate Int. No 637 (Print No S. 663), by Senator Daniel J. Carroll of Kings County, still in Ways and Means Committee of Assembly.

(See concurrent Senate bill for comment.)

In Relation to the Sale of Wood Alcohol, Except as Metherol—Assembly Int. No 890 (Print No A. 929), by Assemblyman Frank H. Lattin of Orleans County, concurrent Senate Int. No 376 (Print No S. 380), by Senator Henry G. Schackno of New York.

In its present form the Medical Society is in favor of the bill and unless a change is made therein no further comment will be given.

Assembly Int. No 921 (Print No 965), by Assemblyman Edward Coughlin of Kings County, is printed here in full for the information of the profession. Referred to Assembly General Laws committee.

STATE OF NEW YORK

No 965

Int. 921

IN ASSEMBLY

February 13, 1924

Introduced by Mr. Coughlin—read once and referred to the Committee on General Laws.

AN ACT

To amend the general business law in relation to detailed bill of cost of funeral.

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1 Chapter twenty five of the laws of nineteen hundred and nine, entitled "An act relating to general business, constituting chapter twenty of the consolidated laws," is hereby amended by inserting therein a new article to be article thirteen, to read as follows:



which a hearing will be held on Wednesday, February 27th

*Voice your objections thereon*

Senate Int No 830 (Print No 885), by Senator Walter Westall of Westchester County, concurrent Assembly Int No 1106 (Print No A 1192), by Assemblyman Herbert Shonk of Westchester County, is printed in full for the information of those physicians and laymen in Westchester County who might be interested therein

STATE OF NEW YORK

No 885

Int 830

Introduced by Mr Westall Read and referred to the Committee on Internal Affairs

# AN ACT

*To abolish the office of Coroner of the County of Westchester and creating the office of County Medical Examiner and prescribing its duties*

The People of the State of New York, represented in Senate and Assembly, do enact as follows

Section 1 The office of Coroner in and for the County of Westchester is hereby abolished and the office of County Medical Examiner is created

Section 2 The District Attorney of the County of Westchester shall appoint a County Medical Examiner who shall be a duly qualified practitioner of medicine and surgery and who shall have had at least five years actual experience in the practice of his profession and who is a skilled pathologist and microscopist and who shall before entering upon the duties of his office take the constitutional oath of office The term of office of such Medical Examiner shall be at the pleasure of such District Attorney and such Medical Examiner shall receive an annual salary to be fixed by the Board of Supervisors of Westchester County, to be paid in the same manner as other county salaries are paid Such Medical Examiner shall receive in addition thereto all of his actual and necessary expenses incurred in the performance of his official duties, to be audited and paid in the same manner as other charges against said county The Board of Supervisors of the County of Westchester shall provide and furnish the necessary office or offices for such Medical Examiner

Section 3 The said Medical Examiner shall make examinations by view of the dead bodies of such persons only as are supposed to have come to their death in the County of Westchester, due to unlawful act or criminal neglect, and in such cases issue and file the proper death certificate If upon such examination, the said Medical Examiner is of the opinion that death was due to unlawful act or criminal neglect, he shall at once notify the District Attorney and the police of the city, town or village within said County of

Westchester in which the body lay when found, and if on view thereof and inquiry into the cause and manner of death, he deems a further investigation necessary he shall upon being authorized by the District Attorney of the County of Westchester, make an autopsy and carefully reduce, or cause to be reduced to writing, every fact and circumstance tending to show the condition of the body and the cause and manner of death and for the purpose of such inquiry, the Medical Examiner shall have power to subpoena and examine witnesses under oath in the same manner as a magistrate would in holding a court at Special Session, which examination may be in private, in which case any or all persons other than those required to be present may be excluded from the place where such examination is held, and such Examiner may also direct witnesses to be kept separate so that they cannot converse with each other until they have been examined The District Attorney, or some person designated by him may attend and examine all witnesses

Section 4 It shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the Medical Examiner, or to a police officer who shall forthwith notify the Medical Examiner Any person who shall wilfully neglect or refuse to report such death or who without written order from the Medical Examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor

Section 5 If the said Medical Examiner finds that the person or persons causing such death by unlawful act or criminal neglect be not in custody, he must issue a warrant, signed by him with his name of office, in one or more counties, as may be necessary, for the arrest of the person charged, which warrant may be served in any county, and the officer serving it must proceed thereon, in all respects, as upon a warrant of arrest on an information, except, that when served in another county, it need not be endorsed by a magistrate of that county, and when such defendant is brought before said Medical Examiner, he may hold the defendant to answer or discharge him therefrom, in the same manner in all respects as upon a warrant of arrest on an information

Section 6 If the said Medical Examiner finds that a crime has been committed he may bind over as in criminal prosecutions, any witness as he deems necessary or as the District Attorney may designate to appear or testify at the court in which an indictment for such an offense may be found or presented Such Medical Examiner shall take charge of any money or other property found on the body of a person, the death of



tary in office when this article takes effect shall continue in office until his successor has been appointed as above provided

Expenses [All fees, fines, penalties and other moneys derived from the operation of this article shall be paid into the state treasury and the legislature shall annually appropriate for the department an amount sufficient to pay all proper expenses incurred pursuant to this article. All funds in the custody of the state board of pharmacy when this act takes effect shall be immediately turned over to the department and shall be available for the payment of all proper expenses of the board, until an appropriation is made by the legislature as above provided. When such appropriation is so made the unexpended balance of the funds so turned over to the department shall be paid into the state treasury to be expended as in the case of other moneys derived from the operation of this article.] *Notwithstanding the provisions of any other general local or special law, all fees fines penalties and other moneys derived from the operation of this article shall be paid to the regents of the university and shall be available together with the appropriations made from time to time by the legislature for the payment of all proper expenses of the board, including the salaries of the secretary and his assistants, inspectors, chemists examiners and of any deputy attorney general assigned for the purpose of enforcing the provisions of this article, and other employees, and their necessary disbursements. The unexpended balance of all such fees, fines, penalties and other moneys derived from the operation of this article remaining on December thirty-first of each year shall be paid into the state treasury.*

§ 2 Section two hundred thirty three of such chapter, as last amended by chapter one hundred eighty-three of the laws of nineteen hundred and twenty two, is hereby amended to read as follows

§ 233 Licenses, certificates examinations, rules Satisfactory evidence verified by oath shall be required by the regents of all candidates for admission to the examinations

Pharmacist They shall admit to the examination for pharmacist any candidate that pays a fee of ten dollars and

1 Is more than twenty-one years of age.

2 Is of good moral character

3 Had prior to the beginning of the first year of pharmaceutical study the general education required by the rules of the regents preliminary to receiving the degree of graduate in pharmacy, which education after January first, nineteen hundred and twenty three, shall not be less than three years of academic work or its equivalent

4 Has studied pharmacology as outlined in the syllabus not less than two years in a school.

5 Has either received the diploma of gradu-

ate in pharmacy or equivalent degree from a school, or a license conferring the full right to practice pharmacology in some foreign country registered as meeting the minimum requirements of this article. The diploma of graduate in pharmacy or equivalent degree shall not be conferred on any one that did not file with the school at matriculation the pharmacy student certificate required above

6 Has had four years experience in a registered pharmacy or drug store, under the personal supervision of a pharmacist or druggist, one year of which experience within five years of the date of application must have been in a pharmacy or drug store of the United States. *Provided, however that a graduate of a registered school of pharmacy, who has not had four years' practical experience in a registered pharmacy or drug store or who is not twenty-one years of age, may be admitted to the examination in theoretical subjects only, and thereafter upon the submission of satisfactory evidence of the completion of four years actual experience in a registered pharmacy or drug store and that such applicant is over twenty-one years of age, he may be admitted to the examination in practical pharmacy upon payment of an additional examination fee of ten dollars and if the examination is successfully passed the board shall grant to such applicant a pharmacist license*

7 Is a citizen of the United States or has made due application to become such citizen. In the event that an applicant who is a citizen of a foreign country but who has declared his intention of becoming a citizen of the United States shall be examined and licensed in accordance with the provisions of this article and shall fail to complete his citizenship within the time prescribed by law the license so granted to such applicant may be revoked by action of the regents upon proof of such failure

[Junior pharmacist They shall admit to the examination for junior pharmacist any candidate that pays a fee of ten dollars and

1 Is more than nineteen years of age

2 Is of good moral character

3 Had prior to the beginning of the first year of pharmaceutical study the general education required by the rules of the regents preliminary to receiving the degree of graduate in pharmacy, which education after January first, nineteen hundred and twenty three shall not be less than three years of academic work or its equivalent

4 Has studied pharmacology as outlined in the syllabus not less than two years in a school

5 Has received the diploma of graduate in pharmacy from a school.

6 Has had two years experience in a registered pharmacy or drug store under the personal supervision of a pharmacist or druggist, all of



which experience must have been in a pharmacy or drug store in New York state ]

**Druggist** They shall admit to the examination for druggist any candidate that pays a fee of five dollars and

- 1 Is more than eighteen years of age
- 2 Is of good moral character
- 3 Has the preliminary and professional education required by the rules
- 4 Has had three years' experience in a registered pharmacy or drug store under the personal supervision of a pharmacist or druggist, one year of which experience within five years of the date of application must have been a pharmacy or drug store of the United States

**Examinations**—The board shall submit to the regents as required suitable questions for thorough examination in pharmacology, both written and practical, as outlined in the syllabus

From these questions the secretary shall prepare question papers in accordance with the rules which at any examination shall be the same for all candidates. Examinations for license shall be given in at least three convenient places in the state and at least four times annually in accordance with the rules. The practical examinations shall be conducted by the examiners, the written by the regents. On receiving from the board an official report that an applicant has successfully passed the examinations and is recommended for license, the regents shall issue to him a license to practice according to the qualifications of the applicant. Every license shall be issued by the regents under the seal and shall be signed by the commissioner, [each examiner] and by the secretary. Every certificate shall be issued by the board subject to rule and shall be signed by the secretary. Applicants examined and licensed by other state examining boards registered by the regents as maintaining standards not lower than those provided by this article may without further examination, on payment of twenty-five dollars to the regents and on submitting such evidence as they may require receive from them an endorsement of their licenses or diplomas conferring all rights and privileges of a regents' license after examination

Before any license or certificate is issued it shall be numbered and properly recorded, and its number shall be noted in the license or certificate. The regents on the recommendation of the board may revoke a license or annul a certificate, for cause

[The questions for examination for licensed pharmacist and junior licensed pharmacist shall be identical. An applicant for examination for junior licensed pharmacist shall be eligible to take the examination in theoretical subjects only. Such applicants may, subject to the rules of the board, upon completing four years' actual experience in

a pharmacy or drug store, provided such applicant is over twenty-one years of age, be admitted to the examination in practical pharmacy, and if successful, the board shall grant such applicant a pharmacist's license ]

**Rules**—The rules of the board and of the regents affecting examination, registration and administration continue in force until revised by the board and approved by the regents

The board shall make rules subject to the approval of the regents

- 1 For the certification and registration of apprentices and storekeepers
- 2 For the surrendering of licenses, issued prior to January first, nineteen hundred and one
- 3 For the acceptance of licenses from other licensing boards issued prior to January, nineteen hundred and five, in lieu of a diploma
- 4 For the accomplishment of the trusts reposed in them by this article and by any other law of the state

All licenses and certificates of examination, issued to licensees by former boards of pharmacy, shall be in full force and effect in perpetuity for the section of the state for which they were issued, and all certificates of registration issued during nineteen hundred and ten shall be valid until January first, nineteen hundred and eleven

§ 3 This act shall take effect immediately

Assembly Int No 1040 (Print No. A 1104), by Assemblyman Maurice Bungard of Kings County, is printed here in full for the information of the profession

STATE OF NEW YORK.

No 1104

Int. 1040

IN ASSEMBLY,

February 19, 1924

Introduced by Mr Bungard—read once and referred to the Committee on Public Service.

#### AN ACT

To amend the railroad law, in relation to equipment of passenger cars

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter four hundred and eighty-one of the laws of nineteen hundred and ten, entitled "An act in relation to railroads, constituting chapter forty-nine of the consolidated laws," is hereby amended by adding thereto a new section, to be section seventy-one-a, to read as follows

§ 71-a Emergency equipment of passenger cars It shall be the duty of every railroad corporation operating trains, whether on surface, elevated or under ground, to provide each passenger car regularly used upon its railroad, with a kit consisting of a box with a glass front, containing one quart of distilled water, one roll of



two inch bandage, one roll of one and one-half inch bandage, four ounces of medicated cotton, one four ounce bottle of aromatic spirits of ammonia, one four-ounce bottle of hydrogen of peroxide and one flash light. The kit shall be set in some place of easy accessibility to the public. Every corporation, person or persons, operating a railroad in violation of the provisions of this section shall be liable to a penalty of twenty-five dollars for each passenger car operated without such kit.

§ 2 This act shall take effect September first, nineteen hundred and twenty-four

Assembly Int No 1070 (Print No A 1151), by Assemblyman Louis Cuvillier of New York, is printed here in full for the information of the profession Referred to Assembly Committee on Codes

*Comment* The Medical Society is in favor of this bill

STATE OF NEW YORK

No 1151

Int 1070

IN ASSEMBLY

February 20 1924

Introduced by Mr Cuvillier—read once and referred to the Committee on Codes

AN ACT

To amend the penal law, in relation to the printing and uttering of information relating to birth control.

*The People of the State of New York represented in Senate and Assembly, do enact as follows*

Section 1 Section eleven hundred and forty-one of the penal law is hereby amended by inserting therein a new subdivision, to follow subdivision two, to be subdivision two-a, to read as follows

2a Any person, association or corporation, who prints, utters, publishes, sells, lends, gives away or shows, or has in his or her possession with intent to sell, lend, give away or show, or otherwise offers for sale, loan, gift or distribution, any book, pamphlet, magazine, newspaper or other printed paper devoted to the publication and principally made up of information regarding the destruction of maternity and infancy, otherwise known as "birth control, shall be guilty of a misdemeanor

§ 2. This act shall take effect immediately

*Comment* The Medical Society is in favor of this bill

Assembly Int No 1082 (Print No A 1168), by Assemblyman Marcellus H Evans of Kings County, is printed here in full for the information of the profession Referred to Motor Vehicles Committee

STATE OF NEW YORK

No 1168

Int 382

IN ASSEMBLY,

February 21 1924

Introduced by Mr Evans—read once and referred to the Committee on Motor Vehicles

AN ACT

To amend the highway law in relation to qualifications for an operators or chauffeurs license.

*The People of the State of New York represented in Senate and Assembly, do enact as follows*

Section 1 Subdivision one of section two hundred and eighty nine of chapter thirty of the laws of nineteen hundred and nine, entitled "An act relating to highways, constituting chapter twenty five of the consolidated laws," as last amended by chapter five hundred and eighty of the laws of nineteen hundred and twenty-one, is hereby amended to read as follows

1 License of operators or chauffeurs Application for license to operate motor vehicles, as an operator or chauffeur, may be made, by mail or otherwise, to the tax commission or its duly authorized agent upon blanks prepared under its authority in such form and with proof of the applicant's fitness as the tax commission shall in its discretion determine. *The commission shall prescribe standard physical and visual tests and no license shall be granted to any applicant not conforming thereto* The tax commission shall appoint examiners and cause examinations to be held at convenient points throughout the state as often as may be necessary. Such application, if for a chauffeur's license, shall be accompanied by a photograph of the applicant in such numbers and forms as the tax commission shall prescribe, said photograph to be taken within thirty days prior to the filing of said application and to be accompanied by the fee provided herein. An owner of a motor vehicle or a member of his immediate family shall be granted an operator's license, subject to this article. Before an operator's or chauffeur's license is granted, the applicant shall pass such examination as to his qualification and *present such satisfactory evidence as to his physical and visual ability* as the tax commission shall require. No operator's or chauffeur's license shall be issued to any person under eighteen years of age. To each person shall be assigned some distinguishing number or mark and the license issued shall be such form as the tax commission shall determine, it may contain special restrictions and limitations concerning the type of motorpower, horse-power, design and other features of the motor vehicles which the licensee may operate and *each license shall be limited to a particular kind or make of car*, it shall contain the distinguishing number or mark assigned to the licensee, his name place of residence and address, a brief description of the licensee for



the purpose of identification and the photograph of the licensee if a chauffeur *An operator or chauffeur desiring to drive or operate more than one kind or make of car shall obtain a separate license for each such kind or make* Such distinctive number or mark shall be of a distinctively different color each year and in any year shall be of the same color as that of the number plates issued for that year The tax commission shall furnish to every chauffeur so licensed a suitable metal badge with the distinguishing number or mark assigned to him thereon without extra charge therefor This badge shall thereafter be worn by such chauffeur affixed to his clothing in a conspicuous place, at all times while he is operating or driving a motor vehicle upon the public highway Said badge shall be valid only during the term of the license of the chauffeur to whom it is issued as aforesaid Every person licensed to operate motor vehicles as aforesaid shall indorse his usual signature on the margin of the license, in the space provided for the purpose, immediately upon receipt of said license, and such license shall not be valid until so indorsed Every application for a chauffeur's license filed under the provisions of this section shall be sworn to and shall be accompanied by a fee of five dollars, three dollars of which shall be for examination aforesaid and two dollars for license fee Every application for an operator's license shall be sworn to and be accompanied by a fee of two dollars A license granted hereunder at any time shall expire on the ensuing first day of July A license in force when this section, as hereby amended, takes effect shall be deemed a license hereunder Failure by an operator or chauffeur to exhibit his license to any magistrate, motor vehicle inspector, police officer, constable or other competent authority, shall be presumptive evidence that said person is not duly licensed under this article

§ 2 This act shall take effect immediately

EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted

**The Anti-Vivisection Bill**—Assembly Int No 1094 (Print No A 1180), by Assemblyman Samuel Mandelbaum of New York, concurrent Senate Bill Int No 588 (Print No S 612), by Senator John P Ryan of Rensselaer County

(See concurrent Senate Int No 588 for comment)

Assembly Int No 1106 (Print No A 1192), by Mr Herbert Shonk of Westchester County, concurrent Senate Int No 830 (Print No S 885), by Senator Walter Westall

(See concurrent Senate Int No 830 for printed bill)

**Requiring Licensing of Private Institutions for Treatment of Drug Addicts**—Assembly Int No 1117 (Print No A 1203), by Assemblyman Morris Weinfeld of New York, is printed here in full for the information of the profession Referred to Assembly Committee on Public Health

STATE OF NEW YORK

No 1203

Int 1117

IN ASSEMBLY,

February 21, 1924

Introduced by Mr Weinfeld—read once and referred to the Committee on Public Health

AN ACT

To amend the public health law, in relation to the licensing of private institutions for the treatment of drug addicts

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health law, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein a new article, to follow article eleven, to be article eleven-a, to read as follows

#### ARTICLE XI-A

##### PRIVATE INSTITUTIONS FOR TREATMENT OF DRUG ADDICTION

Section 245 Private institutions for treatment of drug addiction, licensing, revocation of license, review of proceedings

§ 245 Private institutions for treatment of drug addiction, licensing, revocation of license, review of proceedings No person, association or corporation shall establish or keep an institution for the care, custody or treatment for compensation or otherwise of any person for the habit of taking or using any narcotic drug, including cocaine, opium, morphine, codeine, diacetyl morphine (heroin), cannabis indica, cannabis nativa, or any compound, manufacture, salt, derivative or preparation of any of them, or any synthetic substitute therefor, unless such institution holds a license for such purpose issued by the commissioner Every application for such a license shall be upon blanks provided by the commissioner in such form as he may prescribe and shall be accompanied by a plan of the premises proposed to be occupied, the extent and location of grounds appurtenant thereto, and the number of patients proposed to be received therein, with such other information, and in such form, as the commissioner may require The commissioner shall not grant any such license without first having made an examination of the premises proposed to be licensed, and being satisfied that they are substantially as described, and are otherwise fit and



suitable for the purposes for which they are designed to be used, and that such license should be granted. The commissioner may, at any and all times, examine and ascertain how far a licensed institution is conducted in compliance with the license therefor, and after due notice to the institution and opportunity for it to be heard, the commissioner having made a record of the proceeding upon such hearing, may, if the interests of the inmates of the institution so demand, for just and reasonable cause then appearing and to be stated in its order, amend or revoke any such license by an order to take effect within such time after the service thereof upon the licensee as the commissioner shall determine. Any determination of the commissioner in respect to the revocation of a license shall be reviewable under certiorari proceedings by the supreme court or a justice therein instituted in the judicial district in which such institution is located. Violation of the provisions of this section shall constitute a misdemeanor, punishable on conviction by a fine of not less than one hundred dollars and not more than five hundred dollars or by imprisonment for not less than sixty days or more than one year or by both such fine and imprisonment.

§2 This act shall take effect January first nineteen hundred and twenty five, except that applications for licenses may be made to the commissioner and the commissioner may make all necessary examinations and grant such licenses in his discretion, at any time after this act becomes a law.

## ACTION ON BILLS

Assembly Int No 232, conc S Int. 128 —  
In re extending provisions for State aid in public health work to counties of population of 50 000 or more. Assembly bill passed Senate bill to Finance committee

Assembly Int No 267, conc S Int. 127 —  
In re permitting supervisors except in a general county constituting a general health district to employ such public health nurses as they may deem proper. Assembly bill passed Senate bill still in committee

Assembly Int No 565, conc S Int 430 —  
In re reporting vaccinations to local health officers etc. On order of 3rd reading in Senate and Assembly

## COMMITTEE ON PUBLIC HEARING

Assembly Committee on Public Health.

February 27th at 10 A M

A Int No 228, Print No 228, in re illegal practice of Optometry

A Int No 229 Print No 229, in re penalties for violations of Optometry

A Int No 507 Print No 950, in re practice of chiropody and podiatry

A Int No 646 Print No 655, in re health districts

## IN RE STATE DEPARTMENT OF EDUCATION BILL TO AMEND THE MEDICAL PRACTICE ACT—

Counties in Favor of Bill	Counties Opposed to Bill	Counties Not Heard From
Albany	Allegany	Bronx
Cayuga	Broome	Cattaraugus
Chemung	Erie	Chautauquo
Dutchess Putnam	Fulton	Chenango
Essex	(any bill rep. text ter)	Columbia
(no vote)	Genesee	Cortland
Franklin	Kings	Delaware
(no vote)	Livingston	Herkimer
Greene	Madison	Lewis
Jefferson	(no vote)	New York
Monroe	Nassau	Oswego
Montgomery	(no vote)	Otsego
Oneida	Orange	Steuben
Onondaga	Queens	Tioga
Ontario	Rensselaer	Wyoming
Orleans	(any bill req register)	Niagara
Richmond	Schenectady	
Rockland	Ulster	
St Lawrence		
(no vote)		
Saratoga		Society About Evenly Divided
Schoharie		Clinton
Schuyler		
Seneca		
Suffolk		
Sullivan		
Tompkins		
Washington		
Wayne		
Warren		
Westches er Yates		



## NASSAU COUNTY

1st Dist, Edwin W Wallace, Rep., Rockville Center  
2nd Dist, F Trubee Davison, Rep, Locust Valley

## NEW YORK COUNTY

1st Dist, Peter J Hamill, Dem., 585 Broome St, N Y  
2nd Dist, Frank R. Galgano, Dem, 57 Kenmare St., N Y  
3rd Dist., Thos F Burchill, Dem, 347 West 21st St., N Y  
4th Dist., Samuel Mandelbaum, Dem, 1 Sheriff St, N Y  
5th Dist., Frank A Carlin, Dem, 639 10th Ave., N Y  
6th Dist., Morris Weinfeld, Dem, 231 E 3rd St., N Y  
7th Dist., Victor R. Kaufman, Rep, 176 West 87th St, N Y  
8th Dist., Henry O Kahan, Dem, 236 5th St., N Y  
9th Dist., John H Conroy, Dem., 66 W 91st St, N Y  
10th Dist., Phelps Phelps, Rep, 70 West 49th St, N Y  
11th Dist., Samuel I Rosenman, Dem, 226 W 113th St, N Y  
12th Dist., Paul T Kammerer, Jr, Dem, 157 E 46th St., N Y  
13th Dist., John P Nugent, Dem, 10 St. Nicholas Ave., N Y  
14th Dist., Frederick L Hackenburg, Dem, 336 E 69th St., N Y  
15th Dist., Jos Steenburg, Rep, 24 E 97th St, N Y  
16th Dist., Maurice Bloch, Dem, 305 E 87th St., N Y  
17th Dist., Meyer Alterman, Dem, 60 E 118th St, N Y  
18th Dist., Owen M Kiernan, Dem, 163 E 89th St, N Y  
19th Dist., James Male, Dem, 540 Manhattan Ave., N Y  
20th Dist., Louis A Cuvillier, Dem, 172 E 122nd St, N Y  
21st Dist., Henri W Shields, Dem, 208 W 141st St, N Y  
22nd Dist., Joseph Gavegan, Dem, 557 W 114th St, N Y  
23rd Dist., Nelson Ruttenberg, Dem, 286 Ft Washington Ave., N Y

## NIAGARA COUNTY

1st Dist, Mark T Lambert, Rep, Lockport.  
2nd Dist, Frank S Hall, Rep, Lewiston.

## ONEIDA COUNTY

1st Dist, John C. Devereux, Rep, 1609 Genesee St., Utica  
2nd Dist., Russell G Dunmore, Rep, New Hartford  
3rd Dist, George J Skinner, Rep, Camden

## ONONDAGA COUNTY

1st Dist, Horace M Stone, Rep, Marcellus  
2nd Dist, Geo M Haight, Dem, 152 W Seneca St., Onondaga Valley  
3rd Dist, Richard B Smith, Rep, 411 Elm St, Syracuse

## ONTARIO COUNTY

Chas C Sackett, Rep, Canandaigua

## ORANGE COUNTY

1st Dist, Clemence C Smith, Rep, Meadowbrook  
2nd Dist, Chas L. Mead, Rep, 24 Mulberry St, Middletown

## ORLEANS COUNTY

Frank H Lattin, Rep, Albion, R. D No 7

## OSWEGO COUNTY.

Victor C. Lewis, Rep, Lewis House, Fulton

## OTSEGO COUNTY

Julian C Smith, Rep, 21 Ford Ave., Oneonta

## PUTNAM COUNTY

John R Yale, Rep, Brewster

## QUEENS COUNTY

1st Dist, Henry M Dietz, Dem., 385 9th Ave., Astoria  
2nd Dist, Owen J Dever, Dem, 2552 Gates Ave., Ridgewood.

3rd Dist., Alfred J Kennedy, Dem, 51 S 8th Ave, Whitestone.

4th Dist., D Lacy Dayton, Rep, Ashburton Ave., Bay-side

5th Dist, Wm F Brunner, Dem, 214 Beach 116th St., Rockaway Park

6th Dist, Paul P Gallagher, Dem, 2385 Van Courtland Ave., Ridgewood

## RENSSELAER COUNTY

1st Dist, John H Westbrook, Dem, 171 Congress St., Troy

2nd Dist., Henry Meurs, Rep, Rensselaer

## RICHMOND COUNTY

1st Dist, Wm S Hart, Dem, 475 Oakland Ave., W New Brighton

2nd Dist, Wm L. Vaughan, Dem, 229 Fisher Ave, Tottenville

## ROCKLAND COUNTY

Walter S Gedney, Rep, Nyack.

## ST LAWRENCE COUNTY

1st Dist, William A Laidlaw, Rep, Hammond.

2nd Dist, Chas L Pratt, Rep, Massena

## SARATOGA COUNTY

Burton D Esmond, Rep, Ballston.

## SCHENECTADY COUNTY

1st Dist., Chas W Merriam, Rep, 20 Parkwood Blvd, Schenectady

2nd Dist., Wm M Nicoll, Rep, Scotia

## SCHOHARIE COUNTY

Kenneth H Fake, Rep, Cobleskill

## SCHUYLER COUNTY

William Wickham, Rep, Hector

## SENECA COUNTY

Wm H Van Cleaf, Rep, Seneca Falls

## STEBEN COUNTY

Wilson Messer, Rep, 334 W Pulteney St., Corning

## SUFFOLK COUNTY

1st Dist, James G Peck, Rep, Southampton

2nd Dist, John Boyle, Jr, Rep, Huntington

## SULLIVAN COUNTY

Guernsey T Cross, Dem, Callicoon

## TIOGA COUNTY

Daniel P Witter, Rep, Berkshire

## TOMPKINS COUNTY

Jas R Robinson, Rep, 313 E. Mill St, Ithaca

## ULSTER COUNTY

Simon B Van Wagenen, Rep, Sleightsburgh

## WARREN COUNTY

Milton N Eldridge, Rep, Warrensburg

## WASHINGTON COUNTY

Herbert A Bartholomew, Rep, Whitehall

## WAYNE COUNTY

George S Johnson, Rep, Palmyra.

## WESTCHESTER COUNTY

1st Dist, T Channing Moore, Rep, Bronxville

2nd Dist., Herbert B Shonk, Rep, Scarsdale

3rd Dist., Milan E Goodrich, Rep, Ossining

4th Dist, Alexander H Carnjost, Rep, Yonkers

5th Dist, Arthur I. Miller, Dem, Yonkers

## WYOMING COUNTY

Webber A Joiner, Rep, Attica

## YATES COUNTY

James H Underwood, Rep, Middlesex





# State Department of Health



## TULAREMIA.

In the western part of the State there has recently occurred a disease among wild rabbits which may be tularemia. The United States Public Health Service reports the finding of cases in rabbits in California, Utah, Wyoming, Idaho, Colorado, Indiana, Ohio, Tennessee, North Carolina and Washington, D. C. In the human it is an extremely infectious disease which causes marked disability for several weeks.

## VILLAGES IMPROVE MILK SUPPLY

Recently the boards of health of Warsaw and Gouverneur passed ordinances prohibiting the sale within their respective limits of any milk or cream except that from tuberculin tested cows.

## INDIGENT SYPHILITICS TREATED IN STATE CLINICS

During the past five years a total of 6643 syphilitics have been treated in the various clinics supervised by the Division of Venereal Diseases of the State Department of Health. None of these individuals so far as could be determined was able to pay for treatment by a private physician. The number of injections of arsphenamine given was 31,260. In this way a great many individuals were rapidly rendered non-infectious, resulting in a far fewer number of new infections than would have occurred otherwise.

## TOXIN-ANTITOXIN IMMUNIZATION STILL GOES ON

District State Health Officers Sears and Munson report that in spite of the recent accidents which have occurred in Concord, Mass., following the administration of previously frozen toxin-antitoxin, this preventive work has proceeded without interruption in their respective districts. Parents seem to realize that the afore-mentioned accidents were not likely to be repeated and that the good effects of toxin-antitoxin immunization far outweigh the improbable ill effects.

## STERILE OBSTETRIC PACKETS

The Division of Maternity, Infancy and Child Hygiene, has recently devised a model obstetric package for the emergency use of physicians and midwives. It is hoped that local organizations of women will make and keep supplies of these packages for use in their communities. Instructions for making them will be forwarded upon application to the Division.

## TYPHOID VACCINE PREVENTS SECONDARY CASES

During 1923, the Division of Communicable Diseases directed special attention to the prevention of secondary cases in families in which a primary case of typhoid occurred. This was done by urging the attending physician to immunize the well members of the family.

As a result of this effort there were only 57 instances of multiple cases of typhoid fever in 1923 while during the previous year there were 100 such instances. This represents a decrease of 43 per cent.

## CURES FOR INCURABLES

Recently the Department received a letter from one purporting to be "the champion lightweight boxer of the Central Atlantic District," asking for a permit to treat certain diseases. This gentleman has given up boxing in order that he may devote his time to curing incurable diseases. According to his modest statement he can "cure consumption in two weeks and tuberculosis in four weeks, depending upon the condition of the patient." He admits that he can cure epileptic fits in eighteen days. Although he will be satisfied to receive permission to treat only tuberculosis and epilepsy he prefers to have cancer included as he has unbounded confidence in his ability to cure that disease also.

## ORTHOPEDIC CLINICS ON LONG ISLAND

On January 17th the State Department of Health held an orthopedic clinic at Mineola at which twelve patients were examined. Among these were seven who were brought from Locust Valley by the school authorities. These children were suffering from various types of mild scoliosis, due to habit and poor muscular development.

A similar clinic was held at Huntington on January 24th. At this clinic seventeen patients were examined, all but two of which followed poliomyelitis.

## NEOARSPHENAMINE AVAILABLE FOR THE TREATMENT OF INDIGENT SYPHILITICS

Attention is called to the fact that in remote rural districts where it is impossible to refer indigent patients to a clinic doctors may through the health officer, secure from the State Laboratory neoarsphenamine for the treatment of syphilitics who are unable to pay for such treatment.



# CORRESPONDENCE

The Council at a meeting held in Albany, April 20, 1922, moved, seconded and carried That the JOURNAL be not used to in any way suppress any expression of opinion, and that its correspondence columns be open for all proper communications, and that 'proper' communications will be deemed those which are not slanderous or libelous in their nature

February 29, 1924

Nathan B Van Etten, M D, *Editor*,  
NEW YORK STATE JOURNAL OF MEDICINE

DEAR DOCTOR VAN ETTEN

Replying to your invitation on page 206 in the last issue I want to voice my protest against "The Medical Practice Act," as published in this issue, as follows

(1) A registration and tax discriminates against physicians when other professions, as the ministerial and the legal, are exempt The fact that dentists are taxed does not make it logical that physicians must be taxed

(2) The tax will work a hardship on the average practitioner who is already overtaxed Many poor physicians, such poor physicians often the cream of our profession and doing the most good, can not afford this \$2 per year, as it is needed in their families The average physician is a much poorer man than is imagined by the public The country doctor may go through snowdrifts several miles into the country and charge for the call which takes half a day \$2, and it will take the rest of the day to collect it, if he ever gets it This \$2 earned at such sacrifice the regents must have, it seems, to protect him against the chiropractor

(3) In using the money of the physician to prosecute irregulars the burden is placed on the physician instead of on the State where it belongs and the doctor is put in a bad light The good physician should need protection least of all, and it would seem that if he uses his money to put the chiropractor out of business so that, as stated in an issue of your Journal, he may put \$200 more each year into his own pocket—the doctor in such a case is fighting for more money for himself rather than for the good of the public, on which latter high moral platform he has hitherto stood The chiropractors and other irregulars then become "martyrs" and the reaction upon the regular may be, nay, will be, disastrous, for our motives can be impugned Our only solid reason for existence is the good of the public, and it is our duty to educate such public upon whose shoulders must fall the burden of freeing themselves of quacks

(4) With Dr Stanton, in your last issue, I wonder why in these 27 years the State Educational Department has not installed a properly indexed catalogue of physicians, nor why such department does not make use of the admirable registry of the American Medical Association Instead of spending a large amount of money in duplication, it would seem wise to use this and correct it where found defective

(5) From what I read, those in favor of this measure from our Governor down do not justify the taxing and re-registration in principle but say that it is to be defended because only by it can results be obtained In other words "the end justifies the means," and we should "do evil that good may come" This principle has from the time of Saint Paul been found unjustifiable

(6) I am disappointed that our State President should declare himself in favor, instead of maintaining a judicial position which would seem more in harmony with his office

Sincerely yours,

WILLIAM W ROOT, M D,  
Tompkins County Medical Society  
Slaterville Springs, N Y.

March 1, 1924

Nathan B Van Etten, M D, *Editor*,  
NEW YORK STATE JOURNAL OF MEDICINE  
DEAR DOCTOR

If we are to have an effective registration law and emasculate all "quacks" and all "cults" not qualified M D's, why will not registration every five (5) years, or certainly not oftener than once in two (2) years—say every even year, from 1894 be often enough Certainly that would clean out all irregulars, be less expensive to enforce, and give sufficient time to search over the cities and towns of the State thoroughly between each registration, and be less annoyance to the legitimate and ethical practitioners If not enforced by the authorities it will not be any better than the law of 1880

Very sincerely,

ARTHUR M JACOBUS, *Ex-President*,  
Medical Society of the County of New York



February 27, 1924

Nathan B. Van Etten, M.D., *Editor*,  
NEW YORK STATE JOURNAL OF MEDICINE.

DEAR DOCTOR

I have been reading over the proposed amendments to the Medical Practice Act as published in your issue for February 22, 1924. It seems to me that there are not proper provisions made for that group of physicians who are not in practice, who are spending their time in scientific work, often in connection with schools and hospitals. Many of them are not licensed in New York State and some of them not licensed in any state, and they are therefore apparently not eligible for registration. One would think that they would not be involved since they are not actually practicing, yet the amendment reads (173 2. C.)

"2 Any person, who, not being then law fully licensed and so registered according to law, shall (c) use the title 'doctor or any abbreviation thereof in connection with his name shall be guilty of a misdemeanor, etc' "

Do you not think that some mention should be made of this group which is small but still important from a standpoint of medical education and research? Of course it is assumed that these individuals would not be prosecuted under the law and yet it appears to my, probably imperfect, understanding that they would be guilty of breaking the law if they used a title to which they have a legal right.

I would be interested in hearing the opinion of yourself or perhaps the Society's counsel on this point

Very truly yours,

RALPH G. STILLMAN,  
*Assistant Director*,  
Department of Pathology

February 26, 1924

Dr. Nathan B. Van Etten, *Editor*,  
NEW YORK STATE JOURNAL OF MEDICINE.

DEAR DR. VAN ETTEN

In the interest of accuracy, may I be permitted a brief comment on certain statements in the letter of Dr. E. MacD. Stanton, Chairman of the Legislative Committee of the Schenectady County Medical Society, published in the JOURNAL of February 22d.

Dr. Stanton states that "At the Albany County Society meeting held in January, it was stated that although the State Department of Education has had supervision of the licensing of physicians in New York State for a period of 27 years, the department has not yet installed a properly indexed catalogue showing the physicians it has licensed. The failure of this department to develop a workable card index is no reason for granting it more responsibility in the line of cataloging the physicians of this State."

As a matter of fact, the State Department of Education has been charged with the licensing of medical practitioners since 1891, a period of 33 years, before which such licensing rested upon the State Medical Society. Hardly a day passes without one or more inquiries concerning licensed practitioners coming to my office. I have always been able to obtain accurate information concerning the name and date of license of any practitioner licensed within the last 33 years, simply by telephoning to the Examinations Division of the Department of Education, which has a complete alphabetical list of all such practitioners. Physicians licensed by the State Medical Society before 1891 were required by law to register with the State Department of Education only when transferring from one county to another. The State Department of Education has, contrary to Dr. Stanton's statement, a workable card index which is complete for the practitioners it has licensed.

Yours very truly,

HAROLD RYPINS, M.D., *Secretary*,  
Board of Medical Examiners,  
The University of the State of New York



# THE DAILY PRESS

is from the daily newspapers are the editors are interested in the sent out by the New York State of Health and the United States Service Every week we receive articles quoting Dr Matthias Nicoll, Commissioner of Health, on various topics. We noticed that several newspapers a radio talk by Dr Paul B Brooks, Commissioner of Health, telling a doctor The Albany Knickerbocker headlines, "Pick Physicians Does Berries, State Deputy Comes Illustration to Warn Off Quacks, License, Beware of Boasters"

contains remarks by Dr Brooks on fulness, judgment, and good horse average country physician, and ends its on the characteristics of the care-physicians, who are opposed to the attitudes assumed by incompetents

topic of interest to members of the State Medical Society—that of the Practice of Medicine act—does not arousing much interest in the local throughout the State, and it may safely be said that the people generally are not concerned. We have run across only a few on the subject during the past year. It was from the Syracuse Herald of February 17th, bearing the heading, "Chiropractic Public Aid in Medical War Claim, Would Illegalize Them by Legislative Action." The article is a description of the meeting of the North Central District Chiropractic Society on February 16th, in Syracuse. The President of the Society was quoted as saying: "A wide campaign has been started by the medical practitioners of chiropractic to defeat the Legislature, for protection of the public (the italics are ours), that chiropractic be regulated and regulated by the State this year. Our intention to carry our case to the franchise, women's, and other organizations view of having them adopt resolutions opposing the proposed medical legislation."

The article asks the question "Why do the medical organizations ask that legislation be passed classing the chiropractor as illegal?" It asks the question by asking another "Can we aim or prove that it is harmful to the public if it has been demonstrated and proven

right in thousands of cases, many of which the other methods had failed on? We will let the people decide as to what the medical man's reason is for asking such legislation."

Articles in favor of the proposed Practice of Medicine act were carried by two New York papers—the *Tribune* of February 21st, and the *Times* of February 20th. The *Tribune* article quoted District Attorney Banton as saying that high bail is needed for persons charged with illegally practicing medicine, because in several instances the defendants forfeited their bails rather than stand trial. He was quoted in favor of the proposed bill, because in it the penalties were more definite and severe than the present Act.

The article in the *Times* was on the editorial page and quoted from the remarks of Commissioner of Health Nicoll before the New York County Medical Society. The editorial closes with these words: "Dr Nicoll is using the powers of his office to elevate medical practice in this State. He has the courage as well as knowledge, and he does not hesitate to apply accurate epithets to quacks of all kinds. They are squirming under his characterizations, some of them not being used to such plain speaking. His work is primarily in the interest of public health, but naturally and inevitably its indirect result is the protection of real doctors from an unfair competition which too many of them have been too dignified to resist and resent." These closing lines remind us of the catch words, "Too proud to fight," which we heard just before the beginning of the war. If the doctors are too proud, or dignified to fight now, they will inevitably be drawn into a future conflict when the quacks and illegal practitioners will be a hundred times more powerful than they are at present.

At least three Rochester papers carry lengthy accounts of the annual meeting of the Corporation of the Highland Hospital. The *Journal* heads its account "Long Life Benefits City as Highland Hospital Sets Gain at \$7,500,000 Each Lived Year More." These figures are ascribed to Dr John R Williams, Chief of the Medical Staff, as the annual value of the service of the people of Rochester if a year were added to the life of each inhabitant. The doctor then gives figures showing the number of cases treated in the hospital, and the costs of the treatment—all tending to show that the hospital pays but



financial returns on its budget. Figures like these show that public health pays in a business way as well as on humanitarian grounds

The *Batavia News*, February 11th, carries an account of a meeting of the advisory council of the Milbank Memorial Fund, and says "The Foundation is spending \$2,000,000 in health work in New York State to demonstrate a belief held by many public health and social workers that within the next half century at least twenty years can be added to the present average life span. It quotes Dr Haven Emerson as saying "We are looking forward, as we believe, to the elimination of tuberculosis. If this can be done, it is worth buying, worth spending money for." These newspaper accounts have the great value of educating the people regarding the ideals which physicians believe are attainable. The articles should also impress the people with their own individual responsibility for the attainment of the ideals. How to educate the people is, of course, the great problem in any public health work. The people will forsake a careful physician for a get well quick schemer, just as they will forsake a bank for a get-rich-quick oil promoter

The *Olean Times*, February 15th contains an item on a speech made by Dr L. D. Bristol, County Health Officer of Cattaraugus County, at the Rural Community Conferences held in connection with the Annual Farmers' Week at Cornell University

Dr Bristol has the only county health officer district in New York State. This district is financed partly by the Milbank Fund, and is an experiment to show the practicability of making the county the unit in all public health work.

Several up-State papers record the prevalence of measles. The *Syracuse Post Standard*, February 16th carries the heading "Measles Epidemic Proves More Serious in Total Deaths Than Scarlet Fever." It quotes from the Bulletin of the City Department of Health that during January there were 255 cases of scarlet fever and no deaths, and 272 cases of measles with four deaths. The article also quotes Health Commissioner Farmer as calling attention to the use of serum from recovered cases for the prevention of measles in exposed children

The *Rome Sentinel*, February 19th, discusses the report of the health officer which contains the usual array of statistics regarding a variety of subjects from plumbing to maternity clinics. The only interesting and instructive part of the report is that regarding an epidemic of measles, which now seems to be at an end. It says "During January there were 165 cases reported in 103 homes. At the present time there are but 25 houses where the measles sign is displayed. The disease has not been severe and but a few deaths have been reported." This report from Rome is misleading, for it gives the impression that measles is of little importance. Yet reading between the lines, the epidemic was of considerable importance if a few deaths occurred.

The *Ithaca Journal News* February 18th, contains an editorial on the subject, "A Nation of Hypochondriacs," in which the editor was appalled at the public interest in disease as shown by the great number of cures mentioned in the daily press, and in conversations. The article mentions the forty-five or more cults which were listed by the Health Department of New York City (see page 230 of the February 22 issue of this JOURNAL). The article continues "Practically every possible change has been rung on the word 'therapy', the sun, moon and stars have been called to aid the ailments of mankind, water, fire, electricity, and herbs do their bit, mud, air, color and light are enlisted in the drive against disease. It is to laugh—or weep. The millions of dollars to be had in the game constantly recruit the ranks of healers."

The attitude of the Ithaca paper is a fair sample of that of all the other papers of the State. We have not found one that upheld the quacks and cults, but practically all carry reputable news upholding the medical profession

Two papers, the *Times* of Middletown and the *Dispatch* of Utica, comment on the "Habit of taking cold," basing their comment on a publication of the U S Public Health Service. It states that 35 per cent of the Nation's population suffer continually from colds. The Ithaca paper states that the Public Health Service is studying the subject of colds, and continues "It is a relief and pleasure to read about so much common sense action after so much medical vaudeville about monkey glands." The article could have truthfully said that it is the sensational papers that exploit the alleged news about monkey glands and similar subjects





# PRUNES



## Contributions Solicited

### His Manliness

"What a manly looking little fellow!" admiringly said the candidate, indicating 4-year-old Bearcat  
"He shore is, Podner!" admitted Mr Gap Johnson, of Rumpus Ridge, Ark "You just ort to hear him cuss when he takes his quinin"—*Judge*

### The Problems

"Can I become a centenarian, doctor?"  
"Do you drink, smoke or go in for high living?"  
"No."  
"Then what do you want to be a centenarian for?"  
—*Sans Gene, Paris*

### Of Course Not

"Can't you wait on me?" asked the impatient customer "Two pounds of liver I'm in a hurry"  
"Sorry, madam," said the butcher, "but two or three are ahead of you You surely don't want your liver out of order"—*The Progressive Grocer*

### So There

"If your father heard your stupid answers, it would make him turn in his grave!"  
"It couldn't He was cremated"—*Kasper (Stockholm)*

### More Serious

The Man (gloomily) "I was told to go abroad at once."  
The Girl Nonsense! These doctors mustn't frighten you out of your life like that"  
The Man "It wasn't a doctor It was a lawyer"  
—*London Opinion*

### Even the Police Make Way

"Thief steals St Luke's Hospital ambulance."—*News item* The only kind of car to steal if you want right of way over all traffic.

### Not Fully Prepared

Victim "Help! Help! I'm drowning!"  
Hero "Courage, my brave man! Just wait until I get a rope, a measuring rod, a Carnegie application blank, two witnesses and a notary public."—*Bohemian Magazine*

### Symptoms

"Pardon me, professor, but last night your daughter accepted my proposal of marriage I have called this morning to ask if there is any insanity in your family"  
"There must be"—*Yale Record*

### Doc's Ignorance

"My doctor put me on a rigid diet, but said I could eat all the spinach I wanted"  
"Well?"  
"Evidently he didn't know that I like spinach"—*Wayside Tales*

Talkative Patient "They say Chinese doctors write complicated prescriptions"  
M D "I can well believe it after looking at a laundry check!"

### The Boy Grew Older

"And has he learned to talk yet?"  
"My, yes! We're teaching him to keep quiet now"  
—*Life*

### Cornered

"Mamma, why has papa no hair?"  
"Because he thinks so much, my dear"  
"But why have you so much?"  
"Because—go away and do your lessons, you naughty boy!"—*New York Central Magazine*

### What's in a Name

He dropped his leather portfolio on the floor of the subway train There was a crash of glass and an immediate aroma of rye  
"What's that" exclaimed a startled passenger  
"It's all right," came the answer "I just dropped my grief case"

### He Surely Needed Them

Doctor "Your nerves are weak. You must take a holiday"  
Patient "Then please get my nerves strong enough for me to ask the boss for one!"—*Humorist (London)*

### Pests

The patient's son who always borrows your stethoscope

### The Intruder

With blushing cheek and downcast eye,  
"That room won't do," she said,  
And asked the clerk to let her try  
Another one instead  
"I find it most precarious  
For"—hesitated she,  
"A cimex lectularius  
To share my room with me."  
But I am shy and modest, too,  
And dare not name its name  
The desk clerk had to look it up,  
You'll have to do the same.

### One of the Fifty-Seven

Subscriber (to information operator)—"Please me Mr Dill's telephone number"  
Operator—"Is the initial 'B' as in Bill?"  
Subscriber—"No, it's Dill as in pickle"—*The Mock*



# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

VOL. 24, No 8

NEW YORK, N Y

MARCH 14, 1924

## ANOREXIA IN CHILDREN \*

By T WOOD CLARKE A B., M.D

UTICA, N Y

**A**NOREXIA is a symptom so commonly met in the practice of the pediatricist that it would take more than ordinary courage to read a paper on the subject before this section were it not that I have to present the report of one case which I believe to be both out of the ordinary and distinctly instructive.

In the nursing baby, provided it is fed with proper regularity and not overloaded with sugar and water or similar concoctions, anorexia is rarely seen except in icterus neonatorum, where it is of importance only in so far as the attendant worry interferes with the mother's lactation.

Loss of appetite in the bottle baby usually means over feeding with malt, a sugar preparation or a fat intolerance due to the high cream of top milk mixtures. A few days on a skimmed milk diet will usually improve the appetite and cause startling gains in weight. One case I saw a few years ago, the child of a physician and a follower of Dr. Winter, had gained one pound in its first five months of life on Winter's formulas, and it required a full hour to force three ounces of feeding down the baby's throat. On giving it plain skimmed milk it took seven ounces in ten minutes, gained twenty-eight ounces in four days (the baby had been badly dehydrated) and eight pounds in seven weeks. This is of course an exaggerated case, but equally gratifying, though less spectacular results are often obtained with the child that has lost its appetite on top milk or Jersey milk feeding by a few days on a skimmed milk diet.

Persistent anorexia in the older child is a more complex problem and may be due to faulty re-

gime, physical abnormalities, and constitutional diseases.

Among the commoner faults of regime is lack of fresh air and sunlight. If the child is kept in in the Winter, by Spring all food is distasteful.

Perhaps the most common cause is irregular and improper feeding. The all too common habit of allowing the child to select his own diet is an improper procedure. If this is done he develops the habit of deciding what he does not want, and the list becomes progressively longer. When he has once made up his mind that he cannot eat a certain article, the power of the childish imagination is such that the attempt to force it may produce actual nausea and gagging. I believe the child should be offered a well balanced ration and should be taught at the earliest age to clean up his plate. Where a well marked aversion appears it is my custom to make protein skin tests for the articles objected to before insisting on their administration. These being negative the child must be taught that he is to eat all food placed before him. If very small portions are started with and the quantity increased gradually, the dislike usually is replaced, first by tolerance and then by liking. In such cases it is of course necessary to refuse all desserts and sweets unless the substantial articles of diet have been eaten. The common practice in such cases of forbidding all sweets, I believe to be wrong. It takes away from the child the only attractive part of the meal, and makes him come to the table with an increased aversion to his food. I insist that attractive desserts be included in the menu. With these to look forward to the ordeal of swallowing less palatable food is greatly lightened, especially if the child clearly understands that the dessert will

\* Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 27 1923



pass him by if his plate has not been cleared with promptness. I am also in the habit of instructing the parents to keep on hand a supply of simple candy, one, two or three pieces to be allowed after meals in proportion to the enthusiasm with which the meal has been eaten.

The offering of candy and sweets between meals, however, is not advisable. For the strong hearty child with a normal appetite a slight refreshment in the middle of the morning and afternoon adds to the pleasure of the day, increases the activity of the body and certainly does no harm. If, however, the child is inclined to refuse his meals, then the tid-bits between meals must be strictly interdicted. The common idea of mothers, and of some physicians, that the child that does not eat enough at meal time must be given a lunch to keep up his strength until his next regular meal is the foundation of much of the anorexia that occurs among children. Such a lunch is usually an undesirable form of diet, or inadequate in quantity, to do more than ruin his appetite for the next meal. My first rule in the treatment of the child who does not eat his meals is that he shall not be forced to eat it, but if he does not do so, he gets nothing until the next meal time.

Especially harmful to these children is the habit of giving a glass of milk between meals, as is done in so many schools. For the rugged, vigorous child who will eat anything in sight at meal time the school lunch is a help. For the more delicate, finicky child it is a detriment. But it is the finicky, the underweight child that is urged to drink it.

When in spite of a correct regime, the appetite is poor, a careful search must be made for physical abnormalities or constitutional diseases. The possibilities of tuberculosis, nephritis and especially of pyelitis must be excluded.

A careful inspection of the mouth and throat is of importance. Not only are bad teeth a prolific cause of loss of appetite but even more important are infected tonsils and adenoids.

Personally I believe that diseased tonsils are the most common of all causes of anorexia. This is a well recognized fact. We are all familiar with the increased appetite and gain in weight following tonsillectomy. One type, however, the association of which with diseased tonsils is not generally recognized is the case of the child with recurrent gastric attacks, with or without fever, especially of the type associated with acidosis and usually dubbed cyclic vomiting. There is frequently with the attack a transient enlargement of the cervical glands. These cases are in a great majority of instances a direct result of focal infection from diseased tonsils. I have been in the habit of calling them by the name of "tonsil infection." *Evidently, side Tales*

stomach," a crude name, if you will, but expressive. The complete cessation of the "biliousness," or the "cyclic vomiting" after tonsillectomy is gratifying to physician and parent alike. I can find no mention in text books of the tonsils as an etiological factor in cyclic vomiting. I believe it is the most common cause.

Abdominal causes of anorexia are the most obvious field for investigation in such cases. While the most obvious, it is probably the one region in which it is easiest to fall into error, as what appears to be a perfectly normal abdomen may conceal a serious physical abnormality or disease.

Such conditions as chronic intestinal indigestion, Hirschsprungs disease, or tuberculous peritonitis, with their abdominal distension and other characteristic symptoms are usually obvious. There is, however, in the child one abdominal condition which must always be kept in mind, which, though in the adult the simplest to diagnose of all abdominal diseases, offers at times great difficulty in the child, especially in the young child. I refer to appendicitis. We are all familiar with the difficulty of recognizing acute appendicitis in the young child, but I think we are less apt to appreciate that chronic appendicitis is more common than is generally believed, that its symptoms are often masked in the child, and that as a cause of anorexia it is easily overlooked. Where the more obvious sources of anorexia are not found, a thorough investigation of the gastro-intestinal condition should be undertaken. Intestinal parasites should be looked for, intestinal functions should be tested, preferably after an Adolph Schmidt test diet, and most important of all a complete series of gastro-intestinal X-ray pictures should be taken. Such investigations sometimes reveal to us unexpected causes of anorexia and point the way to a cure, otherwise impossible to attain.

Three years ago I had under observation a case of anorexia of so marked a degree, in which the results of careful investigation were so happy, that I feel it is worthy of a full report.

Patient F. L., aged 9 years, of Chaumont, N. Y., was admitted to St. Elizabeth Hospital, Utica, May 21, 1920, referred by the late Dr. Forsythe of Alexandria Bay.

*Family history*—Father and mother healthy examples of sturdy German-American farmers. There is no history of insanity.

*Past history*—Patient the youngest of three. She had always been well, strong, stout and not nervous. As her father expressed it, "She enjoyed all the happiness of the open country until



August 1918." At that time she had whooping cough from which she recovered and attended school during the winter. During the pertussis she vomited phlegm, but no food.

**Present illness.**—This dates from June 1919, eleven months before admission. At that time she was badly frightened when a tree near her was struck by lightning. Following this her appetite began to fail and she complained of becoming tired before the end of the day. From then on the history was of progressive loss of appetite and emaciation. Every few days the child decided on some new article of food which she could not eat. She was put under the care of several physicians in turn, but in spite of all efforts the child continued to emaciate and to refuse to eat. Three weeks before admission, she had decided that she could eat nothing but mince pie. At that time a new physician was consulted who ridiculed the idea and forbade the pie. She then said she could eat nothing and for the three weeks before admission she took but two to three mouthfuls of bread and two to three ounces of milk in the day. A marked psychic change had come over her. She became more and more depressed. For the past three months she was very quiet and lost all her cheerfulness. For the last three weeks she had not smiled once and took no interest in her surroundings. She has had no pain, no vomiting and no headaches. The bowels moved with fair regularity. She had grown so weak that she could not stand alone.

On examination the child presented a pitiful picture indeed. The degree of emaciation was extreme. Her skin was dry and rough. Her mental condition was that of advanced melancholia. She would not raise her head, and would not speak when spoken to. Most of the time she was sobbing quietly to herself. Her teeth were good, throat normal, heart and lungs normal, pulse 60, respiration 20, abdomen scaphoid, the anterior surface of the vertebrae being palpable over the entire length of the abdomen. There were no masses in the abdomen and no tenderness. There was a strong acetone odor. She weighed 49 pounds.

She was ordered milk or water every 2 hours. After 12 hours as she had refused to allow a mouthful to pass her lips, and the acetone was increasing, a stomach tube was resorted to and twelve ounces of milk introduced. While unable to swallow food, anything in the shape of medicine was taken readily and large doses of bicarbonate of soda and some stimulation were given in this way.

The ordinary laboratory examination gave no information of value, except for the presence of

acetone in the urine during the first three days. The blood count was: Red cells 4,000,000, Leucocytes 5,000, Haemoglobin 115 per cent, Neutrophils 47 per cent, small mononuclear 52 per cent, Basophils 1 per cent. The gastric analysis after an Ewald meal was as follows: Amount 60 cc., Free HCL 50, Total acidity 61, Lactic acid 0, Blood 0, Gram + cocci and small bacilli. The stool examination showed complete digestion of all elements. The Gram + and Gram - organisms were about equal in number. No gas found on fermentation test.

As the patient persistently refused to take any nourishment she was fed three times daily by means of the stomach tube, at each feeding twelve ounces of milk and one or two raw eggs being given. She protested slightly against the use of the tube but did not resist it in the least.

On May 24th, the third day after admission, she was given a barium buttermilk feeding through the stomach tube and a series of gastrointestinal X-rays begun, which revealed most surprising results, as follows:

Case F. L. X-ray No 90 May 24

Barium meal

Immediate pictures—shows stomach enlarged, well marked duodenal cap

4 hours—Stomach three-quarters full. Small intestine well filled

8 hours—Stomach half full, caecum filling

24 hours—Stomach and small intestine empty. Entire colon filled. Outline of appendix clearly seen

48 hours—Ascending colon, part of transverse colon and rectum filled, appendix plainly seen

72 hours—Caecum and appendix still filled. Rest of colon empty except for few traces in rectum

96 hours—Caecum half filled, appendix full, small trace in rectum

5 days—Small amount in caecum, appendix plainly visible and much enlarged. Rest of bowel empty

6 days—Still slight shadow of appendix. Rest of bowel empty

June 2—Colon injected. Dilated, sigmoid descending and transverse colon filled. Ascending colon distended with gas.

Forty eight hours later patient examined under fluoroscope. Two round shadows size of chestnuts seen in caecum. Rest of bowel empty. The proximal 15mm of the appendix shadow is size of a thread, next 12mm is dilated to width of 6mm. Following this is constriction 5mm in length. The distal 60mm is distended to an extent varying from 4 to 7mm. Following the



examination the colon was again injected and filled completely. The plate is taken after the second injection. This, however, caused no change in the appearance of the appendix.

From these findings it was evident that the patient had a distended, atonic stomach and a markedly dilated and diseased appendix. In view of the results reported a few years ago by the psychiatrists on the beneficial results obtained by appendectomy in certain cases of melancholia, it seemed to me probable that the abdominal condition was the causative factor of the child's psychosis and anorexia.

Dr I Harris Levy of Syracuse was called in consultation on June 9th. He agreed that the child's condition was probably due to the lesion of the stomach and appendix. He felt that her extreme depression did not warrant an immediate operation, and suggested the use of an Einhorn duodenal feeding tube. Dr Levy persuaded the child to swallow one mouthful of buttermilk for fluoroscopic examination of the œsophagus. In my further care of the case this was a great help, as I no longer allowed her to say that she could not swallow. Up to this time all nourishment had been administered by stomach tube. From then on she began taking very small amounts by the mouth.

On June 14th the duodenal tube was passed, oriented and left in place. The next day two feedings were administered into the duodenum. The patient gagged on the second feeding and then pulled the tube out saying if we would not put it back she would try to eat more. During the hours the tube was in place, the child was in a condition resembling collapse. The tube was kept in her room for its psychological effect.

From this time on the condition improved gradually. She became slightly less morbid, each day took more and more food by mouth and less and less had to be administered by the stomach tube. On June 21st her weight was 52 pounds, and she was allowed to put on her clothes. The next day she went out in the grounds. On June 27th her weight was 55 pounds and the stomach tube was used for the last time. During the next ten days she spent some time each day on the grounds and took several automobile rides. She was eating three fairly good meals a day, always under protest. From the date of admission, May 21st until July 7th, she never once asked for either nourishment or water. She took them by mouth towards the end when they were given to her simply because she knew that if she did not, they would be given by tube.

On July 6th, when she was gaining in strength and her weight was 56 pounds, she developed pain and tenderness in the right iliac fossa. The next day the abdomen was opened by Dr F M Miller and an enormous appendix was removed.

It was as hard as a dry rubber tube and the lumen large enough to hold a lead pencil. The pathological report follows.

**Pathological report** Specimen consists appendix 6 — 19cm. Serosal vessels are congested. Several small nodules made out along appendix which is covered with thin veil like adhesions, particularly in proximity end. On section lumen is patent and filled with fecal material. Some hypertrophy of submucosa and mucus coat in some places. On sectioning there is great distention of lumen with erosion of mucosa and submucosa. There is erosion of the glandular elements in places, œdema and congestion of submucosa, fibrosis and atrophy of muscularis.

**Diag** Chronic appendicitis.

Except for some pain in the side the convalescence was uneventful. The point of especial interest was that the night after the operation she cried for water and the next day begged for milk. From the beginning of convalescence she looked forward eagerly to each meal and ate what was given her with apparent relish. Her mental condition improved. She took more interest in her surroundings and at times smiled and even laughed. On July 24th she was discharged, weighing 58 pounds, and apparently in good general condition.

A year later I was informed that she weighed 83 pounds, was rosy and happy and had the normal hearty appetite of the out-of-door growing child. A letter from the father September 19, 1922, about two years after discharge, says "She appears to be in the best of health, and takes as active and enjoyable a part in all sports as any child of her age. She has just entered 7B grade in school and is progressing moderately well in that work."

In this case the child's anorexia and psychosis disappeared with the removal of her appendix. Just what the relationship was between appendix, anorexia and melancholia, it is impossible to say. While it is possible that the primary condition was a psychosis, unrelated to the chronic appendicitis and that the shock of anæsthetic and operation altered the psychosis and produced the cure, it would seem more probable that the focal infection in the appendix was the primary lesion and both psychosis and anorexia resulted therefrom. Certainly the cure followed immediately upon removal of the diseased appendix.

### Discussion

DR JOHN A CARD, Poughkeepsie. Dr Clarke's point regarding the feeding of milk and crackers in schools as a cause of anorexia cannot be too strongly emphasized.

How frequently do we have children brought to us with loss of appetite and find they are being fed during the mid-forenoon on crackers



and milk. If this is to be done let it be done early in the session of school rather than at 10.30 or 11 o'clock.

The end results of growth and nutrition in these cases do not in my opinion warrant the continuation of these practices.

DR. LEO WOLF, Niagara Falls. In discussing the part of Dr. Clarke's very interesting paper dealing with the subject of anorexia, I would like to state that this is a very important subject. In my opinion the greatest trouble lies in the fact that we have lost sight of the difference between children and colons and we are told by the various children's departments in Washington and elsewhere that milk is the ideal food.

In these cases of anorexia I think we have the best results with what has been called by some body a contrast diet, in the children who are overfed with animal foods and are, therefore, suffering from anorexia, I find that by reducing them, especially in bulk, to the safer minimum we will frequently have rapid results. Naturally, in the children seen at dispensaries in times of economic stringency, who are living on coffee and bread, we will see results on a properly balanced diet with plenty of milk and other animal foods.

DR. FRANK HOWARD RICHARDSON, Brooklyn. No one who has listened to the intensely interesting presentation of this case, can fail to appreciate that Dr. Clarke has made a wonderfully complete clinical study of the very obscure condition that confronted him. I seriously doubt whether many of us would have evinced both the patience and the skill necessary to unravel the mysterious set of symptoms, and find the cause.

With regard to the question raised as to the value of milk in child nutrition I think we ought to specify what we mean when we speak of milk. "Pigs are pigs," perhaps, but milk is not necessarily milk as anyone will agree whose work has carried him into some of the barns where our so-called Grade "A" and Grade "B" milk is produced. I do not believe anyone can overestimate the importance of fresh, clean, healthy and healthful, unprocessed milk, in the nutrition of children. To us here represented that means Certified Milk—not because Certified Milk is so wonderfully good, but because the only alternatives Grade "A" and Grade "B," are so poor. Whether one believes in pasteurization of clean fresh milk

or not is one thing, but it is quite a different thing to advocate pasteurization as a means of making unfit milk fit to drink. Pasteurization cannot make stale milk fresh, dirty milk clean, or unwholesome milk wholesome, and when it is remembered that pasteurization does not even effectually disinfect, and that calves fed on pasteurized milk have died from bovine tuberculosis, it would seem as if it were high time for those of us whose work deals primarily with the nutrition of children, to awake to the fact that poor milk is poor pabulum for the undernourished, whereas good milk (and I know of no good milk available to us here in the city but Certified) is almost an essential for growing children, if they are to reach their optimum. Anyone who has ever had any experience with the genus "hired man," knows that such an ideal culture medium as milk cannot safely be submitted to his unsupervised attention without becoming a very rich culture medium. Now whether this be an aquarium of live bacilli, or a hospital for dying bacilli (for as you know pasteurization is only required to kill off 120 thousand, leaving 30 thousand alive and lacking, of whatever variety they may happen to be), or a suspension of killed bacilli from boiling the milk—it is useless to expect such a vaccine as this to do much for the nutrition of the growing child. It has been an interesting experience to watch the conversion of physicians who have from time to time been appointed to membership on the Kings County Medical Milk Commission. Most of these men have been in the habit of buying Grade "B," a few very finicky souls have bought Grade "A," for their own table use. It is rather instructive to find that among our membership there is probably not a man or woman today who would buy anything but Certified Milk for his home, table. Why? Because in the course of their inspections of Certified farms in this and adjoining states, they have had occasion to see some of the farms from which ordinary commercial milk is obtained, and it does not take many such experiences to make one an ardent advocate of Certified Milk, and a very lukewarm advocate of commercial milk for children. (Of course, when I say that Certified Milk is the only safe milk available here, I include in that term Walker Gordon Milk, for as you know, this milk is produced under the same standards as is Certified Milk, and so is just as good as Certified Milk itself but no better.)



## WHY ALIENISTS DIFFER IN CRIMINAL TRIALS\*

By JOHN F W MEAGHER, M D, F A C P

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**A**LIENISTS have the same prerogative to differ in their judgment of individual cases, as have lawyers, judges, engineers, etc. In fact, the same holds true with men in other branches of medicine,—gynecology, surgery, etc. Needless to say, it is in the so-called borderline cases of insanity where the greatest disparity of opinion is found. The outstanding feature in many of these criminal cases is the positiveness with which the divergent opinions are expressed. One of the opinions is often shown on the cross-examination to have been advanced on insufficient grounds.

An opinion may be given after personal examinations of the accused, or in answer to a hypothetical question. The former method is preferable, if sufficient time is allowed to properly study the whole situation. No man can have confidence in his opinion, and still less be able to convince others, if he has not had time to thoroughly study the situation.

The object of this inquiry is not to find out why there should be any controversy as to the sanity or insanity of a particular criminal. Rather it is to find out why alienists for the defense so often express diametrically opposite opinions to the alienists for the State—both sides being unable to come to any sort of an agreement. It is evident that when both sides give positive conflicting opinions, one opinion must be in error. I will defer till later, a brief discussion of the different attitudes of Law and Medicine regarding insanity as excusing for crime.

I might state here that faulty judgment may be due to one or more of the following factors:

1—A lack of clear ideas due to a superficial or too brief an examination,—where insufficient or even erroneous data has been collected.

2—A failure to properly weigh and compare the data collected, and thus not to get at the fundamental facts.

3—Accepting or appropriating the judgment of others, because of suggestibility or because of some other reason.

4—Permitting one's feelings (attitude) to bias one's judgment.

Attitude in a controversy is the assumption of a certain position because of one's feelings (conscious or unconscious).

The following factors are the most important ones which might influence an alienist in his opinion of the mental status of a criminal:

1 The standards of estimating insanity

2 The personality of the criminal

3 The family

4 The lawyers

5 Social considerations

6 The traits and trends of the individual investigator

There may be other factors of less importance but a consideration of the above will give one the chief reasons why alienists may travel toward quite opposite goals in estimating an individual case.

*Standards of Estimating Insanity*—For a number of years, I have given this whole subject considerable thought and study. Some psychiatric writers say that Law has no standard by which to gauge insanity in these criminal cases. They also say that Law has a different standard for purposes of commitment to an asylum for treatment, and for cases where testamentary capacity is the issue, and for criminal cases where insanity is pleaded as a defense. But is this not a logical differentiation? For though an individual with a depression might need medical treatment, one could hardly claim that the mere presence of a depression alone should render that individual incapable of making a valid will, nor should it necessarily render him, of itself, irresponsible for any criminal act he might choose to commit. And it is natural that the tests to be applied to show the need for medical treatment, should be milder and easier to apply, than those used to determine responsibility for a criminal act. As Meyer says, even among the insane there is rarely absolute irresponsibility. It must be remembered that a culprit is punished not for his feelings or desires, but rather because of his evil choice, where he knows that the act he is doing is morally and legally wrong.

The legal criteria in estimating insanity in criminal cases are whether the individual had the capacity and ability to know and to reason. It is not an inquiry to find out whether the individual was restless, or whether he had variable moods, or whether he showed the presence of this or that symptom. Some psychiatrists evidently regard almost any deviation from the normal as insanity in criminal actions. Yet Law holds that even a delusion to excuse must be the direct cause of the crime, and must be such that if it were true, it would justify the act, that it must not be only a wrong idea or impression.

Personally, I feel that the legal attitude is more practical—the medical viewpoint of gauging the responsibility of criminals being much too vague, where insanity is alleged. The ultimate issue is one of responsibility, and not one of insanity alone.

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Were one to regard every criminal as being mentally irresponsible, because psychiatrically he could be made to fit somehow into anyone of the lesser disorders mentioned in the official classification of the American Medico Psychological Association, then we would be in a bad way socially. For there we find not only psychopathic states (six of them, including criminalism and sexual psychopathy) but Hysteria and even Neurasthenia. Surely these should not in themselves be an excuse for murder. True manics, of course, are excusable. In them the excitement persists even after the act is committed. But the excitement subsides after the act, where the latter was motivated by emotional stress such as anger or hatred. So that if every case of restlessness were regarded as a hypomanic state, many criminals could successfully plead this and escape responsibility for their crimes. Many of these pleas of insanity are merely subterfuges.

It is not my intention to go into the question of partial responsibility, which is a matter that should be legislated into our laws. But the Court is not the place where this can be brought about.

Where a man appears in court as an alienist, yet in his own way of thinking entirely ignores the legal attitude regarding insanity, I feel that he owes it not only to himself, but to his profession, to openly state his position. If he does this, he can be more consistent later on in his cross-examination. He then admits that he appears as a psychiatrist (and sociologist) rather than as an alienist. In criminal procedures, one must remember that Law is not interested in psychopathology *per se*, but only in the question of an individual's legal responsibility for a crime. The Law does not ask whether the culprit is a perfect man. It is right here where we have one of the chief causes for alienists differing in their opinions as to a criminal's mental status.

No one presupposes that criminals show nothing but perfect character traits. Not when one considers that even normal men and women can have a number of traits and trends which might be regarded as psychopathic (e. g., sensitiveness, undue seriousness, feeling of inferiority, impulsiveness, etc.). But neither such traits, nor a psychopathic inferiority constitute insanity within the meaning of the law. Authorities vary greatly in estimating the number of psychopaths among criminals—varying from 10 per cent to 100 per cent. But these individuals cannot be re-educated in Court. And they are often dangerous to live in society. And as Healy says, and as we all know, civil insane asylums do not want them as residents. Attempts to regenerate criminal psychopaths is usually a fruitless task.

**The Criminal**—In considering other circumstances which might cause an alienist to err in his judgment, we have to look at the character of the criminal himself. In examining an alleged

insane criminal, his frankness and apparent truthfulness, or their absence, must be noted. In most of these cases when the alienist is asked to give his opinion on the individual's mental status, there is usually no doubt as to his guilt of the crime charged. In many instances, the plea of insanity is not advanced until just before or at the time of the trial. Many of these individuals are clever and alert, and continually on the defensive. The examiner should probe the story given him by the accused very carefully, particularly if the criminal is evasive, sullen, and defiant, or if his memory appears to be purposely bad. A thinly veiled attempt to lay a basis for a paranoid trend should not be allowed to stand where a little probing would show merely selfishness, immorality, and hatred as logical motives for the crime.

Exaggerations on the part of the criminal are not rare. Deliberate falsehoods—(contradictions of his own previous testimony or of that of other witnesses)—make one naturally suspicious of the whole story. To accept it in toto under the circumstances would be hazardous. But even alienists may be suggestible.

The alienist must neither be credulous nor incredulous, but should assume a straightforward scientific attitude in his study. In a criminal action where I testified that a man did not have a paranoid condition I was asked whether my opinion would be the same, if certain factors which the man denied, could be proved to be true by reliable evidence. My answer was that if he furnished me with a false or an erroneous history, my opinion would be invalid and would be withdrawn. This is the only position one could take in such instances.

Merely because an individual says that he did not know a certain criminal act was wrong, does not mean that this is the whole truth. The statement that the criminal had an irresistible impulse to commit murder is often a subterfuge. Genuine, obsessive acts are usually defensive, not aggressive ones.

**The Family**—In a case recently before us, our opinion that a man who had murdered his mother-in-law was suffering from the paranoid form of Dementia Praecox, was the cause of his being sent to the Matteawan State Hospital for the Criminal Insane,—probably for life. Later, his wife wrote one of us that she was anxious to get her husband out of the asylum, inferring that he was needed home. Before trial, relatives often recite in great detail all sorts of things to prove the insanity of the accused. Later they will reverse themselves or minimize the importance of their original story, in order to get their relative back home. As far as relatives are concerned this wish is only a natural one. The alienist must remember that this sort of proc-



ture is not rare,—where the man is first too insane to be tried for murder, and later, not insane enough to be kept in an asylum. The alienist to prevent being misled, must submit the story given him to a critical analysis. Thorough probing will save the alienist from having to admit on cross-examination that his study was superficial, and so his opinion not very convincing. This is especially true if his opinion in great part was based on a faulty history furnished by the relatives. Testimony of openly biased witnesses permits of all sorts of erroneous possibilities.

The attitude and behavior of relatives will often give an alienist a clue as to their sincerity—or lack of it. The refusal of relatives to testify before a commission in a case of alleged insanity would always arouse suspicion as to the validity of their claim, even though their lawyer advised this.

*The Lawyer*—A clever persuasive lawyer—and most of the successful ones are persuasive—endeavors to interest a well known alienist in his client. The history obtained from this source must also be scrutinized carefully where the indications are that there is apt to be a controversy. The lawyer, because of his training, is apt to include only those facts which will be of value to his side of the case. This is true not only in a historical approach, but in his framing of a hypothetical question.

In a certain individual twice charged with a serious crime, I told his lawyer that while mental conflict rather than criminal propensities might have motivated his crime, still I felt that under any circumstances, he was dangerous to be at large, and if called upon, I would so testify. To me, the important thing was that he was a danger to society. Whether he belonged in a prison or an asylum was of secondary importance.

In the case of a youth who had murdered his sister after a quarrel—she being single and eight months pregnant—we probed deeply into his past history, which was a bad criminal one. His lawyer, who was present at our examination of the culprit, saw the way the wind was blowing, and decided to drop the plea of insanity and dispense with alienists. In our opinion, he was not insane. At the trial, the plea was not one of insanity, but that his sister was killed by the accidental discharge of the pistol during a struggle. This was not true according to statements of relatives to us, who later reversed themselves. Yet this dangerous man was acquitted.

*Social Factor*—There is always wider interest in criminals from the affluent and socially prominent classes. This is particularly true if the criminal is also a woman. There is a popular idea that a rich criminal can engage all the lawyers, as to, and all the alienists he needs. In fact, not only a popular idea, but judges

even have expressed this in writing. It is in many of these cases—often at best doubtful borderline cases—where the alienist must study his problems deeply in order to exhaust all possibilities—a scientific requirement in any case. It is in these so-called prominent cases where one must guard against the element of suggestibility from whatever source.

*The Alienist*.—Inasmuch as it is the alienist who gathers and compares the data concerning a culprit's mental status, certain factors relating to the alienists themselves may be the determining cause of divergent opinions. A difference in judgment cannot be explained solely on a difference in intelligence or experience. Differences in planning one's work, in effort expended, in traits and trends, and particularly a difference in attitude, are basic factors in final judgments. It is not all a question of mental capacity. All alienists do not study every case with the same thoroughness, nor with the same amount of interest. This is true also in ordinary clinical cases.

The psychological investigations of Münsterberg, experimenting with university students and professional men, showed great variations in attention, perception, and memory in these normal men; many of whom gave erroneous answers, the result of suggestible questions. The possibility of honest error is naturally greater in biased witnesses in criminal cases, than in disinterested witnesses.

Some men are rather sensitive at being subjected to cross-examination. They may hesitate about admitting anything that might throw doubt on their original opinions. It should not hurt a man's pride to modify his original opinion, if valuable new evidence has been subsequently introduced, of which he was originally unaware. One should not unnecessarily fence with the cross-examiner, who, however, is not always after the facts. Usually he wants to confuse the witness, or to belittle his testimony. Of course, the alienist should have no interest in the outcome of the case, but only in upholding his own medical opinion.

While the alienist only has to show the fact of insanity, not the form, where he expresses a positive opinion of insanity regarding a criminal, and follows this by a persistent refusal to even attempt diagnosing the form of insanity—this is sometimes regarded suspiciously as showing bias. This is especially true if the evidence indicated an incurable form of insanity.

*Effort in Investigation*—A scientific approach to a criminal's mental state demands the elimination of all alternative probabilities in order to narrow the field to the most certain probability. One errs in accepting as an established fact any possibility. This is especially true when we



remember that erroneous perception, memory, and narration (the basis of testimony), is possible in anyone, particularly where the element of suggestion is strong. A father is not always logical in discussing the frailties of his unfortunate son.

Where interest in a case is deep, a man is more apt to devote greater effort and to more carefully plan his work. It is a mistake to oversimplify these problems. Psychiatric diagnosis is not merely a question of skill. One should arrange his data chronologically, and then subject it to careful scrutiny. A faulty diagnosis only ludes the real mechanism concerned in the crime and clouds the real mental status of the criminal.

An alienist should never permit his feelings to bias his judgment. Bias tends to magnify certain factors, and to minimize others. One must guard against being influenced by the opinion of others (unconscious suggestion). When an alienist expresses an opinion, it must be his opinion and not a reflection of the opinion of someone else. And if it be true that most of these cases in controversy are borderline cases, then one can easily see how a biased attitude might be a greater determining factor in arriving at an opinion than anything else.

**Hypothetical Question.**—Most of the preceding remarks refer to cases where opinions have been based on personal examinations of the accused. It is self-evident why alienists differ when it comes to giving an opinion in answer to a hypothetical question. Then they are answering entirely different questions—each lawyer drawing up his question to include material favorable to his own side of the case. If opposing alienists were only permitted to answer the same question, then they would be basing their judgments on common ground. In many of these cases, the real facts are brought out on the cross-examination.

## SUMMARY

Alienists often differ in certain instances because of the fact that many of these cases being borderline ones, they may permit of different interpretations. Perfect sanity and absolute insanity are two hypothetical extremes. There are all sorts of gradations between the two.

In other less difficult cases, alienists differ, chiefly because of one or more of the following factors:

1 One adheres to the legal idea of insanity (i. e., irresponsibility because of mental disease), and the other disregards the legal viewpoint and adopts the medical attitude, that most any defect in feeling, intellect or conduct, constitutes insanity (i. e., unsoundness of mind). These are really two different propositions (irresponsibility for crime vs. mental unsoundness).

Law maintains that the term "mental disease" is a rather vague one, varying from slight malaise to wild disorder. Medicine considers every abnormality. But in accepting insanity as an excuse for crime, law is interested only in the individual's capacity to know and to reason, i. e., his having understanding. Thus we see that in law, not every mental abnormality constitutes legal insanity in criminal procedure. Certainly law does not regard every neurotic, hysteric, or psychopath as insane and irresponsible, and rightly so. In fact, one must admit that it is just for these types that we need criminal laws and not only for normal people who but rarely commit capital crimes.

2 Different attitudes aroused by feelings of sympathy, suggestibility or any other cause. An alienist may be influenced by outside factors other than the scientific study of the criminal himself.

3 A failure to get at the real facts because of a superficial study or an illogical conclusion because insufficient data has been collected.

## THE PROBLEM OF THE STUTTERER.\*

By JAMES SONNETT GREENE, M.D.

NEW YORK CITY

THE problem of the stutterer is best exemplified by a letter which I recently received from a man in Chicago. He discusses rather extensively on the various forms of treatment which he has taken for the cure of his stuttering speech. I shall briefly mention what he has tried, although his problem is still unsolved. He says:

"I am now forty years old and my trouble seemed to commence when I first started to school. For the first few years I could read and

recite with some difficulty, which increased until at about my ninth year I was unable to say anything at all in the school room. Outside the school room I could talk a little better, but for the most part made little effort to talk. When I started to work at about 15 years of age my stammering grew far worse and I could say practically nothing. But at home alone in my room I could not stammer if I tried to. And I am still the same way. I can talk with perfect ease when I know that I am absolutely alone.

My first experience in seeking a cure was in my nineteenth year. I saw an advertisement by

(Read at the annual meeting of the Medical Society of the State of New York in New York City, May 23rd, 1923.)



a phrenologist who cured stammering I was told to forget stammering and develop self-esteem, etc (No help)

"I then tried a man who advocated New Thought Was told to suggest to myself that I was going to talk perfectly It didn't work

"The next year I joined a teacher's 'class' of stammerers, but with no results

"The following year or two I took up a still more elaborate 'course' from a former college professor who drilled me in vocal exercises, and emphasized the need of the proper energizing of the pharynx After it was all over I talked as badly as ever

"When about 24 I took a cure advertised in the Chicago papers My instructions were to throw my head back when I talked After a row I finally got some of my money back

"Then I tried the Ennis method He told me to talk with my voice low in my chest (No results)

"A year after that I tried the Smith method Was told to listen to the sound of the words and feel my lips moving (No results)

"After this I answered the ad of a man named Carswell He conducted a Bible class in addition to his stammering business For \$90 he told me to keep my tongue stuck up in the roof of my mouth all the time I practiced it for a long time It did not improve my talking

"Five years ago I took the Perfect Voice Institute cure Here I was told to form a groove in the center of my tongue It did not help

"I next went to Mr Foote, who was a student of psychology under Hugo Munsterberg at Harvard Word reaction tests and rambling talks by him did not cure me

"My last experiment was in spiritualist healing I learned some very strange things, but my stammering remained just as bad as it ever was"

NOTE He concludes his letter by saying that if you think after reading my letter that something can be done for me, I shall be only too glad to come to New York and try again

The histories of the patients at our Hospital give similar experiences—that of receiving courses of treatment from school teachers, Christian Scientists, Osteopaths, Chiropractors, and of course the various arm swinging and time beating methods given by the different stammering schools strewn throughout the country

From ancient Biblical times to the present the subject has been considered and written about, but only within recent years has it been receiving the scientific attention that it deserves

During the past five years out of 5,000 defective speech cases, I have had under observation and treatment about 3,000 stuttering patients, and it is only natural that one should arrive at some conclusions in reference to these patients, which I hope will prove of interest

In the first place, to avoid misunderstanding it may be well to state the difference between Stuttering and Stammering They should not be considered as interchangeable terms, being two distinct classifications of speech anomalies

Stammering is defective enunciation which may arise from lack of development as, for instance, in the baby talk of childhood, or from malformations and traumatic interferences with the organs of articulation The continuity of a stammerer's speech is never broken, but the enunciation is at fault

Stuttering is speech of a hesitating nature which is conditioned on certain states of mind in the form of emotions, feelings, attitudes or ideas The continuity of the stutterer's speech is interrupted by spasms of the muscles involved in speech production The stutterer is able to enunciate every sound or combination of sounds Gutzmann describes the difference in one sentence by saying, "Stottern ist ein Fehler der Rede, Stammeln ein Fehler der Aussprache," meaning that stuttering is a defect of conversation while stammering is a defect of enunciation

The *symptom*, stuttering speech, is a neuro-pathic manifestation which has become a veritable obsession of a psychopathic or a psychasthenic individual, this state being the result of an unconscious motive, usually caused by the inability of the patient to adjust himself to some difficult situation

The nervous system of such an individual presents a special makeup, that of increased irritability with diminished capacity, a system that becomes easily affected from the least cause, and is constantly threatened with a break If trying conditions occur, lowering his resistance to a given point, then when an emotional disturbance of some force occurs, such as a shock, a fright, or an illness, the mental state is developed which precipitates his stuttering speech

Since the condition is endogenic, all having a heavy hereditary predisposition, the patient carries his burden all through life, though his symptoms can be kept in abeyance As a whole, these patients are peculiar, very emotional, impressionable, self-analyzing, extremely sensitive They are eccentric dreamers with romantic tendencies, are subject to attacks of great anxiety, to morbid fears and obsessions Introversion occupies an important place in the stutterer's makeup There is inability to focus the attention and maintain sustained effort at any work, and an equal inability to practice either mental or physical composure He is often a "Tiquerrur" and almost all demonstrate a marked condition of muscular inco-ordination

I feel sure that one cannot realize stuttering speech means and does to an unless he has had an opportunity to



hundreds of these cases. To me the stuttering individual is a special being whose span of life consists of the problem of physical existence without mental peace, trying to do things but always in a state of mental unrest. He lives in a world of his own making—Since his nervous system reacts abnormally to ordinary physical or emotional stimulation, he is in a chronic state of maladjustment and therefore has great difficulty in adapting himself to surrounding conditions.

In school, children suffer untold tortures on account of their defective speech. Finding that they are unable to hold their own they are prone to develop vicious cycles of thought and action. They show a lack of concentration, of attention, of self-confidence, a mental sluggishness due to inability to express their thoughts and of involuntary prevarication in order to cover their deficiencies. They are of a shut-in type, secluded from the very beginning of their existence. Inevitably their educational development always suffers. Most of those at the Clinic give a history of having left school or college because of their defect. Consequently, when older, they start the battle of life more or less handicapped, and it is surprising how small a percentage really attain their objective.

It is easy to understand that there are very few positions open to those who cannot talk. Unless one is gifted as a writer, an artist, or a musician, he has a very hard time to earn his livelihood or make any advancement.

Recently in our little magazine "Talk" we gave a computation of the earnings of 100 cases admitted to the Hospital during the last few weeks. In comparison with the statistics of the National Industrial Conference Board regarding wages and employment in 23 industries the stuttering group showed a definite loss of \$10 a week, or \$500 a year to each individual. This of course is directly chargeable to defective speech.

There is no royal road to the treatment of stuttering. Since stuttering is a psychoneurotic symptom, those that suffer from the condition must be treated as one would treat a chronic psychoneurotic. In reference to time, that means a long drawn out treatment. It is only when the stutterer responds to emotions in a normal way and feels free to express himself that his speech disturbance disappears.

The backbone of our treatment at the Hospital is based on two broad lines of endeavor:

- 1 To fit men to live agreeably in their environment
- 2 To enable them to live lives that are useful and helpful

In order to attain that objective a composite therapy of a medical, psychological, re-educational and social nature was found necessary. The doctor, the educator, and the social worker are the greatest factors for good when they are fused together in such a harmonious union that their adjustment completely saturates the maladjustment of these patients.

I realize the marvelous things that have been attained through specialism, but it appears that there is still room for a special physician whose index is speech,—a speech psychiatric, educational social working doctor, a doctor who is not only a speech specialist but one who is able to change and make over the individual.

The question naturally arises why an important work like this is still a problem. The answer is simple. The whole subject was never approached from the proper angle. In private practice very little can be done for these patients. The vast majority of them, on account of the many sided treatment necessary, could only obtain relief in a special speech hospital, and since there were no speech hospitals, ours being the first of its kind devoted solely to this specialty, interest could not grow and a practical solution of the problem could not take place.

It is quite evident that I am touching on the subject in a very broad way only. Lack of time hinders more detailed treatment. One thing is clear—the subject that was regarded as an uninteresting one to the medical profession is now recognized and coming into its own as a medical specialty. Of great interest is the change in our point of view. Stuttering speech was supposed to be a practically non-curable condition, now we are observing more and more complete recoveries. Also the interest has shifted from ages of theoretical discussion to the practical question of healing.

As soon as this problem of defective speech is known and fully realized in its true significance by our American people, their public spirit will undoubtedly assure the taking up, enthusiastically and actively, of a national movement for the advancement and standardization of this great and important work.

NOTE.—A practical demonstration of the work of the Clinic was given through the presentation of twenty patients who suffered from stuttering speech. They gave short talks in a normal, fluent style without any trace whatsoever of their former speech defect. These patients demonstrated the permanency of their cure because they had received treatment as far back as six years, five years and three years ago.



## NURSE TRAINING AS AN EDUCATIONAL PROJECT.

By ALBERT T. LYTLE, M.D.

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(Abstract from an address before New York State Organizations of Nurses at Buffalo, October 24, 1923.)

**T**HROUGH the æons of existence it has been woman's duty, self-imposed, gladly accepted, without thought of self, without heed of consequence, to care for the sick and afflicted. It is no wonder, therefore, that she peculiarly is adapted to carry on successfully those occupations which have for their base the physical welfare of humanity.

To one who is accustomed only to think of the nurse as a capable bedside attendant during sickness, the rapid and extraordinary development of her occupation comes as a profound shock. In the United States in the fifty years since the training of nurses was established, nurses have progressed from only caring for the sick at the bedside to duties that include some of the most vital, far-reaching public health and welfare activities. The trained nurse is found occupying positions of trust, management and research in institutional, educational, governmental and social service. To best secure the ends sought therein, the nurse personnel should be equipped with efficiency, initiative and vision that only can be acquired through an advanced degree of liberal education, technical experience and general culture. Such rapid growth, characteristically American, excites wonder and admiration. Any "chestiness" resulting from so startling a development easily may be forgiven while it is to be regretted that forgetfulness of the fundamental motive of nurse training has thereby been encouraged.

The amazing development of nurse education and nursing practice has been caused—probably along with the development of preventive medicine—by the extraordinary demand for women with competent nursing education to carry on public health and relief work. This has proceeded to such a degree that the fundamental reason for nurse training with the fundamental use of the word "nurse" is in danger of being lost to sight. That this wonderfully rapid expansion should invite caustic criticism was to be expected. From communications from every state in the Union received during the last few months such censure seems to arrange itself under commercialization, class consciousness, dearth of the spirit of service, shortage of nurses, lack of adaptability, and overtraining, and, it seems to come principally from three sources—physicians, patients and hospital managers.

When one recalls that nursing has been developed at the hands of physicians it is

amusing to note that these very criticisms also within the last few years have been expressed as caustically of the doctor. When physicians talk of commercialism, decline of the spirit of service, shortage and over-education, it more than suggests that "the pot is calling the kettle black."

When hospital managers complain of shortage of pupils, class consciousness and commercialization one cannot help but feel that the fault wholly lies with the hospitals, for they have been almost the sole seat for the training of nurses and their pupils and graduates have but adopted the principles inculcated by association.

When patients complain, caution must be observed in ascribing it to the irritability of the sick. Trained nursing not only has become a necessity in the best care of the sick, but because of the quality of individual sacrifice formerly so pronounced in service to the sick, has endeared itself to and enshrined itself in the fickle heart of the public. It, therefore, must be admitted that honest ground for honest complaint does exist, which strenuous effort should be made to correct.

In regard to the shortage of nurses, reliable statistics from governmental sources indicate that there is one trained nurse to each 700 people in the United States. If the estimated non-graduate and practical contingents be included the ratio goes to one nurse to about 300 of the population. It would seem from these ratios that there should be no lack of trained nurses to attend the sick. The complaint, however, is almost universal, and, especially is it so in regard to domiciliary nursing service. Generally speaking the shortage in so-called private nursing can be explained by the extraordinary increase in attractive opportunities for nurses in public health work.

In considering a solution of the shortage of family medical attendance and of domiciliary trained nursing care the question of sacrifice in carrying out the spirit of service carefully must be evaluated. The medical profession claims, and truthfully, that it ever has given a large share of its time and skill freely and without cost to those in needy circumstances. It calls attention to the hospital-dispensary-staff service with no remuneration as a shining example of personal sacrifice; admitting it to be a large financial loss such service is a time-honored method much sought after to improve the physician's ability, it has, therefore,



a true economic value. Similar and parallel personal sacrifice on the part of nurses, graduate and under-graduate, contains no such educational and experience compensation, it represents a total economic loss. The nursing profession should not be expected to offer free nursing service let alone be asked so to do.

Hospital managers call attention to their annual deficit as an evidence of hospital sacrifice in caring for the sick poor. It is a moot question if this deficit really is not due to poor management, particularly when it is recalled that hitherto both medical attendance and nursing service have been secured practically for nothing.

Hospitalization of the sick, paid by public taxation, has been offered as a solution of the vexing problem of domiciliary care. As this is a species of pauperization and conduces to a low standard of citizen responsibility and morality it should be promoted with extreme caution.

The suggestion advanced in the report of the Committee on Nurse Education to train women to act as "sub-nurses," thereby to eliminate the so-called practical nurse, or to be a sort of intermediate group between the expert and the practical nurse, in order to supply the shortage of bed-side attendance, is a very dubious solution of the problem. Experience since the New York law created a group of nurses in 1920 to be known as "trained attendants," is not proving this movement a success, notwithstanding the statements made with regard to the Missouri law, while the licensing of practical nurses in Maryland in 1922 is too recent for comment. "There remains the larger doubt whether the young woman of good red blood and normal ambition is to be found anywhere, in any material numbers, who wants to be a 'sub' of any kind." "The 'sub-nurse,' with her store of little knowledge will be dangerous simply because she does not know the end of her tether. No tag will efficiently label her. No law will keep her within stated bounds." Economically the public would suffer, for the "sub-nurse" would consider because she does the same work, that her wage should equal that of the highly trained nurse. Experience along this line with the practical nurse is all too positive not to appreciate this statement.

Another solution of this problem whereby the public receives the expert service of the "registered nurse," lies in the hourly service plan but like all substitutes it is impossible for hourly service, however expert, properly to supply that needed care of the family which full time bed-side service alone can secure. No one with a thimbleful of brains for one moment would derive the necessity for, and the value of, the service rendered to the so-called poor and to

those of limited income, just a jump ahead of poverty, by the efficiently conducted district nursing associations. But, as the service of these organizations is an hourly service it has the same effect.

Where the home is large and well equipped, and money is available, the family can command the best nursing service and sufficient domestic help to meet the emergency. Poverty in the home is always aggravated by sickness, and it is often necessary to appeal to charity for relief. Between these two extremes are those that live comfortably as long as they are blessed with health and an opportunity to work, when sickness comes, reducing the family earnings, strict economy must be practiced to avoid privation and debt. The family is usually obliged to put up with the cheapest and most inefficient help, and it often follows that such service is more expensive in the end than that which wealthy people employ.

There was incorporated in Buffalo in 1914, as elsewhere, with the aid of the Thomas Thompson Trust of Boston, The Buffalo Emergent Home Care Society, to furnish practically at cost whatever nursing or domestic service be needed in the homes of that 80 per cent of the people of very modest income, where sickness or other allied emergencies existed. It did not aim to make any financial profit and it would not undertake to render service without compensation. Its motto was, "Organized Neighborliness." It was a business agency for securing the right supply at the right time, saving friends unnecessary suffering and expense, and employers unnecessary loss in commercial and industrial efficiency.

The methods of this Society are best shown by quoting from its circulars. "We offer, when emergency demands, skilled nursing and efficient household service *under supervision*, all at a price within their (the household) means. We offer expert investigation of every case of sickness or allied emergency, and to furnish the help that will best fit the case as long as help is needed, and to decide whether to send a trained nurse, or one who is partially trained and works under supervision, or a woman who can attend to the housework, and thus release a member of the family for the care of the sick."

Unfortunately, for its motive was help without pauperization, the onset of the World War disrupted the development of this experiment in a much needed nursing and social service, which strove to maintain and develop that self-respect and self-reliance so necessary to the growth and continuation of those high ideals of individualism of the founders of our government.

The criticism of the nursing wage hardly concerns the sum asked, for, unlike medical service,



the people appreciate and properly evaluate the personal service of the nurse. The complaint is rather against the inability, easily to meet the charge and its concomitant expense. It, therefore, behooves the professions of nursing and medicine to devise ways and means to furnish to the great majority of the people an efficient service, promoting recovery from disease, and maintenance of health at an outlay commensurate with family income—a service of inestimable value in maintaining and developing that self-respect and self-reliance.

In 1919, on the concept of interlocking relationship, the author was instrumental in bringing about the incorporation of the Health Conservation League, designed to promote economic and legislative cooperation of the four professions of medicine, dentistry, pharmacy and nursing, by uniting in a common body, annually elected representatives of their several existing organizations. Owing to persistent malicious misrepresentation the powerful influence for good of this very useful organization has been allowed to languish.

From the standpoint of the practicing physician the fundamental purpose of nurse training—the production of trained nurses to care for the sick at the bedside in the home—is not producing an adequate supply. Institutional care gradually is replacing domiciliary care, for which deplorable situation it seriously is stated that undergraduate education is in large measure responsible.

Slowly but surely social movements for the prevention of disease and the maintenance of health are working evolutionary changes, especially in the vocations of medicine and of its hand-maiden nursing, so that the care of the sick, while an inevitable and highly important duty of both callings, no longer occupies the entire professional horizon.

That young women desiring careers that involve high educational values of the university type of nurse education are being attracted by the opportunities in public health, social welfare and other work, is evidenced by the number of high school and college graduated young women entering nurse training, with no intention of following bed-side or domiciliary nursing but for the sole purpose of filling administrative, teaching and research positions in social and public welfare.

Modern education of nurses in the United States dates from 1903, in which year New York State checked the previous chaotic condition by enacting a law that determined a minimum standard for nurse training schools, and which granted the degree "R N" to those successfully passing its examinations. Educational or scholastic teaching began to be stressed and nurse

training emerged from a trade into a profession. Extra-mural schools began to be established and universities to create nursing-educational departments.

That hospital management still clings to the charitable and disciplinary principles of service and nurse education as inculcated by the German-English class military system of Florence Nightingale, is shown by conclusion No 5 of the Report of the Committee on Nurse Education. When one considers that this Committee consists largely of individuals, closely connected with hospitals and hospital training schools, this conclusion, to say the least, is illuminating.

Conclusion No 5 reads: "That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields, that the instruction in such schools is frequently casual and uncorrelated, that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies, that such shortcomings are primarily due to the lack of independent endowments for nursing education, that existing educational facilities are on the whole in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet such needs, lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field."

How like a boomerang the whole hospital-school movement has acted. Under the guise of philanthropic acts for the benefit of the blindly innocent public, hospitals and physicians have used the trained nurse and the training of the nurse for purely mercenary ends and for personal advancement. Today the nurse is using the hospital as a laboratory in her educational system, and the average hospital management is at its wits' end to find plastic material with which to run the hospital. Have they "killed the goose that laid the golden eggs"?

The passage of the New York law that since has been adopted, with slight modifications, in practically all the states of the Union, foreshadowed the ultimate passing of the hospital training school. During the agitation over its passage an effort was made to have the word "nurse" only apply to those having the required standard training. The furore ended in restricting the use of the appellation "Registered Nurse" to those successfully complying with the require-



meets of the law. The word "nurse" could not be wrenched from its generic use.

Nurse training or education has reached a stage of development in which two distinct types must be considered, the one—fundamental—care of the sick under the physician—in which training as distinct from education should be stressed, and, the other—superior—teaching and health welfare activities—in which education as distinct from training should be stressed. But the system and methods of procuring cultural values and competent equipment must not lose sight of woman's biological inheritance.

In the first or fundamental type, the personal service or trade idea is uppermost. Its quality and function more nearly parallel those of the highly skilled mechanic. The skill of the mechanic is dependent upon intelligence rather than upon education, judgment and knowledge are acquired by iteration and by experience although no sane person doubts the value of education and of culture, in learning and in following a trade requiring a large modicum of skill. Success comes earlier, economic outlay of time and money is less, usefulness and service are equal to even if different from those of the professions.

In the second or superior type the professional idea is uppermost. Its quality and function more nearly parallel those of the professions of law, medicine, and the ministry, than do such other accepted professions as music, drawing, mechanical engineering, electrical engineering, and like vocations.

If these concepts are true the difficulty lies in the present evaluation of entrance requirements, both educational and age, of professional theoretic education, practical training and time, of the relations of schools and hospitals, of domiciliary service and professional activity.

Most hospital training schools make the minimum entrance age "at least 18" while the educational requirements range all the way from a complete four year high school course down to "those applicants with the best qualifications will be accepted on probation for three months." That "probationary period" is a grotesque anachronism in an educational system.

In the beginning sentimental prudery considered it very improper for girls of high school age because of immaturity to experience the contacts inevitably associated with intra mural practical hospital training. The high school girl of today, however, is quite as sophisticated as was her grandmother at twice her age.

Many girls at about fifteen are compelled to drop schooling on graduation from the grade school for social or economic reasons, subsequently opportunity permits satisfying the longing for further education. Such young women are intelligent, and have acquired valuable ex-

perience and a right perspective of life, so that they should make most excellent nurses, but they are lost to the nursing world because the to be high entrance requirements and the completed nurse education would require seven years, over half of which would be unremunerative. An intelligent girl, who has been self-supporting, often would hesitate and finally would abandon the idea of nurse training because of so great a handicap. The time for education is all too short. "According to some psychologists it is a serious fact that mental plasticity largely closes with youth."

In the three years hospital attendance generally required, with vacations and days off deducted, 9,874 hours are devoted to educational work, of which theoretical instruction takes 595 hours, and practical training (laboratory work) 9,279 hours—no wonder undergraduates "go stale" in senior semesters! After several written and verbal examinations, one of which is conducted by the State, for this immense outlay of time, the nurse receives a diploma which has no greater cultural value than that of the high school—in Philadelphia a high school confers a bachelor of arts degree.

To the 9,874 hours of the three years hospital training, add the 3,840 hours of four years high school attendance, and the Standard Curriculum requires, with the extra-mural study hours, many more than 13,119 clock hours to secure an "R N" degree during the seven years time. Exclusive of the hours given to special technical topics that have little or no cultural value, the subjects pursued in the hospital are similar to and in educational value no greater than those pursued in the high school.

As an educational project the fundamental domiciliary type of nurse training school management ultimately will be completely separated from hospital management. Its maintenance and conduct will fall upon the public under the direction if not control of the State Department of Education. Such nurse training schools then will become as much a part of the State educational system as are the normal schools, the high schools and the academies. Direct State control probably will stop at the close of what is today the "R N," or graduate nurse stage.

By a carefully planned gradual advancement covering four years rather than three, the girl of high school age, of sufficient intelligence to carry on the work, could cover the theoretical and practical training demanded for the "R N" as well as the educational requirements for a high school diploma, if nurse training became a branch of technical high school work under State control. By proper adjustment her diploma would permit immediate entrance to university schools. With her diploma she would have acquired prac-



tical efficiency in nursing of sufficient grade, expertly and intelligently to do domiciliary nursing, or to do nursing in hospitals having no training schools. Hospitals, private physicians, as well as the public, would be assured of ample nursing service.

The nurse training high school would have a cultural course of education going along with a practical hospital bedside training, together covering four years time of about 10,000 hours. The diploma granted its graduates would stand for a general education equivalent to that of a high school, and a technical education nearly if not quite that represented by the degree "R N". In other words, if the State should require that entrance to a nurse fundamental training school be the same as for entrance to the high school, if it should require that the fundamental nurse training school give a liberal education, equivalent in time and quality to that of the high school and acceptable to the State, the graduate from such nurse training school would meet all the requirements now demanded for the granting of the "R N" degree. The woman entering

nursing could stop at this point to follow domiciliary service, or she could enter university schools and by further education obtain bachelor, master or doctor degree, and thereby qualify for the more important position in public health and nurse education work.

It is conceivable that this scheme in no way would lower the desired standards of nurse education, while it is probable that it would supply a sufficient number of well qualified nurses to fill the demands of the fundamental calling—the nursing of the sick.

This idea has many revolutionary aspects and takes the girl into the hospital at an early age. However, a careful survey of the Standard Curriculum shows that it would be possible by increasing the attendance time to four years to extend certain of the basic scientific subjects, to add other high school topics of cultural value (Table "D"), and to bring that part of practical hospital training which by virtue of its character has elements of danger for a girl under the age of eighteen to a time now accepted as quite proper. The girl graduating under such condi-

TABLE "D"

## TOPICS, YEARS, DISTRIBUTION AND CREDITS—PROPOSED NURSE VOCATIONAL HIGH SCHOOL

CULTURAL			TECHNICAL		
Language and Literature	Years	Credits	Science	Years	Credits
*English	4	16	*Anatomy, Physiology and Hygiene	2	5
Foreign	4	20	*Bacteriology	$\frac{1}{2}$	$\frac{1}{2}$
History and Philosophy			*Materia Medica	1	$\frac{1}{2}$
*American	1	5	*Applied Chemistry	$\frac{1}{2}$	$\frac{1}{2}$
*Civics	$\frac{1}{2}$	$2\frac{1}{2}$	*Sanitation	$\frac{1}{2}$	$\frac{1}{2}$
*Economics	$\frac{1}{2}$	$2\frac{1}{2}$	*Pathology	$\frac{1}{2}$	$\frac{1}{2}$
*Nursing	$\frac{1}{2}$	$2\frac{1}{2}$	Home Economics		
*Psychology	$\frac{1}{2}$	$2\frac{1}{2}$	*Foods	1	$\frac{1}{2}$
Aesthetics			*Dietetics and Cookery	3	5
Vocal Music	4	4	*Clothing	1	$\frac{1}{2}$
Drawing	2	4	*Home and Hospital	$\frac{1}{2}$	$\frac{1}{2}$
Mathematics			*Hospital Housekeeping	$\frac{1}{2}$	$\frac{1}{2}$
*Commercial Arithmetic	1	5	Typewriting	1	$2\frac{1}{2}$
*Bookkeeping	1	5			17
*Algebra	1	5			
Science					
Physical Geography	1	5	Theory		
*Physics	1	5	*Emer Nursing	$\frac{1}{2}$	1
Zoology	$\frac{1}{2}$	$2\frac{1}{2}$	*Theory and Practice (Medical and Surgical)	3	10
*Biology	$\frac{1}{2}$	$2\frac{1}{2}$	*Bandaging	$\frac{1}{2}$	$\frac{1}{2}$
*Chemistry	1	5	*Massage	$\frac{1}{2}$	$\frac{1}{2}$
*Botany	$\frac{1}{2}$	$2\frac{1}{2}$	*Communicable Diseases	1	$2\frac{1}{2}$
		96 $\frac{1}{2}$	*Pediatrics	2	$2\frac{1}{2}$
			*Obstetrics	3	5
SUMMARY			Practice		
Cultural Subjects Credits		96 $\frac{1}{2}$	*Hospital Service	4	10
Technical Subjects Credits		17			
Vocational Subjects Credits		32			32
Total Credits		145 $\frac{1}{2}$			
Optional Credits		43			
*Required Credits		102 $\frac{1}{2}$			

\* Subjects required

1 credit is an equivalent of 1 hour recitation weekly for 40 weeks year



tions could take up college work several years earlier than it is possible to do today

The upward of 1,800 recognized nurse training schools in the United States should be pared down in the same manner as has been the medical schools through the activity of the American Medical Association, so that shortly only those schools should be recognized that are capable of giving a standard practical nurse training, fitting for what has been called domiciliary service, or first type

Nurse training for the second or college type is an educational project, the cultural value of which not only equals that of other professions, but is in many ways superior, because of its opportunities for human contacts and for its early influence in developing and improving those basic human qualities that make for the production of better men and women in all fields of human endeavor

In these professional type schools in addition to courses leading to collegiate degrees, advanced practical training must be given, for there is no question of its necessity as an essential part of the equipment of those who are to carry on the work in the fields of disease prevention, health improvement and social welfare. An enlarged vision indicates that the places in life's work-shop yet to be filled by highly educated trained nurses are many, although therein the actual practice of nursing never will be called into use

This superior or college type of nurse education for which the Standard Curriculum and the National Nurse Associations are striving will fall under the management of universities as branches of that broad education so clearly envisaged by Dr. E. P. Lyon of the University of Minnesota in an address at the 58th Convocation of the University of the State of New York at Albany in 1922

That this actually has developed is shown in the establishment of schools of nursing as integral parts of university systems in the states of California, Connecticut, Indiana, Michigan, Minnesota, Missouri, Nebraska, New York, Ohio and Washington. Such universities of national repute as Columbia, Leland Stanford, California, Western Reserve, Yale and others have schools of nursing all of which grant Baccalaureate degrees

Education is the acquirement of knowledge through experience, whether that experience be one's own or that of others. It includes the cultivation of body, mind, feelings and manners. Nursing education of the two types above described includes all of this

No other system of vocational training so nearly can be made to meet the broad aims of a liberal education as that suggested. The adoption of the scheme herein advocated would divide the schooling periods of a girl's life into primary, secondary and collegiate courses as is the general plan of today. In all of these periods "book-knowledge" which experience has found valuable is obtained, while, beginning at a time when the mind particularly is plastic and impressionable, come a series of contacts and experiences of a personal nature, all under careful supervision, that are more varied than can be found in any other vocational training and which gradually increase in breadth and intensity so that the "eternal verities" of life are visualized more clearly and their values more surely appraised. In addition to the knowledge and training secured is the spiritual stimulation of the possession of skill in a vocation that offers not only a livelihood but that quite fully satisfies the biologic fundamental yearnings of the female organism

If the statement is true that 80 per cent of all girls marry, the potential life-occupation of most high school girls is home-making and family rearing. It takes little imagination to visualize the utilitarian value of such nurse training education as a preparation for this supreme vocation of life and to appreciate the importance of its obligation to society

Nurse education "develops practical judgment, self-reliance, responsibility and a knowledge of men and affairs." As "the worth of human society is proportioned to the frequency of occurrence of men and women of keen aspirations, intelligent social purpose and disciplined character," all of which attributes of personality nurse training tends to develop, the value of nurse training as an educational project to round out the individual life easily is understood and admitted



# EDITORIALS

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer

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## AN OPEN LETTER TO GOVERNOR SMITH, AND MEMBERS OF THE SENATE AND ASSEMBLY OF THE STATE OF NEW YORK

We most respectfully call your attention to a photographic copy of an advertisement which appeared in the *Amsterdam Recorder*, on March 4th, 1924, relative to the present status of the illegal practitioner in the State of New York.

Pending legislation is proposed to clean up the State of New York. It may not be out of place to ask you a few questions:

(1) Do you honestly believe that the best interests of the people of the State of New York can be served by such gross misstatements of facts as appear on the adjoining page?

(2) Do you feel that any school or group of persons who openly make such violent claims as are herein printed, are properly qualified to protect the public from sickness and disaster?

(3) Do you feel that you are really and truly serving the people as a whole, safe-guarding the public health, and maintaining proper standards of education, when this sort of illegal work is going on daily in the press?

We would like to call to your attention the fact that the medical profession is a dignified body that has neither the time nor the money to appear in the public press under the advertising columns. It is against the ethics of the profession to place in print facts which would extol any particular method of treatment or any particular physician. This method of advertising would disqualify a reputable physician from the respect and consideration of his associates.

In asking for your fullest co-operation to rid the State of quacks and illegal practitioners, we would ask that you take into consideration the standards of the practice of medicine which have been properly established by your constituted authority, and vested in the Department of Regents at Albany. The law assumes that practitioners of medicine shall be able to make intelligent use of the modern, up-to-date methods that are available for diagnosis and treatment.



# ARE YOU GOING TO SUBMIT TO MEDICAL TYRANNY? HELP SAVE OUR COUNTRY FROM THE AUTOCRATS!

## AMERICANS AWAKE!

### MEAN AND WOMEN OF NEW YORK STATE:

Do you know that there is now on foot an audacious movement, designed to place in the hands of the Medical Trust absolute power to determine the fitness of any and every practitioner of the healing art?

Do you know that every practitioner no matter what his training or method, will be required to conform to the requirements of a State Board of Medical Examiners, appointed by a State or County Medical Society which in turn, is merely the mouthpiece of the American Medical Association?

DO YOU KNOW THAT THIS ORGANIZATION IS PERHAPS THE MOST ABSOLUTE AUTOCRACY EXISTING ON THE FACE OF THE CIVILIZED EARTH TODAY—the Russian Czar and his dukes no longer being contestants for this honor?

Do you know that there is now on foot, under the guise of a hygienical pretense of protecting public health from every body but themselves, A MOVEMENT THAT WILL LEGISLATE OUT OF BUSINESS OR INTO JAIL PRACTICALLY EVERY DRUGLESS HEALER in this state?

IF THESE SELF-SACRIFICING ALTRUISTS—members of the MEDICAL TRUST—have their way which now seems quite likely, unless you people of AMERICA WAKE UP AND SNAP THE CHAINS NOW BEING STEALTHILY BOUND AROUND YOU, no Chiropractic, Naturopathy, Hydrotherapy, Physiotherapy, Mesotherapy, Dietitian or other man or woman who overcomes disease by removing the cause, can practice his art!

THERE IS A BILL AT PRESENT BEFORE THE NEW YORK STATE LEGISLATURE WHICH, IF IT PASSES, WILL GIVE THE SO-CALLED "REGULAR PRACTITIONERS" SOLE AND EXCLUSIVE RIGHT TO TREAT THE SICK IN THIS STATE.

The Bill also provides for "persecution of cases of illegal practice by the office of the Attorney General of the State, in place of the District Attorney, and the obtaining of evidence by inspectors, working for the Department of Education, rather than by the Medical Society in the County in which the alleged crime is committed."

*Photographic reproduction, two-thirds size, of an advertisement which appeared in "The Recorder," Amsterdam, N Y, on March 4, 1924*

A FINE SCHEME NOT ONLY FOR TAKING THE CASE OUT OF THE JURISDICTION OF THE DEFENDANTS HOME TERRITORY BUT ALSO FOR REPEATING THE MEDICAL SOCIETY OF THE EXPENSES CONNECTED WITH SECURING EVIDENCE AND PROSECUTING THESE CASES. MEDICAL OR NOT, PASS UP YOU WILL BE COMPELLED TO TAKE A. M. A. TITAN COULD GIVE YOU TREATMENT OR HYDROPATHIST OR HOW TO CURE YOURSELF BY WHOLESOME DIET

YOU! TAKE YOUR A. M. A. DOSE OR DO WITHOUT!

HOW DO YOU LIKE IT?

Are you going to demand your rights as a free citizen to select the doctor of your own choice and the method of treatment (preference) OR ARE YOU GOING TO LET THE RING SADDLE AND BRIDLE YOU AND THEN DOWEL YOU IN TO THE ROAD OF ITS OWN CHOOSING?

IF THERE EXISTS IN YOU ONE iota OF THE SPIRIT OF JUSTICE, EQUITY AND LIBERTY SIT DOWN NOW AND WRITE THE SENATOR AND ASSEMBLYMAN FOR YOUR DISTRICT. TELL HIM IN NO UNCERTAIN TERMS HOW YOU FEEL ABOUT THIS PROPOSED ENFRANCHISEMENT ON YOUR RIGHTS AS A FREE AMERICAN CITIZEN

Take this matter up among your friends. Araken them to the realization of their danger. KEEP THE MATTER ALIVE, OR THEY WILL SLAP IT OVER ON LIBERTY. REMEMBER THAT "ETERNAL VIGILANCE IS THE PRICE OF LIBERTY."

YOU CAN PREVENT THE PASSAGE OF THIS VICIOUS MEASURE BY WRITING TO YOUR SENATOR AND TO YOUR ASSEMBLYMAN IN PROTEST AS FOLLOWS

Honorable Sir: I, the undersigned, one of your constituents, most emphatically object to the passage of the Carroll Latta bill and to all other legislation adverse to chiropractors and ask that you help defeat this measure. It is also my wish that you support the chiropractors' bill to give them legal recognition in New York State.

Signed

Write to Hon. Alan B. Bloomfield,  
Senate Chamber, Albany, N Y

WRITE NOW, before it is too late.

And to Hon. Samuel W. McCleary,  
Assembly Chamber, Albany, New York.

YOURS FOR FAIR PLAY.

## CHIROPRACTORS OF AMSTERDAM

*Photographic reproduction, two-thirds size, of an advertisement which appeared in "The Recorder," Amsterdam, N Y, on March 4, 1924*



The law rightfully assumes that no man can acquire the minimum qualifications for practice until he has devoted four years of special study to a preparation for practice. This standard of training has been accepted by every State in the Union, and by all civilized countries, as the least time in which a person can become qualified to diagnose and treat human diseases, and yet chiropractors claim to be able to qualify in from six weeks to six months. The law and the Regents have made the standards of the practice of medicine sufficiently high and carefully enough guarded to safeguard the public welfare. This has been done only after many years of patient endurance and constructive work. These standards are jealously guarded both by physicians and the public. We both realize that a lowering of standards so carefully considered could do nothing but work a grievous injury to the public health of the community.

Under these circumstances the Department of Regents at Albany has justly asked that certain definite standards be maintained to qualify anybody who chooses to practice as a physician. Unfortunately, the most outstanding breaker of the law, at the present time, is the chiropractor. We assume there must be a reason why this cult has grown so rapidly. We again assume it must be for the financial return in proportion to the amount of time and money spent in preparation. In other words, the desire to take up this method of treatment is not for the benefit to the people, but for the money to be obtained, it is purely financial. We are informed that after only six weeks of study they are supposed to be qualified to practice "chiropractic." At the end of this time they are presumably, according to their own standards in a position to take so-called "patients." We again assume that if they are taking these patients, they are taking them because they expect to do them good. But we fail to see how they can start any type of treatment without properly endeavoring to find out what is the matter, in other words, without making a diagnosis. If our assumption up to this point is correct, they have been and are making a diagnosis and applying the treatment, both of which constitute the "Practice of Medicine" as defined by the medical law of the State. There can be no deviation from this conclusion, if our premise is clearly stated.

The State of New York grants the title of M.D. and the use of the word "Doctor" to a properly qualified medical practitioner who has passed the State Regents. The title of "Doctor" is gained after four years of close application of medical standards and only after a properly qualified medical school has thought the candidate fit to receive a degree. What we wish to bring to your attention is the fact that in the word "Doctor" there is a dignity which entitles

it to the fullest respect on the part of the community. If this title is lightly used by anyone unqualified to possess it, he is stealing not only from the medical profession, but from the people of the State of New York, as he is implying, from the very use of the word "Doctor," a qualification which he does not possess.

Our attitude is to clean up the State. Our desire is not to legislate any properly qualified person from pursuing what the State deems safe and wise for the welfare of the people. We would call to your attention the fact that one particular "cult" has been guilty before the law for a number of years and has never been properly prosecuted. We call your attention to the fact that its so-called "spinal adjustment" has been used to cure fractures of the elbow, diphtheria, cancer, and tuberculosis of various forms, both of bone and lung, and doubtless many other conditions, on the premise that some mythical adjustment of the spine can work a miracle. We would call your attention to the fact that the present chiropractor has but one motive, and that is this: he wishes those who at the present time are practicing *illegally* to retain this privilege *lawfully*, he wishes that standards hereafter shall be raised to keep out any future inroads of competition in his cult, he wishes to be a judge and jury as to who are qualified to practice; he wishes to be the Examining Board, the Board of Regents, and the Board of Discipline,—and he wishes all this in spite of the fact that the State already has a Board of Regents, which is created by the people of the State to safeguard them against this very evident and illegal abuse. If this thing is to continue, why not abolish the Board of Regents entirely and throw the people open to every form of charlatanism which may exist? Let us either have standards and observe them, or abolish standards altogether.

The medical profession has been accused of persecution. Physicians have no more desire to persecute a qualified man than they have of practicing law. We can readily understand why a man who is doing things wrongly, and against the law, should promptly raise a cry of abuse when he is required to conform to lawful standards, particularly if in conforming to law it legislates him out of business.

It is now about time that we clean up our State and try to run the government for all of the people, and not try to lower the standards of our people to the standards of cults, who in such a voluminous way will deprecate the whole medical profession, as they have in the adjoining advertisement. This is illuminating. It should make you men think—make you understand that your trust in the legal halls is as sacred as the trust of the physician to whom you give the care of your sick wife and children.



May the time never come when you shall be deluded by any make-shift of this sort and lose a chance of saving someone dear to you when level-headed medical or surgical help is available.

The coupon system attached to this advertisement should require no explanation. If the laws of the State are to be reduced to a guessing contest entitling the Senator or Assemblyman to a free trip to Europe, we indeed have come to a most deplorable condition of affairs.

Will you not give the attached coupon the respect, or lack of respect it deserves. The medical profession never can, nor ever will, try

to combat in a money way the blatant advertisements which must spring up all over the State in the hands of chiropractors.

We feel that our problem can be safely entrusted to our law-making bodies. We hope, believe, and trust that you will uphold what is right and just and that your program will so endear you to your constituents that they will be glad to see you back at your tasks in the fall.

ORRIN SAGE WIGHTMAN, M.D.

*President, Medical Society  
of the State of New York*

## EVIDENCE FROM CHIROPRACTORS

Strong evidence of the expected efficiency of the proposed Practice of Medicine Act is shown by the feverish attempts of chiropractors to defeat the law.

Read the copy of one of their advertisements that is reproduced on page 347 of this JOURNAL. *It admits that the law will be efficient.* The chiropractors appeal to all other cultists to join them in opposing the law.

What is there in the proposed law that frightens the cultists? The law lets the *definition* of the practice of medicine remain exactly as it has been for ten years, and the chiropractors make no opposition to it. What they do oppose is an unbiased investigation into their practices, and their *promises* to work miracles of healing every conceivable ill. Their arguments are along two lines:

1. Their system of healing is efficient and safe.
2. Their opponents are actuated by merely selfish motives.

The evidence which the chiropractors claim for the value and success of their cult is that of "testimonials" of persons whom they have treated. Numbers of persons say chiropractors have helped them and, therefore, chiropractic has been proved to be both safe and efficient. This argument is like that of a man who allows his ten year old boy to start, stop, and steer his automobile and then claims that the boy will be a safe chauffeur under any conditions.

The facts are that chiropractors solicit business and promise cures of impossible conditions. A glaring example of their practices has been that of promising to cure the paralysis resulting from infantile paralysis. Those of us who have worked with the Department of Health of the State and of cities have seen numerous cases whom chiropractors have subjected to exercise and manipulations in the first weeks of the disease while absolute rest offers the only hope of cure or improvement. After weary weeks of

treatment parents with little financial means have often fallen a prey to chiropractors who have promised quick cures of the children—always for a price. In no instance have we heard of free treatments being given or free clinics held by the chiropractors. Their whole motive is gain and not the benefit of humanity.

Since the chiropractors cannot answer the arguments of the medical profession, they adopt the usual tactics of assailing the motives of the proponents of the law. They state that physicians are actuated by improper motives because they wish to form a healing trust and to hold a monopoly of the practice of medicine. Since chiropractors open the question of motive, we may properly discuss their motives. Chiropractors say they wish to "Regulate" the practice of chiropractic by examining and licensing future applicants, while allowing the present practitioners to continue. The truth seems to be that competition among chiropractors has become so keen that new accessions to their ranks threaten their individual incomes. They, therefore, would institute a system of examinations which would prevent any more students from obtaining licenses, and thus the present chiropractors will be free from increased competition. Is this a mere threat or opinion? The osteopathic law does this very thing. A law legalizing and licensing osteopaths was passed in 1907 and since that time only one or two have been licensed each year. The chiropractors wish to have the same thing done for their benefit. The tactics of chiropractors remind us of our early automobile days when we could go only about fifteen miles an hour, and yelping dogs used to run ahead of us and throw sand into our eyes with their hind legs at every jump, knowing we could not catch up to them. The chiropractors have not been afraid of the one cylinder law, but they are in deadly fear of the new six cylinder act.



## WHEN IS A MAJORITY A MAJORITY?

THE attention of the President of the State Society has recently been called to the fact that special meetings have been held in various parts of the State to consider pending legislation. We are told these meetings are held at the request of a small number of men, in New York County fifty names signed to a petition may secure this special privilege. When these meetings are assembled, the subject for which they are called is duly debated and considered. At the end of the meeting a vote is taken and the recorded vote is duly interpreted as the attitude of that particular county on the question under consideration. When the State Society is launched upon any program involving its own integrity and the welfare and health of the people of the State, meetings of this character may give a false impression as to how the profession as a whole think on any subject. For example, in New York County a meeting was recently called to consider and discuss the amended medical practice act now before the law-making bodies at Albany. At this special meeting there were present about 90 men. After the question had been duly debated, pro and con, a vote was taken and 36 were for the Bill, and 34 voted in the negative.

The question raised is how far the actual numerical vote of 66 can stand for the true feeling of over 3,100 men who now are members of the Medical Society of the County of New York. Special meetings are very prone to bring out those who are particularly interested. They appeal to a group who like a contest and usually do not succeed in bringing out the conservative backbone of any society. These latter men are too busy with the every day practice of medicine to come out and openly fight against things which do not minutely concern them. If this is a fair example of how legislation may work by special meeting, is it not about time that we either remedied this condition by making a referendum vote of the whole County society necessary in order to place it upon record, or else to

constitute a definite percentage over and above the present quota required, so as to secure a more honest opinion on the part of a County Society?

It would be deadly for any large County Society to be placed upon record upon any legal matter vital to its survival, by fifty men or less, when the membership runs, as in New York County, to over 3,100.

The medical profession are thoroughly able to speak for themselves. They are an intelligent group of men who rarely delegate power of free speech to any small group, be it positive or negative.

It would be well for those who are revising our Constitution and By-Laws to take this matter under serious consideration as it will save the society a good deal of future embarrassment.

Our Assembly and Legislature in looking for political reasons in voting for or against a medical measure invariably quote action of the counties throughout the state. As a matter of political expediency they may be all too glad to quote a vote of any fifty men when in reality they are representing 3,100. It gives another unwise advantage to personal exploitation on the part of the medical profession for a real or imaginary grievance on the part of an individual. There is no group free from somebody who for reasons sufficient unto himself feels that he is the champion of the unknown quantity X. With this mark on his escutcheon he sails forth like Don Quixote to conquer windmills.

The glory attended is not so much for the state as for the personal advantage of the man who assumes this self-imposed task, and who in the light of the public poses as a majority, therein lies the danger and weakness of a minority action.

Let us take this matter into serious consideration when framing new laws for our own State Society government.

O S W

## THE ROCHESTER MEETING

A review of the program for our Annual Meeting to be held in Rochester, on Monday, Tuesday, and Wednesday, April 21, 22, 23, reveals a most impressive array of talent concentrated upon subjects of such vital interest to every member of the Society that not only the Delegates who convene on Monday, but every other man, physically able, should avail himself of this opportunity to attend as many of these sessions as possible.

The Committee on Scientific Work is to be highly commended for serving such a remarkable amount of most valuable material in a two-day session.

Rochester is an interesting city to visit, has ample accommodations for a large State Meeting, and the fact that Dr. Owen Jones is Chairman of the Committee on Arrangements is sufficient guarantee that every possible thought for



the comfort and entertainment of members and guests will be provided

In addition to the scientific and social features of this meeting, the Commercial Exhibits will be well worth careful attention. All of the exhibitions are carefully censored, and represent the newest and best offerings that can be shown by reliable firms. Physicians can not fail to find satisfaction in replenishing their armamentaria, and adding up-to-date equipment from the modern things that will be shown. The exhibitors are old friends and deserve our confidence and patronage.

The annual banquet on Wednesday evening

should be attended by everyone who attends this meeting. The economic, administrative, and scientific side of these meetings is, of course, of great importance, but there is also great value in an opportunity for the social intimacy that a dinner affords. All of the different groups are here assembled to cement old friendships and to make new ones. Physicians see very little of that side of life at home. We think it would be a good idea if every member of the Society should make this the occasion of a reunion with as many of his medical classmates as possible. We urge correspondence in these groups and a real effort to assemble them at special tables.

N B V E

### CONSTRUCTIVE CRITICISM

The great subject with which the NEW YORK STATE JOURNAL OF MEDICINE has to deal is the proposed Practice of Medicine Act which was printed in the February 22 issue of this journal. Criticisms of this act may be divided into two classes:

- 1 Constructive.
- 2 Destructive.

We have received examples of both kinds of criticism and have printed them impartially. The time has now come when we may estimate the value and the effects of both kinds of criticism of the bill.

We may properly ask—to what degree will the proposed act rid the State of illegal practitioners of medicine? Assuming that the officials connected with the Regents and the Attorney General's office are active and conscientious—as we know that most public officials are—then we may expect that the execution of the law will be 90 per cent perfect.

There is a group of critics who say that the law will not be executed at all, and that it will amount to nothing. When we ask these critics to suggest other features which will make the law effective, they reply that making the law is no concern of theirs. These critics belong to the destructive group. They stand on the side line and find fault with the players. They themselves cannot be criticized for the law or for arguments in its favor, because they have had nothing to do with its making. A destructive critic can criticize the other fellow and yet he himself may be immune from criticism. Happily this group of physicians is not large.

A second group of critics of the proposed Practice of Medicine Act object to minor features of the law, but yet recognize the great value of its major features. When the physicians of this group are asked to give constructive criticisms and to suggest something better, they quickly comply with the request and say that they would execute the present law. A Brooklyn

group of constructive critics has not waited for the passage of the Practice of Medicine Act, but has already made a canvass of the practising physicians of the city and has discovered three doctors practising under the diplomas of dead physicians. The criticism of the constructive critics is directed mainly against the re-registration feature of the act. They claim that re-registration and the imposition of fees is wrong in principle, and that this slight wrong will vitiate the good features of the act. There is ground to fear that this feature may lead to some slight embarrassment, for already the cultists claim that the doctors are offering to put up money fees from the selfish motive of driving their competitors out of business. But we must remember that the making of the law is vested in laymen who desire to retain the fee system because it already exists and is applied to seven other professions allied to that of medicine. It is good policy for physicians to accept the re-registration features with its minor annoyance, rather than to oppose the passage of a law which is *the best* that has yet been proposed. So far as we are able to judge, the main features of the proposed Practice of Medicine Act are accepted in good faith by physicians generally, and are opposed by only a small group who refuse to suggest anything better.

*An Appeal to Physicians.* Now is the time for your constructive action. The proposed Practice of Medicine Act has been before you for three weeks, and its broad features have been discussed and generally accepted. Also the plans of the cultists have been disclosed.

You have been informed of every step that has been taken in the construction of the bill. The step for you to take is to inform your Senator and your Assemblyman of your attitude regarding the act. If you do this, the legislators will act with confidence, and will do their part to maintain a high standard of medical practice.

F O



# LEGAL

By GEORGE W WHITESIDE, M.D

## LIABILITY WHEN A PHYSICIAN LEAVES A CASE IN CHARGE OF ANOTHER PHYSICIAN

When you leave your practice for a week-end or for a more extended vacation and place in charge of your patients a substitute to act in your absence, you would hardly expect to be sued for damage claimed to have been suffered by a patient in your absence and alleged to have resulted from the treatment given by the physician who substituted for you. Such cases, however, have arisen in our experience. In obstetrical work physicians often find it necessary to send a substitute at the time of delivery because of their absence on other cases, or by reason of their being away on vacation at that time. This circumstance has likewise been the occasion for dissatisfied patients suing the physician who had originally accepted the case. It may be interesting and possibly profitable, therefore, to examine briefly the law as enunciated in adjudicated cases on this question. In these instances referred to we shall assume that the physician who is substituting is not in the employ of the physician who had charge of the case, but is a physician to whom the patient has been referred during the former's absence. The courts in this state have said practically nothing on this question, but have in cases where the question has been presented, followed rules that have been laid down in other states.

In Georgia, in the case of *Mullins v DuVall*, the court stated

"Where one physician or surgeon sends another as his substitute to treat or perform an operation upon a patient and the services of the substitute are accepted, the patient will be presumed to have reposed confidence in the professional capacity of the substitute, not as an agent but as the principal, and will be taken to have relied upon him as a physician to exercise his own knowledge, skill and discretion."

It will be noted that this authority clearly distinguishes the services rendered by the substitute as the services not of an agent but of a principal. The substitute, therefore, under this authority is not deemed to be acting as the agent of the physician but as an independent principal, or what we call an independent contractor. The question naturally arises as to what care should be taken by the physician sending the substitute in the selection of such substitute and the rule in this regard is that he must act in good faith and with reasonable care in the selection of a substitute. This is simply another way of stating that he should not knowingly or negligently

send as a substitute an incompetent man. In that event, it was held in a case in Ohio that the physician so sending the substitute could not be held liable in damage for any want of skill or malpractice on the part of a physician or surgeon employed. In these cases it must be assumed that the patient became liable for the services rendered to the physician who rendered the services.

In a case in Michigan the court stated

"If a family doctor or railway surgeon on leaving town recommends, in case of need, some other physician who is not however in any sense in his employment, it does not make him liable for injuries resulting from the latter's want of skill in case he should be employed."

And in a case cited in the state of Arkansas the court said

"A surgeon who, on being called upon to treat a patient, informed him that he would be absent for two weeks, and that another surgeon named would attend to his cases in his absence, will not be responsible for the latter's negligence or want of skill in treating the patient during such absence, if there was no business relation between the two surgeons."

Attention should be called to the condition imposed in the latter opinion and in fact in all the opinions cited above of the absence of the business relationship between the two surgeons. This condition is simply a statement of the absence of the relation of principal and agent between the two, because the general rule of law applicable in negligence cases is that the principal is liable for the negligence of his agent when that negligence results in damage when the agent is engaged in his principal's business.

In a case decided in the state of New Jersey it appeared that one M, a practicing physician, promised H to attend his wife at her confinement. M made an examination of her and advised that he would not be needed for several days and then left town for a vacation. While absent H called M's office and a third party, Dr P responded, as Dr P was taking care of M's patients while M was away. Dr P delivered the child, but in so doing cut the cord too short and the child died from umbilical hemorrhage. The patient, because of the child's death, suffered a nervous shock. The plaintiff H sued to recover for loss of his wife's services and expenses incurred because of her nervous



condition. In reversing a verdict in favor of plaintiff the court said:

"Dr P and the defendant were each of them, practicing physicians of this state, having no business connections with one another, except Dr P was attending the practice of the latter while he was temporarily absent. Even if it be admitted, therefore, that Dr P was employed by the defendant to attend upon the wife of the plaintiff, that fact did not render the defendant liable for his neglect or want of skill in the performance of this service, for an examination of the authorities will show that a party who employs a person following a distinct and independent occupation of his own, is not

responsible for the negligent or improper acts of the other."

It will be noted that in this case also the application of the principle of independent contractor to the physician acting as a substitute is predicated upon the absence of business relationship between the two physicians. In other words, the court does not change the rule with respect to the responsibility of the principal for the acts of his agent but clearly shows that that principle does not apply to a case where a physician leaves his patients in charge of another who he has reasonable ground to believe is competent, careful and skillful, and whose services are accepted by the patient, and upon whose skill, competency and care the patient relies. G W W

### CLAIMED IMPROPER PRESCRIBING OF TANNIGEN FOR CHILD SUFFERING FROM DIARRHŒA.

On September 10th a general practitioner was called to attend an infant about one and a half years of age. A careful general examination was made, disclosing an undernourished, underfed anæmic and marasmatic infant with a subnormal temperature. The child was also suffering from a stomatitis.

The physician immediately advised the mother to have the child taken to the hospital, where it could receive the proper care and attention, as it was its only chance of life. Thus the mother refused to do. He then prescribed a tonic of syrup of hypophosphates and placed the child upon a diet of beef juice and modified milk. Instructions were given that the medication be given to the child regularly and that if no improvement was shown in a few days to notify the physician.

On September 12th, the mother telephoned the physician asking advice and stating that the child had not improved. The physician was not requested to call at this time. He again advised hospital care.

On September 16th the physician was again called to the patient's home. At this time the diarrhœa with which the child was afflicted was more aggravated. Proper advice as to the washing out of the bowels was given and a prescription of tannigen was given to control the diarrhœa and a proper quantity of whisky as a stimulant. A physical examination on this day disclosed the same condition as on the preceding examination with a sub-normal temperature. He ordered barley water to be substituted for milk for twenty-four hours and again advised that the child be taken to the hospital, cautioning the mother that it was the child's only chance of life. She responded that if the child was to die that she would rather have it die at home.

On September 17th the father telephoned the physician, stating the child was worse. He also was told to have the child taken to the hospital

and was requested to call the physician back. In the meantime the physician had arranged for the reception of the child at one of the best hospitals in the city. However nothing further was heard from the parents.

The home conditions were unsanitary and dirty, the nipples and bottles were likewise dirty and the mother in the same condition, and flies were swarming over the milk and the child. When first seen by the physician, a very warm day the child was in a carriage covered with blankets, a cap on its head and stockings on its feet.

On October 2nd the child died on the death certificate the cause of death being given as enterocolitis, contributory cause convulsions. This certificate also showed that the physician who made the same had attended the child from September 25th, so that apparently between the defendant's last treatment on September 16th and September 25th the child was without any medical attention.

Suit was instituted against the first physician who attended the child, charging that on September 16th the defendant was engaged to treat the child for summer complaint and ordinary children's complaints and that the tannigen prescribed by the defendant on that day was a highly dangerous drug and was improperly prescribed and caused the death of the infant. Coincident with the suit instituted against the physician was one instituted against the druggist who filled the prescription, and in that suit it was charged that the druggist improperly filled the prescription which the physician had prescribed.

The plaintiff's attorney made numerous unsuccessful attempts to procure a settlement of the action and when he found that his efforts were fruitless, upon the day that the case was called for trial he abandoned his action, and the complaint against the physician was dismissed.

G W W



# LEGISLATION

By James N Vander Veer, M.D

## NOTICE TO THE CHAIRMEN OF THE COUNTY LEGISLATIVE COMMITTEES

A joint meeting of the Chairmen of the County Legislative Committees and of the officers of the Medical Society of the State of New York will be held in the Hotel Ten Eyck, Albany, N Y, on Wednesday, March 19th, 1924, at 12 o'clock, noon

A hearing on the Education Department Bill, Senate Introductory No 637 (The Practice of Medicine Act), will be held on Wednesday, March 19th, 1924, at 2 o'clock, before the Senate Committee on Public Health and the Assembly Committee on Ways and Means

## LEGISLATIVE BILLS.

### SENATE

In Re State Institute for the Study of Malignant Disease at Buffalo, N Y—Senate Int No 175 (Print No S 175), by Senator Michael E Reburn of New York, concurrent Assembly Int No 195 (Print No A 195), by Assemblyman Julius Berg of Bronx County, which would amend section 345, Public Health Law, by placing fiscal control of State Institute for Study of Malignant Disease with State Department of Health

The bill, which was referred to the Public Health Committee in each house, is still in Committee

The Narcotic Bill—Senate Int No 285 (Print No S 289), by Senator Morton J Kennedy of New York, concurrent Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld of New York, is still in committee

Comment It is hoped that the proposed new bill emanating from the recent conference has been introduced before this Journal reaches you, and that we have had opportunity and space to print the bill in full for your perusal in this issue of the Journal

If such is the case, we would ask your perusal of the bill, as one or two minor changes may be added which are in no wise detrimental to the theory as now propounded relative to the narcotic question

In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools—Senate Int No 317 (Print No S 321), by Senator Benjamin Antin of New York, concurrent Assembly Int No 370 (Print No A 372), by Assemblyman Frederic S Cole of Herkimer County, is still in committee

A hearing has been called for March 11, at which your Chairman will appear

In Re Distribution of Information Concerning Results of Scientific Study—Senate Int No 436 (Print No S 445), by Senator Michael E Reburn of New York, concurrent Assembly Int No 588 (Print No A 592), by Assemblyman Joseph Gavagan of New York, referred to Judiciary Committee in each house Still in committee

The Child Experimentation Bill—Senate Int No 584 (Print No S 608), by Senator John P Ryan of Rensselaer County, no concurrent Assembly bill has as yet appeared Still in Senate Codes Committee

Comment Your Legislative Bureau would request the County Legislative Chairmen to report whether they have had any results from letters sent to the legislators

The Anti-Vivisection Bill—Senate Int No 588 (Print No S 612), by Senator John P Ryan of Rensselaer County, concurrent Assembly Int No 1094 (Print No 1180), by Assemblyman Samuel Mandelbaum of New York Still in Senate Codes Committee, and in Assembly Codes Committee

Comment Your Legislative Bureau would request the County Legislative Chairmen to report whether they have had any results from letters sent to the legislators

The State Department of Education Bill to Amend the Medical Practice Act—Senate Int No 637 (Print No S 663), by Senator Daniel J Carroll of Kings County, concurrent Assembly Int No 888 (Print No A 927), by Assemblyman Frank H Lattin of Orleans County, still in Senate Public Health Committee, and in Assembly Committee on Ways and Means

Comment To date the Counties have reported as follows



Counties in favor of Bill Albany, Cayuga, Chemung, Dutchess-Putnam, Essex (no vote), Franklin (no vote), Greene, Jefferson, Monroe, Montgomery, Oneida, Onondaga, Ontario, Orleans, Richmond, Rockland, St. Lawrence (no vote), Saratoga, Schoharie, Schuyler, Seneca, Suffolk, Sullivan, Tompkins, Washington, Wayne, Westchester, Yates, Bronx

Counties opposed to Bill Allegany, Broome, Erie, Fulton (any bill requiring registration), Genesee, Kings, Livingston, Madison (no vote), Nassau (no vote), Orange, Queens, Rensselaer (any bill requiring registration), Schenectady, Ulster

Counties not heard from Cattaraugus, Chautauqua, Chenango, Columbia, Cortland, Delaware, Herkimer, Lewis, New York, Oswego, Otsego, Steuben, Tioga, Wyoming, Clinton, Niagara.

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Workmen's Compensation Law, in Regard to Occupational Diseases—Senate Int. No 700 (Print No S 740), by Senator Jeremiah F Twomey of Kings County, concurrent Assembly Int. No 836 (Print No A 862, 1112), by Assemblyman Frank Wilson of Albany County

The bill was reported February 25, amended and recommitteed, and now appears under the new Senate Print No 919

No comments having been received from physicians or from County Societies, the bill will be dropped.

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In Re Practice of Chiropody and Podiatry—Senate Int No 738 (Print No S 781), by Senator William Byrne of Albany County, concurrent Assembly Int No 507 (Print No 950), by Assemblyman Paul T Kammerer of New York.

Comment At the hearing held on the bill it was amended and the physicians of the State are now in accord with the measure

See concurrent Assembly Int No 507 (Print No A. 509, 950), for amendment.

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In Re Abolishing the Office of Coroner in Westchester County—Senate Int. No 830 (Print No 885), by Senator Walter Westall of Westchester County, concurrent Assembly Int No 1106 (Print No A 1192), by Assemblyman Herbert Shonk of Westchester County, will be dropped Still in committee.

## NEW SENATE BILLS SINCE LAST WEEK BEGIN HERE

In Re Incorporation, Maintenance, etc., of Hospitals, Infirmeries, Dispensaries, etc.—Senate Int No 892 (Print No S 962), by Senator Ellwood M Rabenold of New York, which bill has been referred to the Senate Judiciary Committee, is printed here in full for the information of the profession

STATE OF NEW YORK

No 962

Int 892

IN SENATE,

February 26 1924

Introduced by Mr Rabenold—read twice and ordered printed, and when printed to be committed to the Committee on the Judiciary

### AN ACT\*

To amend the membership corporations law in relation to incorporation or extension of corporate purposes for establishment and maintenance of hospitals infirmeries dispensaries and homes for invalids or the aged or indigent.

*The People of the State of New York represented in Senate and Assembly do enact as follows*

Section 1 Sections four and forty of chapter forty of the laws of nineteen hundred and nine entitled "An act relating to membership corporations, constituting chapter thirty-five of the consolidated laws," are hereby amended to read as follows

§ 4 Extension of corporate purposes by supplemental certificate. A membership corporation, created under or by a general or special law for purposes for which a corporation may be created under any article of this chapter may, from time to time, extend its corporate purposes so as to include any other purpose for which a corporation may be created under such article by filing in the offices in which its original certificates of incorporation if any are filed, or otherwise in the offices in which original certificates of incorporation for such purposes are required to be filed, a copy of a resolution in favor of such extension, certified by the president and secretary of the corporation to have been duly adopted by the concurring vote of a majority of the members of the corporation present at an annual meeting, or a special meeting duly called for that purpose, and a certificate signed and acknowledged by a majority of the directors of the corporation, in pursuance of such resolution, with the approval, indorsed thereupon or annexed thereto, of a justice of the supreme court, and if the care of orphan, pauper or destitute children, or the establishment and maintenance of a hospital, infirmary, dispensary, home for invalids aged or indigent persons, be included among such corporate pur-

EXPLANATION—Matter in italics is new; matter in [ ] is old law to be omitted.



poses, with the additional approval, indorsed thereupon or annexed thereto, of the state board of charities

§ 40 Purposes for which corporations may be formed under this article A membership corporation may be created under this article for the purpose of erecting, establishing and maintaining a hospital, infirmary, dispensary, home for invalids, aged or indigent persons, or for any other lawful purpose, except a purpose, for which a corporation may be created under any other article of this chapter, or any other general law than this chapter

§ 2 Section forty-one of such chapter, as last amended by chapter one hundred and eighty-eight of the laws of nineteen hundred and twenty-three, is hereby amended to read as follows

§ 41 Certificates of incorporation Five or more persons may become a membership corporation for any one of the purposes for which a corporation may be formed under this article or for any two or more of such purposes of a kindred nature, by making, acknowledging and filing a certificate, stating the particular objects for which the corporation is to be formed, each of which must be such as is authorized by this article, the name of the proposed corporation, the territory in which its operations are to be principally conducted, the town, village or city in which its principal office is to be located, [if it be then practicable to fix such location], the number of its directors, not less than three nor more than [one hundred] *forty-eight*, and the names and places of residence of the persons to be its directors until its first annual meeting *The certificate of incorporation of a hospital or dispensary may also specify the qualifications of members of the corporation with respect to their adherence or non-adherence to a particular school or theory of medical or surgical treatment, and the systems of medical practice or treatment to be used in such hospital or dispensary* Such certificate shall not be filed without the written approval, indorsed thereupon or annexed thereto, of a justice of the supreme court If such certificate specify among such purposes the care of orphan, pauper or destitute children, the establishment or maintenance of a [maternity] hospital, *infirmary, dispensary, home for invalids, aged or indigent persons, or lying-in asylum* where women may be received, cared for or treated during pregnancy or during or after delivery, or for boarding or keeping nursing children, the written approval of the state board of charities shall also be indorsed thereupon or annexed thereto, before the filing thereof On filing such certificate, in pursuance of law, the signers thereof, their associates and successors, shall be a corporation in accordance with the provisions of such certificate Any corporation heretofore or hereafter organized under this

article for the purpose of gathering, obtaining and procuring information and intelligence, telegraphic or otherwise, for the use and benefit of its members, and to furnish and supply the same to its members for publication in newspapers owned or represented by them may admit as members thereof, other corporations, limited liability companies, joint stock or other associations, partnerships and individuals engaged in the same business or in the publication of newspapers, periodicals or other publications, upon such terms and conditions, not inconsistent with law or with its certificate of incorporation, as may be prescribed in its by-laws

§ 3 Article seven of such chapter is hereby repealed

§ 4 This act shall take effect immediately  
Comment Comment on the bill is invited from members of attending staffs of any institution to whose especial attention we wish to call this amendment

Requiring Iron Stairways on Outside of Sanitariums, etc.—Senate Int No 894 (Print No S 964), by Senator Mortimer Y Ferris of Ticonderoga, concurrent Assembly Int No 1212 (Print No A 1335), by Assemblyman Ralph H Loomis of Delaware County, referred to Public Health Committee in each house, is printed here in full for the information of the profession

STATE OF NEW YORK

No 964

Int 894

IN SENATE,

February 26, 1924

Introduced by Mr Ferris—read twice and ordered printed, and when printed to be committed to the Committee on Public Health

AN ACT\*

To amend the public health law, in relation to iron stairways on outside of hospital, sanitarium and certain other buildings

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Section three hundred and thirty-four of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An Act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended to read as follows

§ 334 Iron stairways on outside of hospital, *sanitarium and certain other buildings* All hospital buildings used for general hospital purposes, or hospitals or asylums for the insane, or any hospital buildings *or buildings maintained, operated or used for the purpose of a sanatorium or*

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted



a sanitarium, or for boarding or lodging house purposes where three or more persons suffering from or afflicted with or convalescing from any disease or ailment are habitually kept, boarded or housed for hire, which are more than two stories high, other than those which are fireproof in their construction, shall have properly constructed iron stairways on the outside thereof, with suitable doorways leading thereto from each story above the first [, for use in case of fire] It shall be the duty of the trustees, managers, owners [or] proprietors and lessees of such [hospitals or asylums] building to cause such stairways to be constructed and maintained. If the trustees [or], managers, owners, proprietors and lessees of any [hospital as herein described] of the buildings herein described, except those owned and maintained by a city, a county [,] or the state, shall fail to provide such stairways [before the first day of October, eighteen hundred and ninety six] after this section or hereby amended takes effect, then the local authorities shall proceed to erect such stairways and the cost thereof may be recovered by an action at law from the [property of said hospital] trustees, managers owners, proprietors or lessees of such buildings

The district attorney of each county is hereby charged with the execution of this statute, except in the case of [hospitals] buildings erected or maintained by the state, city or by a county

The provisions of this section shall not apply to any [institution] of the buildings above described in any of the cities or counties of this state, which the fire department of said city or where situated outside of a city the district attorney of the county shall certify in writing to be fireproof to an extent which will not require the appliances and fixtures provided for in this section. The certificate exempting [institutions] such buildings from the operation[s] of this section shall be filed during the month of January in each year[,] in the office of the county clerk of the county

*The maintenance, operation or use of any of the buildings above described by the owner, board of managers or other governing body, in violation of this section, shall in addition constitute a misdemeanor punishable by a fine of not exceeding five hundred dollars or by imprisonment of not more than one year or both.*

§ 2 This act shall take effect May first, nineteen hundred and twenty-four

No comment except to call the attention of members who are concerned as boards of managers of institutions, or physicians who are attending men at same

Relative to the Practice of Pharmacy—Senate Int No 895 (Print No S 968), by Senator Daniel J Carroll of Kings County, concurrent Assembly Int. No 1021 (Print No A 1085), by Assemblyman Frank H Lattin of Orleans County was printed in the last issue of the Journal

Comment The Medical Society is in favor of the measure

In Re Defining a Drug Addict as a Disorderly Person, Except When Drug Is Prescribed by a Physician—Senate Int No 908 (Print No S 981), by Senator James L Whitley of Rochester concurrent Assembly Int No 1158 (Print No A 1268), by Assemblyman Burton D Esmond of Saratoga County, which bill has been referred to Codes Committee in each house, is printed here in full for the information of the profession

STATE OF NEW YORK

No 981

Int 908.

IN SENATE

February 27 1924

Introduced by Mr Whitley—read twice and ordered printed and when printed to be committed to the Committee on Codes

#### AN ACT\*

To amend the code of criminal procedure, in relation to disorderly persons

*The People of the State of New York represented in Senate and Assembly do enact as follows*

Section 1 Section eight hundred and ninety-nine of the code of criminal procedure is hereby amended by adding thereto a new subdivision, to be subdivision ten, to read as follows

10 Persons who are addicted to the habitual use of cocaine or opium, or the derivatives of cocaine or opium, or of any other habit-forming drug, except as administered, prescribed or dispensed by a duly licensed physician

§ 2 Sections nine hundred and one and nine hundred and three of the code of criminal procedure are hereby amended to read as follows

§ 901 On confession or proof that he is a disorderly person punishment or security to be required

If the magistrate be satisfied from the confession of the defendant or by competent testimony, that he is a disorderly person, he may require that the person charged give security by a written undertaking, with one or more sureties approved by the magistrate, to the following effect

1 If he be a person described in the first or second subdivision of section eight hundred and ninety nine that he will pay to the county super-

\*EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is old law to be omitted



intendent of the poor or to the overseer of the poor of the town, city or village, or to a society for the prevention of cruelty to children, weekly for the space of one year thereafter, a reasonable sum of money to be specified by the magistrate for the support of his wife or children,

2 In all other cases, except as provided in subdivisions three and four of this section, that he will be of good behavior for the space of one year,

Or that the sureties will pay the sum mentioned in the undertaking, and which must be fixed by the magistrate

3 All persons described in subdivision three of section eight hundred and ninety-nine shall be liable, upon conviction, to a fine not to exceed two hundred and fifty dollars, or to imprisonment not to exceed six months, or to both such fine and imprisonment

4 *All persons described in subdivision ten of section eight hundred and ninety-nine shall be liable, upon conviction, to imprisonment not exceeding six months*

§ 903 Certificate to constitute record of conviction, and to be filed, commitment thereon, probation

The magistrate must immediately cause the certificate, which constitutes the record of conviction, to be filed in the office of the clerk of the county, and must, by a warrant signed by him with his name of office, commit the defendant to the county jail, or in the city of New York, to the city prison or penitentiary of that city, or in the county of Monroe, to the penitentiary of that county, or in the county of Westchester to the penitentiary and workhouse of that county, for not exceeding six months at hard labor, or until he gives the security prescribed in section nine hundred and one, or, if the defendant be a person described in the first or second subdivision of section eight hundred and ninety-nine, the magistrate may require him while on probation to pay through the probation officer weekly a reasonable sum for the support of his wife or children, *or if the defendant be a person described in subdivision ten of section eight hundred and ninety-nine, whenever the chief medical officer of the institution to which the said defendant has been committed shall certify to the committing magistrate or court that the said defendant has been sufficiently treated, or give any other reason which is deemed by the magistrate or court to be adequate and sufficient, he or it may discharge the person so committed or parole such person to report to the local health officer at such dates or times as he may require, or return such person to await the further commands of the court, provided, however, that when such commitment is to an institution under the jurisdiction of a department of correction or*

*other similar department in a city where there is a parole commission established pursuant to law, such commission shall act in the place and stead of a chief medical officer for the purpose of making such a certificate*

§ 3 This act shall take effect immediately.

Comment No comment at present until your Committee on Legislation has had an opportunity to review the bill

Requiring Railroad Companies to Keep Heat in Passenger Cars—Senate Int No 923 (Print No S 996), by Senator Frank Giorgio of Queens County, would add new section 318, Public Health Law, requiring railroad companies to keep heat in each passenger car between October 15 and April 15 at not less than 50 degrees above zero Referred to Public Health Committee

No comment

Requiring Compulsory Study of Artificial Respiration in Public Schools—Senate Int No 945 (Print No S. 1033), by Senator William L Love of Brooklyn, which has been referred to the Senate Public Education Committee, is printed here in full for the information of the profession

STATE OF NEW YORK

No 1033

Int 945

IN SENATE,

February 28, 1924

Introduced by Mr Love—read twice and ordered printed, and when printed to be committed to the Committee on Public Education

#### AN ACT

To amend the education law, in relation to compulsory study of artificial respiration

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Article twenty-three of chapter twenty-one of the laws of nineteen hundred and nine, entitled "An act relating to education, constituting chapter sixteen of the consolidated laws," as amended by chapter one hundred and forty of the laws of nineteen hundred and ten, is hereby amended by adding a new section, to be section six hundred and twenty-a, to read as follows

§ 620-a Compulsory study of artificial respiration All pupils in schools under state control, or supported wholly or in part by public money of the state, below the third year of the high school and above the sixth year of school work, computing from the beginning of the lowest primary, not kindergarten, or in corresponding classes of ungraded schools, shall be taught and shall study



artificial respiration by prone pressure, known as the Schaefer method, for the restoration of persons rescued from drowning, asphyxiated by gas, smothered, or having received an electric shock or lightning stroke. Such subject shall be taught for not less than three lessons a week for ten or more weeks, and each pupil must pass satisfactory tests in this as in other studies before promotion to the next succeeding year's work. The local school authorities shall provide needed facilities and definite time and place for this branch of the regular courses of study.

§ 2 This act shall take effect immediately  
No comment at present

### IN ASSEMBLY

**Medical Inspection in Schools Bill**—Assembly Int. No. 66 (Print No. A. 66), by Assemblyman Joseph Reich of Kings County, is still in Assembly Public Education Committee. No concurrent bill has as yet appeared in the Senate.

**In Re State Institute for Study of Malignant Disease at Buffalo, N. Y.**—Assembly Int. No. 195 (Print No. A. 195), by Assemblyman Julius Berg of Bronx County, concurrent Senate Int. No. 175 (Print No. S. 175), by Senator Michael E. Reiburn of New York, still in Assembly Ways and Means Committee.

**In Re Nursing and First Aid Services in Factories, etc.**—Assembly Int. No. 309 (Print No. A. 309), by Assemblyman Joseph Reich of Kings County, still in Labor and Industries Committee.

**The Narcotic Bill**—Assembly Int. No. 342 (Print No. A. 342), by Assemblyman Morris Weinfeld of New York, concurrent Senate Int. No. 285 (Print No. S. 289), by Senator Morton J. Kennedy of New York.

See concurrent Senate Int. No. 285 for comment.

**In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools**—Assembly Int. No. 370 (Print No. A. 372), by Assemblyman Frederic S. Cole of Herkimer County, concurrent Senate Int. No. 317 (Print No. S. 321), by Senator Benjamin Antin of New York, is still in committee.

A hearing has been called for March 11 at which your Chairman will appear.

**In Re Practice of Chiroprody and Podiatry**—Assembly Int. No. 507 (Print No. 509, 950), by Assemblyman Paul T. Kammerer of New

York, concurrent Senate Int. No. 738 (Print No. S. 781), by Senator Wm. Byrne of Albany County, still in committee.

At the hearing the bill was amended and in section 281-b, after the word "podiatrist," there were inserted the words "or a duly licensed physician", and after the last line of that section this sentence was added: "Nor shall this act apply to any person or manufacturers who mechanically fit or who sell artificial limbs or foot apparatus or appliances."

This is the wording as found in the present educational law relative to the practice of medicine.

**In Re Distribution of Information Concerning Results of Scientific Study**—Assembly Int. No. 588 (Print No. A. 592), by Assemblyman Joseph Gavagan of New York, concurrent Senate Int. No. 436, still in committee.

**The State Department of Education Bill Amending the Medical Practice Act**—Assembly Int. No. 888 (Print No. A. 927), by Assemblyman Frank H. Lattin of Orleans County, concurrent Senate Int. No. 637 (Print No. S. 663), by Mr. Carroll.

**Forbidding Sale of Wood Alcohol or Methyl Alcohol Except as Methanol**—Assembly Int. No. 890 (Print No. A. 929), by Assemblyman Frank H. Lattin of Orleans County, referred to Codes Committee, still in committee.

**Requiring Embalmers and Undertakers to Give in Advance a Detailed Cost of a Funeral**—Assembly Int. No. 921 (Print No. A. 965), by Assemblyman Edward Coughlin of Kings County, which was printed in the last issue of the Journal, will be dropped.

**In Re Practice of Pharmacy**—Assembly Int. No. 1021 (Print No. A. 1085), by Assemblyman Frank H. Lattin of Orleans County, concurrent Senate Int. No. 895 (Print No. S. 968), by Senator Daniel J. Carroll of Kings County, referred to Public Health Committee.

See concurrent Senate Int. No. 895 for comment.

**Requiring Railroad Companies to Provide Passenger Cars with Emergency Kits**—Assembly Int. No. 1040 (Print No. A. 1104), by Assemblyman Maurice Bungard of Kings County, which was printed in the last issue of the Journal, will be dropped.



**Making It a Misdemeanor to Print, Sell or Utter Information Relative to Birth Control**—Assembly Int No 1070 (Print No A 1151), by Assemblyman Louis A Cuvillier of New York, which was printed in full in the last issue of the Journal, will be dropped

**The Anti-Vivisection Bill**—Assembly Int No 1094 (Print No A 1180), by Assemblyman Samuel Mandelbaum of New York, concurrent Senate Bill Int No 588 (Print No S 612), by Senator John P Ryan of Rensselaer County Still in committee

See concurrent Senate Int No 588 for comment

**In Re Abolishing Office of Coroner in Westchester County**—Assembly Int No 1106 (Print No A 1192), by Assemblyman Herbert Shonk of Westchester County, concurrent Senate Int No 830 (Print No 885), by Senator Walter Westall of Westchester County, will be dropped

**Requiring the Licensing of Private Institutions for Treatment of Drug Addicts**—Assembly Int No 1117 (Print No A 1203), by Assemblyman Morris Weinfeld of New York, was printed in full in the last issue of the Journal

No comments thereon have been received

**In Re Defining a Drug Addict as a Disorderly Person, Except Where Drug Is Prescribed by a Physician**—Assembly Int No 1158 (Print No A 1268), by Assemblyman Burton D Esmond of Saratoga County, concurrent Senate Int No 908 (Print No S 981), by Senator James L Whitley of Rochester, referred to Codes Committee in each house

See Senate Int No 908 for printed bill

**Persons Afflicted with Tuberculosis Shall Not be Deemed Settled in Any Town in Franklin, Essex or Sullivan Counties Until They Have Resided There Five Years, and Making Other Changes**—Assembly Int No 1171 (Print No A 1281), by Assemblyman G J. Moore of Franklin County, concurrent Senate Int No 893 (Print No S 963), by Senator Warren T Thayer of Chateaugay, is printed here in full for the information of the profession

# STATE OF NEW YORK

No 1281

Int 1171

IN ASSEMBLY,

February 26, 1924

Introduced by Mr G J Moore—read once and referred to the Committee on Public Health

## AN ACT

To amend the poor law, in relation to tubercular poor

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Article four of chapter forty-six of the laws of nineteen hundred and nine, entitled "An act in relation to the poor, constituting chapter forty-two of the consolidated laws," is hereby amended by adding a new section, to be section fifty-nine, to read as follows

§ 59 Restriction on settlements in certain counties Notwithstanding any provision of this article, a person who shall have become a resident of any town in the county of Franklin, Essex or Sullivan, while afflicted with tuberculosis, shall not, nor shall any member of his family, be deemed settled in such town until he shall have been a resident and inhabitant of such town for five years, but if such a settlement be gained, he, and such members of his family, shall so remain until he shall have gained a settlement by residence for five years in another town of the same county, or for one year in a town or city elsewhere, or shall remove from this state and remain therefrom one year, nor shall such person be deemed settled in such county, so as to become a county poor person, unless and until he shall have resided in one or more of the towns of such county for five years in the aggregate. Such a person shall be deemed settled in, and subject to support by the town or county of the state whence he came before becoming a resident of the county of Franklin, Essex or Sullivan as the case may be, or if he shall have come to such county from without the state before gaining a settlement elsewhere within the state, he shall be deemed a state poor person within the meaning and subject to the provisions of section ninety of this chapter. Support of such poor person by the town or county from whence he came may be enforced by the county of Franklin, Essex or Sullivan, as the case may be, in the manner provided by this article

§ 2 This act shall take effect immediately

**Requiring Compulsory Instruction in Physical Training to Schools Regularly Employing Twenty or More Teachers**—Assembly Int No 1190 (Print No A 1300), by Assemblyman Guernsey T Cross of Sullivan County, referred to Public Education Committee, is printed her in full for the information of the profession



STATE OF NEW YORK

No 1300

Int 1190

IN ASSEMBLY

February 26 1924

Introduced by Mr Cross—read once and referred to the Committee on Public Education

AN ACT\*

To amend the education law in relation to instruction in physical training in certain schools

*The People of the State of New York represented in Senate and Assembly do enact as follows*

Section 1 Section six hundred and ninety-five of chapter twenty-one of the laws of nineteen hundred and nine entitled "An act relating to education, constituting chapter sixteen of the consolidated laws," as amended by chapter one hundred and forty of the laws of nineteen hundred and ten, such section having been added by chapter five hundred and sixty seven of the laws of nineteen hundred and sixteen and last amended by chapter three hundred and eighty-nine of the laws of nineteen hundred and twenty-one, is hereby amended to read as follows

§ 695 Instruction in physical training and kindred subjects [All male and female pupils above the age of eight years in all [elementary and secondary] schools of every school district in a city and every union free school district regularly employing twenty or more teachers, shall receive as part of the prescribed courses of instruction therein such physical training under the direction of the commissioner of education as the regents may determine, during periods which shall average at least twenty minutes in each school day Pupils above such age attending [the] such public schools shall be required to attend upon such prescribed courses of instruction

The board of education or trustees of every [school district in a city and every union free school district regularly employing twenty or more teachers] such school shall employ a teacher or teachers qualified and duly licensed under the regulations of the regents to give such instruction [, in every other district of the state, they shall require such instruction to be given by the teacher or teachers regularly employed to give instruction in other subjects or by a teacher or teachers qualified and duly licensed under the regulations of the regents The boards of education or trustees of two or more contiguous districts in the same supervisory district, however, may join in the employment of a teacher qualified and duly licensed under the regulations of the regents to give such instructions, and the salary of such teacher and the expenses incurred on account of such instruction shall be apportioned by the district superintendent among such

districts according to the assessed valuation thereof, and is so apportioned shall be a charge upon each of such districts] Similar courses of instruction shall be prescribed and maintained in private schools in the state, and all pupils in such schools over eight years of age shall attend upon such courses and if such courses are not so established and maintained in any private school, attendance upon instruction in such school shall not be deemed substantially equivalent to instruction given to children of like ages in the public school or schools of the city or district in which the child resides

§ 2 This act shall take effect immediately

No Scholarship Shall Include Instruction in Any Profession, Admission to Practice of Which Shall Require a License from State—Assembly Int No 1188 (Print No A 1298), by Assemblyman Guernsey T Cross of Sullivan County, referred to Public Education Committee is printed here in full for the information of the profession

STATE OF NEW YORK

No 1298

Int 1188.

IN ASSEMBLY

February 26 1924

Introduced by Mr Cross—read once and referred to the Committee on Public Education

AN ACT\*

To amend the education law in relation to scholarships.

*The People of the State of New York represented in Senate and Assembly do enact as follows*

Section 1 Section seventy seven of chapter twenty-one of the laws of nineteen hundred and nine, entitled "An act relating to education constituting chapter sixteen of the consolidated laws," as amended by chapter one hundred and forty of the laws of nineteen hundred and ten, such section having been added by chapter two hundred and ninety two of the laws of nineteen hundred and thirteen, and amended by chapter seven hundred and fourteen of the laws of nineteen hundred and twenty-three, is hereby amended to read as follows

§ 77 Limitation as to number of scholarships courses of study At no time shall there be more than twenty scholarships established and maintained for each assembly district and at no time shall there be more than three thousand such scholarships so established and maintained for the entire state not including scholarships maintained from the revenues or income of trust funds, or gifts, devises or bequests created or made as provided in this act for the maintenance of such scholarships A person entitled to such scholarships shall not be restricted as to the choice of the college which he desires to attend, or the

\* EXPLANATION—Matter in *italics* is new; matter in brackets [ ] is old law to be omitted.

\* EXPLANATION—Matter in *italics* is new matter in brackets [ ] is old law to be omitted.



course of study which he proposes to pursue, provided that no such scholarship shall include professional instruction in theology, [or in any profession, admission to the practice of which shall require a license from the state] or in any graduate courses following the receiving of a bachelor's degree, and provided further, that the college selected by the person entitled to such scholarship is situated within the state of New York, and is incorporated as a college and authorized under the laws of this state and the rules of the regents of the university to confer degrees

§ 2 This act shall take effect immediately

Requiring Iron Stairways on Outside of Sanitariums, etc.—Assembly Int No 1212 (Print No A 1335), by Assemblyman Ralph H Loomis of Delaware County, concurrent Senate Int No 894 (Print No S 964), by Senator Morton Y Ferris of Ticonderoga, referred to Public Health Committee in each house

See concurrent Senate Int No 894, for printed bill and comment

## ACTION ON BILLS

Assembly Int No 309, in re nursing and first aid services in factories, amended and recommitted

Page 2, line 1, after the word "in" insert "or near"

Senate Int No 317, eye and ear specialist to assist medical inspector of schools

Recommitted on February 25

## HEARINGS

March 4 at 2 p m—Assembly Int No 277, amending Workmen's Compensation Law, reducing the non-compensated waiting period

March 5 at 10 a m—Assembly Int No 542, in re violations of orders of local health boards

March 11 at 2 p m—Senate Int No 317, eye and ear specialist to assist the medical inspector of schools.

## SUGGESTED AMENDMENTS TO THE WEINFELD NARCOTIC BILL.

The following is the suggested bill for the control of narcotic drug addiction, as well as the control of narcotics in their distribution, sale, etc., as drafted by Prof J P Chamberlain of Columbia University, Stephen P Anderton, Esq, Chairman Committee on Legislation of the New York State Bar Association, and Dr Carleton Simon, Special Deputy Police Commissioner of New York City, which committee was suggested at the conference held with the Commissioner of Health on February 21

The bill has been submitted to your Committee on Legislation, and Dr Vander Veer has suggested that Section 442, Subsection 4-b, is rather too broad, giving to the Commissioner of Health a wider latitude in the matter of laboratories than was intended, and has so consulted with the Commissioner of Health

Dr Frank D Jennings of the Committee on Legislation in his consideration of the bill has brought forth this point

Section 424, paragraph 3, relative to possession lawful In the last line he believes the phrase "in an amount necessary therefor" is rather indefinite, and tritely asks, "Who determines that amount?" Inasmuch as if it is left to some local authority, he may consider

one tube of hypodermic tablets to be too much, and again he calls attention to Section 442, Subsection 4-b, making the same criticism that Dr Vander Veer has offered, but passing the remark that the bill is much improved in this draft

Dr George R Critchlow, the other member of the Committee on Legislation, in his consideration of the bill, believes the bill to be much improved, but asks if novocaine by any chance can be included in the context of Section 421, subdivision 10, under the heading of coca leaves, and further records his opposition to any inclusion in the bill of any provisions for compulsory commitment of all addicts to an institution

The bill as redrafted has not been forwarded to the Council of the State Society, as the time is too short for much preliminary debate on the question, and the Committee on Legislation would ask pardon of some who heretofore have been consulted, when time is given, before publishing to the Society

The bill is being submitted to the counsel for the State Society and it is hoped that he will have had time to peruse the same and offer his criticisms or suggestions in this issue of the Journal

J N V V



## WEINFELD BILL

420 Short title This article shall be known as the narcotic drug control law

421 Definitions As used in this article

1 "Person" includes any corporation, association, copartnership or one or more individuals

2 "Physicians" means a licensed practitioner of medicine as defined by article eight of this chapter

3 "Apothecary" means a licensed pharmacist or druggist as defined by article eleven of this chapter

4 "Dentist" means a licensed practitioner of dentistry as defined by article nine of this chapter

5 "Veterinarian" means a licensed practitioner of veterinary medicine as defined by article ten of this chapter

6 "Medicine" means a drug or preparation of drugs in suitable form for use as a remedial or curative substance

7 "Sale" includes barter, exchange or giving away, or offering therefor, and each such transaction made by any person whether as principal, proprietor, agent, servant or employee

8 "Dispense" includes distribute, leave with, give away, dispose of, and deliver to a person or to his agent to be delivered by him

9 "Administer" means only administration by a person authorized to administer habit-forming drugs

10 "Coca leaves" includes coca leaves, cocaine, or any compound, manufacture, salt, derivative or preparation thereof including alpha or beta cocaine, or any of their salts or any synthetic substitute of any of them, identical in chemical composition but shall not include decocanized coca leaves or preparations made therefrom or other preparations of coca leaves which do not contain cocaine

11 "Opium" includes opium, morphine, codeine, diacetyl morphine (heroin) or any compound, manufacture, salt, derivative or preparation of any of them or any synthetic substitute or any of them identical in chemical composition, but not apomorphine and its salts

12 "Cannabis indica" or "cannabis sativa" shall include any compound, manufacture, salt, derivative or preparation thereof and any synthetic substitute of any of them identical in chemical composition

13 "Habit-forming drugs" shall mean coca leaves, opium, cannabis indica or cannabis sativa

14 "Manufacturer" means a person who by compounding, mixing, or other process of manufacture, produces or prepares habit-forming drugs for sale on written orders and does not include an apothecary who compounds habit-forming drugs to be sold or dispensed on prescription

15 "Wholesaler" means a person who supplies habit-forming drugs on written orders

16 "The Harrison Act" means the act of Congress, entitled "An act to provide for the registration of, with collectors of internal revenue, and to impose a special tax upon all persons who produce import manufacture, compound deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives or preparations and for other purposes," approved December 17, 1914, as heretofore or hereafter amended

§422 Acts dangerous to public health Any unauthorized possession, control over, sale, distribution, prescribing, administering or dispensing of habit-forming drugs is hereby declared to be dangerous to the public health, and a menace to the public welfare

§423 Acts prohibited It shall be unlawful for any person to possess, have under his control, sell, distribute, administer, dispense, or prescribe any habit-forming drug except as provided in this article

§424 Sale on written orders 1 By whom and to whom sold A manufacturer, wholesaler, or apothecary may sell or distribute habit-forming drugs only to any of the following persons and upon his written order

a To a manufacturer, wholesaler or apothecary

b To a physician, dentist or veterinarian

c To a public or private hospital

d To a hospital or institution licensed for the treatment of drug addiction

e To a person in charge of a laboratory where habit-forming drugs are used for scientific or medical research, but only for use in such laboratory

f To a person in the employ of the United States or of this state or of any political subdivision thereof purchasing or receiving the drug by reason of his official duties

g To a captain or proper officer of a ship upon which no regular physician is employed, for the actual medical needs of the officers and crew when not in port

Provided, however, that both parties to the transaction in each of the above cases are registered under the Harrison Act if required by such act to be so registered



2 Order blanks a A written order for the supply of any habit-forming drug shall be signed in duplicate by the person giving it or by his duly authorized agent, one duplicate of which shall be presented to the person who sells or distributes such habit-forming drug and in the event of his acceptance of such order, each party shall preserve his duplicate of such order for a period of two years in such a way as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article. Provided, however, that it shall be deemed a compliance with this sub-section if the person giving the order shall have complied with the provisions of the Harrison Act respecting the requirements governing order blanks under said act

3 Possession unlawful Possession or control over habit-forming drugs obtained as provided in this section, shall be lawful if in the regular course of business, occupation, profession, employment, or duty of the possession and in an amount necessary therefor

4 This section shall not apply to the supply of habit forming drugs on prescription or administered or dispensed by a physician, dentist, or veterinarian

§425 Preparations and remedies exempted The provisions of this article shall not apply to preparations or remedies which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-eighth of a grain of heroin, or more than one grain of codeine, or any salt or derivative of any of them in one fluid ounce, or, if a solid or semi-solid preparation, in one avoirdupois ounce, or to liniments, ointments, or other preparations which are prepared for external use only, except liniments, ointments, and other preparations which contain cocaine or any of its salts or alpha or beta cocaine or any of their salts or any synthetic substitute identical in chemical composition, provided that such remedies and preparations are sold, distributed, dispensed, or possessed as medicines and not for the purpose of evading the intentions and provisions of this article

§426 Professional use of habit-forming drugs 1 Veterinarians A veterinarian may prescribe, administer or dispense habit-forming drugs in good faith and in the course of his professional practice only and not for use by a human being

2 Dentists A dentist, in good faith and in the course of his professional practice only, may administer or dispense habit-forming drugs to patients under his immediate treatment

3 Physicians A physician, in good faith and in the course of his professional practice only, may prescribe, administer, or dispense habit-forming drugs

§427 Prescriptions Any apothecary may

sell or dispense habit-forming drugs to any individual upon a written prescription of a physician or veterinarian, dated and signed on the day when issued and bearing the full name and address of the patient and the name, address and registry number of the practitioner under the Harrison Act if he is required by it to be so registered. The person filling the prescription must write the date of filling and his own signature upon the face of the prescription, and the prescription must be retained on file by the apothecary filling it for two years so as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article. The prescription shall not be refilled

§428 Record to be kept 1 Physicians, dentists, veterinarians Every physician, dentist and veterinarian shall keep a record of all habit-forming drugs administered or dispensed by him (except such as may be administered or dispensed to a patient upon whom he shall personally attend), showing the amount administered or dispensed

2 Manufacturers and wholesalers shall keep a record of the habit-forming drugs received and dispensed of by them

3 Exempted preparations and remedies Every manufacturer of exempted preparations or remedies shall keep a record of the amount of habit-forming drugs received and of all sales of exempted preparations or remedies and every dealer therein shall keep a record of all sales of exempted preparations and remedies

4 Form and preservation Every such record shall be kept for a period of two years from the date of the transaction recorded, and a record required by or under the Harrison Act, containing substantially the same information, shall be a compliance with this section. All records required by section shall be readily accessible for inspection and shall be open to inspection by the proper authorities

§429 Labels Whenever an apothecary pursuant to a written prescription shall sell or dispense habit-forming drugs or whenever a physician, dentist or veterinarian shall dispense any of such drugs, he shall securely affix to the container of such drug a label stating in legible English the name and address of the physician or veterinarian prescribing or dispensing and of the apothecary or dentist dispensing, the date and the name and address of the person for whom or the owner of the animal for which the drug is dispensed

§430 Authorized possession of drugs by individual A person to whom or for whose use any habit-forming drug has been sold or dispensed by an apothecary, physician or dentist, or the owner of an animal for which any such



drug has been prescribed or dispensed by a veterinarian, may lawfully possess it in the container delivered to him by the person selling or dispensing same.

**§431 Physical examination required** A physician, dentist or veterinarian shall not administer, dispense or prescribe any habit-forming drug except after a physical examination of the person for whom or the animal for which the drug is intended

**§432 Instruments for injection of habit-forming drugs** No person except a manufacturer or a wholesale or retail dealer in surgical instruments, apothecary, physician, dentist, veterinarian, nurse or interne shall at any time have or possess a hypodermic syringe or needle or any instrument or implement adapted for the use of habit-forming drugs by subcutaneous injections and which is possessed for the periods of administering habit-forming drugs unless such possession be authorized by the certificate of a physician issued within the period of one year prior thereto

**§433 Exemption from restrictions** 1 Common carriers, employees, public officers The provisions of this article restricting the possessing or having under control of habit-forming drugs shall not apply to common carriers or warehousemen or their employees engaged in lawful transportation or storage of such drugs nor to public officers or employees while engaged in the performance of their official duties, nor to temporary incidental possession by employees or agents of persons lawfully entitled to possession, or by persons whose possession is for the purpose of aiding public officers in the performance of their official duties

2. Interstate commerce. This article shall not apply to acts done, or to habit-forming drugs possessed in the course of interstate or foreign commerce

**§434 Drugs delivered to the state hospital commission** All drugs which have been seized and judicially determined to have been unlawfully possessed or the title to which has ceased and which have come into the hands of a peace officer shall upon the direction of a court or magistrate, be delivered to the state hospital commission unless destroyed according to law or by regulation of the commission. The commission may receive drugs surrendered to it subject to the rights of any person lawfully entitled thereto and all drugs in final possession of the commission may be disposed of or destroyed under its direction. The commission shall keep a record of the receipt and disposition thereof

**§435 Notice of conviction of professional man sent to licensing board**

1 On conviction of any physician, dentist veterinarian or apothecary for wilful violation

of any of the provisions of this article, a copy of the sentence and of the opinion of the court or magistrate, if any be filed, shall be sent by the clerk of the court, or by the magistrate, to the board or officer having power to suspend or revoke the license or registration of the person convicted, for such action as the board or officer deems proper

2 At the request of such board or officer, the clerk or magistrate shall send to such board or officer a transcript of the record or of the proceedings in a court not of record, and such portion of the evidence as may be requested

**§436 Records confidential** Prescriptions, orders, or records required under this article shall not be open to inspection nor shall any information contained therein be divulged except for the purpose of enforcing the laws of this state or the Harrison Act, or on the direction of the department of state police or of the police department of any city to any officer of another state, for the purpose of enforcing the law of such state

**§437 Fraud or deceit** Any fraud, deceit, misrepresentation, subterfuge, concealment of a material fact or the use of a false name or the giving of a false address in obtaining treatment in the course of which habit-forming drugs in excess of lawful quantity shall be prescribed or dispensed or in obtaining any supply of such drugs shall constitute a violation of the provisions of this article and shall not be deemed a privileged communication. The wilful making of any false statement in any prescription, order, report, or record required under this article shall constitute a violation of this article. No person shall for the purpose of obtaining any habit-forming drug falsely assume the title or represent himself to be a manufacturer, wholesaler, apothecary, physician, dentist veterinarian, or nurse or utter any false or forged order or prescription for or label for a container of or for habit-forming drugs, or affix such label, or alter, deface or remove any such label

**§438 Commitment of addicts procedure discharge** 1 At request of addict A magistrate, upon the voluntary application to him of any habitual user of any habit-forming drug may commit such person to any correctional or charitable institution maintained by the state or any political subdivisions thereof or private hospital, sanatorium or institution, where drug addiction may be treated

2 Person accused of crime Any trial court having jurisdiction of a defendant who is a prisoner in a criminal action or procedure, if it appears that the defendant is a habitual user of habit-forming drugs and is suffering as a result of such use, may likewise so commit such de-



fendant, at any stage of such action or proceeding and direct a stay of proceedings (or suspend sentence or withhold conviction) pending the period of such commitment but not exceeding sixty days without a further order of the court

3 Discharge Whenever the medical officer of the institution, or if there be no medical officer, the superintendent, shall certify to the committing magistrate or court that any person so committed has been sufficiently treated, or give any other reason which is deemed by the magistrate or court to be adequate and sufficient, he may in accordance with the terms of commitment discharge the person so committed, or return such person to await the further action of the court, provided, however, that when such commitment is to an institution under the jurisdiction of the department of correction, or other similar department in a city of the first class, where there is a parole commission established pursuant to law, such commission shall act in the place and stead of a chief medical officer for the purpose of making such a certificate

§439 Exceptions and exemptions not required to be negated In any complaint, information, indictment, or other writ or in any action or proceeding brought for the enforcement of any of the provisions of this article, it shall not be necessary to negative an exception or exemption and the burden of offering proof of any such exception or exemption shall be upon the defendant

§440 Enforcement This article shall be enforced by the judicial and police authorities of the state and of the political subdivisions thereof engaged in the enforcement of the law Such authorities and their agents shall have access at all times to all orders, prescriptions or records to be kept under this article

§441 Penalties A violation of any provision of this article shall constitute a misdemeanor

§442 Constitutionality If any provision of this article is declared unconstitutional or the application thereof to any person or circumstance is held invalid, the validity of the remainder of

this article and the application thereof to other persons and circumstances shall be affected thereby

§2 Section four-b of such chapter, as added by chapter five hundred and fifty-nine of the laws of nineteen hundred and thirteen, is hereby amended to read as follows:

§4-b Duties of commissioner with respect to laboratories 1 The commissioner of health shall establish and maintain one or more laboratories with such expert assistants and such facilities as are necessary for routine examinations and analyses, and for original investigations and research in matters affecting public health He shall have authority to make, at the expense of the state, such examination and analyses at the request of any health officer or of any physician He may enter into contracts with laboratories in localities accessible to the various portions of the state for the prompt examination of specimens received from local health officers or physicians and for the immediate report thereon, at the expense of the state, provided that all such laboratories shall conform to standards of efficiency established by the public health council, and that no obligation shall be incurred by the commissioner in excess of the sums available therefor

2 There shall be at least one laboratory analyst who shall examine and analyze all habit-forming drugs as defined in this chapter, submitted to him by any official of the state or of any political subdivision thereof, engaged in the enforcement of the narcotic drug control law or any law of similar purpose and who shall be detailed by the commissioner to aid any such official of the state and to give evidence in any proceeding on behalf of the state in connection with such enforcement

3 Section 1746 of the Penal Law as added by chapter one hundred and thirty of the laws of nineteen hundred and twenty-three and any and all acts inconsistent with provisions of this article are hereby repealed

§4 This act shall take effect immediately



## CHIROPRACTORS BARRED FROM PRACTICE IN CITY HOSPITAL

February 27, 1924

Hon Ernest Cawcroft,  
Corporation Counsel,  
Jamestown, N Y

My DEAR SIR

I have read your opinion regarding the admission of chiropractors to the City Hospital, as set forth in the *Jamestown Journal* of February 20th, with a great deal of interest May I con-

gratulate you on the clarity and tact which you have embodied in the decision?

Personally I do not see how you could have reached any other conclusion I am taking the liberty of sending the clipping to the *NEW YORK STATE JOURNAL OF MEDICINE*, which I think may desire to publish the resume.

Very truly yours,

MATTHIAS NICOLL, JR.,  
*Commissioner of Health*

According to Memorandum Filed With City Clerk by Corporation Counsel Ernest Cawcroft, the Hospital and Health Laws of the State Are Based Upon the Idea That Patients Must Be Admitted by the Direction of Physicians and Subject to Medical Treatment While in the Hospital—He Points Out That This Is No Reflection Upon the Treatment of the Chiropractors but That the Treatment Given by Them Does Not Meet the Requirements of the Law Relative to the Treatment of Persons Confined to a City Hospital—Suggestion Is Made by Corporation Counsel That Insofar as Chiropractors Do Not Attempt to Engage in the Practice of Medicine, as Defined by the Law, Such Persons May Be Summoned to the Hospital for Treatment of Patients Whenever Such Treatment Is Approved by the Physician in Attendance Upon the Patient—Complete Text of Mr Cawcroft's Memorandum

ment while in the hospital This is another chapter in the discussion which was started before the Board of Public Welfare at its meeting two weeks ago when the whole question was the subject of a long debate between the chiropractors, interested citizens, members of the board, and Health Officer John J Mahoney

Mr Cawcroft makes it clear that the hospital and health laws of the state are based upon the idea that patients must be admitted by the direction of physicians and subject to medical treatment while in the hospital He points out that this is no reflection upon the treatment of the chiropractors, but that the treatment given by the latter does not meet the requirements of the law relative to the treatment of persons confined to a city hospital He urges that the Board of Public Welfare must insist, for very many reasons, upon the treatment of patients by physicians to prevent communicable disease from spreading and to comply with the law

He suggests that in so far as chiropractors do not attempt to engage in the practice of medicine, as defined by the law, that such persons may be summoned to the hospital for the treatment of patients whenever such treatment is approved by the physician in attendance upon the patient

Corporation Counsel Ernest Cawcroft has filed in the office of the city clerk, as secretary of the Board of Public Welfare, a memorandum bearing upon the application of the chiropractors for permission to take patients to the city hospital or to respond to the request of patients for treat-

### MR CAWCROFT'S MEMORANDUM

The text of Mr Cawcroft's memorandum is as follows

To the Board of Public Welfare

Several chiropractors have asked this board to extend to them privileges

(a) To place patients, in their charge, in the city hospital for treatment

(b) To comply with the request of patients, already in the city hospital, for treatment

These applications have raised definite questions as to the power, responsibility and duty of this board in the administration of the city hospital and the supervision of patients admitted to its privileges

Thus, I comply with your formal request for a summary of your powers and duties in connection with these applications

This board is given complete administration and control of the hospital by section 116 of the 1923 charter of the city of Jamestown 'The present hospital of the city, and any additions or extensions thereto is hereby declared to be a public hospital, subject in every manner to the control of the Board of Public Welfare. The power hereby vested in this board shall be exercised by it through a superintendent of hospital

Section 117 amplifies the powers and duties of this board to manage, conduct and supervise other buildings and houses which may be situate



on the hospital premises and for the protection of the public health from infection and disease

The jurisdiction of this board over the hospital is further amplified by the fact that section 113 of the same charter vests this body with the powers of a local board of health and requires it to enforce the general health laws of the state. It follows, therefore, that this board cannot disassociate itself from its board of health functions when exercising jurisdiction over the city hospital as a hospital commission.

It is clear from an examination of title 8 of the 1923 charter of the city of Jamestown that its provisions are based upon an acceptance of the germ theory, the communicability of disease and the modern science of bacteriology. Whether these theories are true or false need not be discussed in this memorandum because the several members of the board, by their oaths of office, have conceded those principles when they accepted office as health and hospital commissioners.

The public health law and the general municipal law of the state vest additional powers in the health and hospital boards of this city by express provision of the 1923 charter.

Subdivision 4 of section 129 of article 6 of the general municipal law requires that public hospital board shall provide for the medical care and treatment of all persons admitted to the hospital.

Such hospital boards are required to function through a superintendent, as in the local situation, and under subdivision 6 of section 130 of the general municipal law it is required that the superintendent shall also cause a careful examination to be made of the physical condition of all persons admitted to the hospital.

The law requires that a public hospital shall admit to its privileges a person brought to its doors in an ambulance and in an injured condition. Subject to this exception, it is clear that the public health law, the general municipal law, and the charter of the city of Jamestown contemplate the admission of persons to this hospital after diagnosis as to the nature of their disease and the giving of medical treatment to such persons following their admission. Without such diagnosis and subsequent treatment this board is not in a position to protect other patients and the community from communicable diseases, the existence of which is accepted as the basis of the laws cited. The board cannot perform its health and hospital functions unless it maintains its right to determine that patients be admitted upon the diagnosis and recommendation of a licensed physician, and that such patients are prepared to submit to medical treatment under the supervision of such a physician after admission to the hospital.

The practice of medicine is defined by section 160 of article 8 of the public health law, as follows: "A person practices medicine within the

meaning of this article, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition."

The next subdivision of this section defines a physician as a practitioner of medicine, and section 161 provides that no person shall practice medicine unless licensed by the regents and registered, as provided by law. A chiropractor cannot be brought within the definition of a practitioner of medicine. The law does not contemplate his registration as it does in the case of a physician.

Thus, this board faces this dilemma in connection with the application of the chiropractors. It must provide for medical treatment of patients at the hospital and medical treatment is confined to physicians by provision of law. If a chiropractor cannot give that medical treatment, then the board is not justified in admitting his patient to the hospital or in permitting his patient to remain on the premises. On the other hand, if the chiropractor asserts that he does give medical treatment, then the board is in the position of permitting such chiropractor to violate the law on the premises, under its control, because it is a penal offense for anyone but a licensed physician to give medical treatment.

I repeat that this board cannot divorce its health from its hospital functions. It employs both the superintendent of health and the superintendent of hospital. The board faces a common problem through the employment of these persons, firstly, to prevent disease, secondly, to retard its communicability, and, thirdly, to cure the disease.

Its method of meeting this problem is defined by the laws of the state, and those laws are based upon an acceptance of the principles of modern bacteriology. Those who deny the science of bacteriology, or who have not qualified themselves to apply the principles and experience of bacteriology and modern medicine to the determination and treatment of disease, may be within their personal province, but it is clear that the statutes do not contemplate that patients be admitted to public hospitals by their direction and receive treatment under their supervision.

This board faces other questions which bear a collateral relationship to the application of the chiropractors. It is charged, as a health board, with insisting that physicians report communicable disease. It is charged with stamping out communicable disease. The immediate method of stamping out communicable disease is to discover it by diagnosis. The board cannot follow a consistent policy of seeking to stamp out a communicable disease at once and then concede that



patients may be placed upon its premises, without diagnosis at the hands of a physician who has studied the symptoms and nature of communicable disease.

Patients who enter this hospital, relying upon its conduct under medical supervision and under laws based upon an acceptance of the principles of modern medicine and bacteriology, have a right to be assured by this board that other patients suffering from possible infectious, contagious or communicable diseases, which have not been diagnosed at the outset by a physician in charge of the particular patient or patients, will not be placed in nearby rooms. This board cannot perform its full functions as a hospital and health commission unless it adopts every measure provided by law for the protection of one hospital patient from infection by another hospital patient, or patients. This is the basis of the provision of the law that patients shall receive medical treatment, and that medical treatment shall be confined to licensed physicians.

I am aware of the fact that there are many legal decisions declaring that the physician, nurses and other persons in attendance are the agents of the patient and not the hospital. There has been a tendency in some jurisdictions to modify these decisions, but whether the earlier or modified judicial decisions shall be accepted as the rule, indicative of the responsibility of the hospital, or of the physician, to the patient, this board is not relieved from the express provision of the law requiring it to give medical treatment by physicians to those patients within its premises.

A hospital must contemplate the eventuality of death upon its premises. The law requires the death certificate to be signed by a licensed physician or the cause of death to be determined by the coroner. This is one of the many additional reasons why the board must insist that a patient on its premises must be under the care of a licensed physician.

Many of our fellow citizens are keenly interested in the application of the chiropractors. Those citizens report that they have received beneficial treatment from these chiropractors. The excellence of this treatment need not be questioned by this board, and no reflection is made upon the chiropractors or their methods of treatment or operation by the conclusions of this memorandum.

The city hospital is the creation of the charter and the general laws of the state. Those laws contemplate the admission of patients for medical treatment by licensed physicians and not by some-

one else. The law may be based on right or wrong principles but it is clear that the law does not authorize the general admission of patients and their treatment by persons other than the licensed physicians of the state.

The charter gives a wide discretion to this board in the managerial administration of the hospital, but once a patient is within that hospital, the discretion of the board is limited by the provision of the law cited, and many collateral sections of the public health law, which might be quoted but which are not essential to this memorandum.

I find nothing in the law which prohibits the board from permitting patients to have additional or supplementary treatment providing that treatment does not come within the definition of Section 160 as the practice of medicine. The board may be protected by insisting that this supplementary treatment shall be with the consent and under the supervision of the physician in attendance upon the patient. The law holds the physician responsible to the patient for his treatment and subjects the physician to suit for malpractice. It follows that physician who establishes a patient in this hospital will insist that there be no division of authority, but if this board establishes the rule that every patient must be attended by a physician, then the question of supplementary treatment is one to be determined by the patient and the physician, within the limitations of the law defining medical practice.

I summarize my conclusions by suggesting that the board adopt a resolution embodying the following:

1 An injured person brought to the hospital shall be admitted, without medical diagnosis or recommendation, as provided by law, but shall be subject to medical treatment.

2 Any other person or prospective patient shall be admitted upon diagnosis by a physician or upon his recommendation or direction, and shall be subject to medical supervision and treatment by a licensed physician.

3 A person admitted to the hospital, in conformity with the two preceding sections, shall have a right, with the consent of his attending physician, or by his authorization or prescription, to receive additional or supplementary treatment by a chiropractor, within the law.

Dated February 20, 1924

Respectfully submitted,

ERNEST CAWCROFT,  
Corporation Counsel



## ASSEMBLYMEN BY COUNTIES

## ALBANY COUNTY

- 1st Dist, William J Snyder, Dem, 248 Madison Ave., Albany  
 2nd Dist, John A. Boyle, Dem, 48 Bassett St, Albany  
 3rd Dist, Frank Wilson, Dem, 108 Hudson Ave., Green Island.

## ALLEGANY COUNTY

- Cassius Congdon, Rep, West Clarksville

## BRONX COUNTY

- 1st Dist., Nicholas J Eberhard, Dem, 300 E. 162nd St., Bronx  
 2nd Dist, Lester W Patterson, Dem, 201 Alexander Ave, Bronx  
 3rd Dist., Julius S Berg, Dem, 887 Forest Ave., Bronx  
 4th Dist, Louis A. Schoffel, Dem, 1387 Crotona Ave., Bronx  
 5th Dist., Harry A. Samberg, Dem, 927 Fox St, Bronx.  
 6th Dist, Thos J McDonald, Dem, 876 E 224th St., Bronx  
 7th Dist, John F Reidy, Dem, 636 E 183rd St, Bronx.  
 8th Dist., Joseph E Kinsley, Dem, 63 E 190th St, Bronx.

## BROOME COUNTY

- 1st Dist, Edmund B Jenks, Rep, Whitney Point  
 2nd Dist., Forman E Whitcomb, Rep, Endicott.

## CATARAUGUS COUNTY

- Leigh G Kirkland, Rep, Randolph

## CAYUGA COUNTY

- Sanford G Lyon, Rep, Aurora

## CHAUTAUQUA COUNTY

- 1st Dist, Adolf F Johnson, Rep, Jamestown  
 2nd Dist, Jos A McGinnies, Rep, Ripley

## CHEMUNG COUNTY

- Hovey E Copley, Rep, R. D No 2, Elmira

## CHENANGO COUNTY

- Bert Lord, Rep, Afton

## CLINTON COUNTY

- Geo W Gilbert, Rep, Ellenburg Depot

## COLUMBIA COUNTY

- Lewis F Harder, Rep, Philmont

## CORTLAND COUNTY

- Irving F Rice, Rep, Cortland

## DELAWARE COUNTY

- Ralph H Loomis, Rep, Sidney

## DUTCHESS COUNTY

- 1st Dist, Howard N Allen, Rep, Pawling  
 2nd Dist., John M Hackett, Rep, Poughkeepsie

## ERIE COUNTY

- 1st Dist, Wm J Hickey, Rep, 121 Albany St, Buffalo  
 2nd Dist., Henry W Hutt, Rep, 761 Tonawanda St., Buffalo  
 3rd Dist., Chas D Stickney, Rep, 773 Ellicott St., Buffalo  
 4th Dist, John J Meegan, Dem., 41 South St, Buffalo  
 5th Dist., Ansley B Borkowski, Rep, 72 Woltz Ave., Buffalo  
 6th Dist., Chas A Freiberg, Rep, 714 Northampton St., Buffalo  
 7th Dist., Edmund F Cooke, Rep, Alden  
 8th Dist., Nelson W Cheney, Rep, Eden

## ESSEX COUNTY

- Fred L Porter, Rep, Crown Point

## FRANKLIN COUNTY

- Geo J Moore, Rep, Malone

## FULTON AND HAMILTON COUNTIES

- Eberly Hutchinson, Rep, Green Lake

## GENESEE COUNTY

- Chas P Miller, Rep, So Byron.

## GREENE COUNTY

- Ellis W. Bentley, Rep, Windham

## HERKIMER COUNTY

- Frederic S Cole, Rep, Little Falls

## JEFFERSON COUNTY

- H A Machold, Rep, Ellisburg

## KINGS COUNTY

- 1st Dist, Chas F Clime, Dem, 87 Warren St., Brooklyn.  
 2nd Dist, Murray Hearn, Dem, 2114 Ave. K, Brooklyn  
 3rd Dist., Frank J Taylor, Dem, 47 Walcott St., Brooklyn  
 4th Dist., Peter A McArdle, Dem, 136 Hooper St., Brooklyn  
 5th Dist., Jos C. H Flynn, Rep, 833 Herkimer St, Brooklyn  
 6th Dist, Jos Reich, Dem, 808 DeKalb Ave, Brooklyn  
 7th Dist, John J Howard, Dem, 453 55th St., Brooklyn.  
 8th Dist., Michael J Reilly, Dem, 452 Baltic St, Brooklyn  
 9th Dist, Richard J Tonry, Dem, 468 83rd St, Brooklyn.  
 10th Dist., Bernard F Gray, Dem, 984 Pacific St., Brooklyn  
 11th Dist, Edw J Coughlin, Dem, 217 Clermont Ave., Brooklyn  
 12th Dist., Marcellus H Evans, Dem., 305 E 4th St, Brooklyn  
 13th Dist., Wm Donnelly, Dem, 918 Metropolitan Ave, Brooklyn  
 14th Dist, Jos R. Black, Dem, 185 North 5th St., Brooklyn  
 15th Dist., John E McCarthy, Dem, 124 Oak St, Brooklyn.  
 16th Dist., Maurice Z Bungard, Dem, Manhattan Ave., Seagate, Brooklyn.  
 17th Dist., Julius Ruger, Dem, 35 Troy Ave., Brooklyn  
 18th Dist, Irwin Steingut, Dem, 1357 Eastern Parkway, Brooklyn  
 19th Dist., Anthony L. Palma, Dem, 238 Knickerbocker Ave., Brooklyn  
 20th Dist. Frank A Miller, Dem, 1277 Hancock St, Brooklyn.  
 21st Dist, Walter F Clayton, Rep, 212 E. 17th St., Brooklyn.  
 22nd Dist., Howard C Franklin, Dem, 251 Crescent St., Brooklyn  
 23rd Dist., Jos F Ricca, Rep, 26 Gunther Place, Brooklyn.

## LEWIS COUNTY

- Miller B Moran, Rep, Lowville

## LIVINGSTON COUNTY

- Lewis G Stapley, Rep, Geneseo

## MADISON COUNTY

- J Arthur Brooks, Rep, Cazenovia

## MONROE COUNTY

- 1st Dist, Russell B Griffith, Rep, Pittsford  
 2nd Dist, Simon L Adler, Rep, 17 Argyle St, Rochester  
 3rd Dist, Vincent B Murphy, Rep, 541 University Ave., Rochester  
 4th Dist, Gilbert L Lewis, Rep, Dewey Ave St., Rochester  
 5th Dist, Wallace R Austin, Rep, Spencerport

## MONTGOMERY COUNTY

- Samuel W McCleary, Rep, Amsterdam



NASSAU COUNTY

1st Dist. Edwin W. Wallace, Rep., Rockville Center  
2nd Dist., F. Trubee Davison Rep., Locust Valley

NEW YORK COUNTY

1st Dist., Peter J. Hamill Dem., 585 Broome St., N Y  
2nd Dist., Frank R. Galgano, Dem., 57 Kenmare St., N Y  
3rd Dist., Thos. F. Burchill Dem., 347 West 21st St., N Y  
4th Dist., Samuel Mandelbaum Dem., 1 Sherif St., N Y  
5th Dist., Frank A. Carlin, Dem., 639 10th Ave., N Y  
6th Dist., Morris Weinfield, Dem., 231 E. 3rd St., N Y  
7th Dist., Victor R. Kaufman, Rep., 176 West 87th St., N Y  
8th Dist., Henry O. Kahan, Dem., 236 5th St., N Y  
9th Dist., John H. Conroy Dem., 66 W 91st St., N Y  
10th Dist., Phelps Phelps Rep., 70 West 49th St., N Y  
11th Dist., Samuel I. Rosenman, Dem., 226 W 113th St., N Y  
12th Dist., Paul T. Kammerer, Jr., Dem., 157 E. 46th St., N Y  
13th Dist., John P. Nugent, Dem., 10 St Nicholas Ave., N Y  
14th Dist., Frederick L. Hackenbourg, Dem., 336 E. 69th St., N Y  
15th Dist., Jos. Steinburg Rep., 24 E. 97th St., N Y  
16th Dist., Maurice Bloch, Dem., 305 E. 87th St., N Y  
17th Dist., Meyer Alterman, Dem., 60 E. 118th St., N Y  
18th Dist., Owen M. Kiernan Dem., 163 E. 89th St., N Y  
19th Dist., James Male, Dem., 540 Manhattan Ave., N Y  
20th Dist., Louis A. Cuvillier Dem., 172 E. 122nd St., N Y  
21st Dist., Henri W. Shields, Dem., 208 W 141st St., N Y  
22nd Dist., Joseph Gavegan, Dem., 557 W 114th St., N Y  
23rd Dist., Nelson Ruttenberg Dem., 286 Ft. Washington Ave., N Y

NIAGARA COUNTY

1st Dist., Mark T. Lambert Rep. Lockport.  
2nd Dist., Frank S. Hall Rep., Lewiston.

ONEIDA COUNTY

1st Dist., John C. Devereux Rep 1609 Genesee St., Utica  
2nd Dist., Russell G. Dunmore, Rep., New Hartford  
3rd Dist., George J. Skinner, Rep., Camden.

ONONDAGA COUNTY

1st Dist., Horace M. Stone, Rep., Marcellus.  
2nd Dist., Geo. M. Haight, Dem., 152 W Seneca St., Onondaga Valley  
3rd Dist., Richard B. Smith Rep 411 Elm St., Syracuse.

ONTARIO COUNTY

Chas. C. Sackett, Rep., Canandaigua.

ORANGE COUNTY

1st Dist., Clemence C. Smith, Rep., Meadowbrook.  
2nd Dist., Chas. L. Mead, Rep., 24 Mulberry St., Middletown.

ORLEANS COUNTY

Frank H. Lattin, Rep., Albion R. D. No. 7

OSWEGO COUNTY

Victor C. Lewis Rep., Lewis House, Fulton.

OTSEGO COUNTY

Julian C. Smith, Rep 21 Ford Ave., Oneonta

PUTNAM COUNTY

John R. Yale Rep., Brewster

QUEENS COUNTY

1st Dist., Henry M. Dietz, Dem 385 9th Ave., Astoria  
2nd Dist., Owen J. Dever Dem., 2552 Gates Ave., Ridgewood

3rd Dist., Alfred J. Kennedy Dem., 51 S 8th Ave., Whitestone.

4th Dist. D. Lacy Dayton, Rep., Ashburton Ave., Bay side.

5th Dist., Wm. F. Brunner Dem., 214 Beach 116th St., Rockaway Park.

6th Dist. Paul P. Gallagher Dem., 2385 Van Courtland Ave., Ridgewood

RENSSELAER COUNTY

1st Dist., John H. Westbrook, Dem., 171 Congress St., Troy

2nd Dist., Henry Meurs, Rep Rensselaer

RICHMOND COUNTY

1st Dist. Wm. S. Hart Dem., 475 Oakland Ave., W New Brighton.

2nd Dist. Wm. L. Vaughan Dem., 229 Fisher Ave., Tottenville.

ROCKLAND COUNTY

Walter S. Gedney, Rep Nyack.

ST. LAWRENCE COUNTY

1st Dist., William A. Laidlaw Rep., Hammond.

2nd Dist., Chas. L. Pratt Rep., Massena.

SARATOGA COUNTY

Burton D. Esmond, Rep., Ballston.

SCHENECTADY COUNTY

1st Dist. Chas. W. Merriam Rep., 20 Parkwood Blvd., Schenectady

2nd Dist., Wm. M. Nicoll Rep. Scotia.

SCHOHARIE COUNTY

Kenneth H. Fiske, Rep., Cobleskill

SCHUYLER COUNTY

William Wielcham, Rep., Hector

SENECA COUNTY

Wm. H. Van Cleaf, Rep., Seneca Falls

STUBEN COUNTY

Wilson Messer, Rep., 334 W Pulteney St., Corning

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1st Dist., James G. Peck Rep., Southampton

2nd Dist., John Boyle, Jr Rep., Huntington.

SULLIVAN COUNTY

Guernsey T. Cross Dem. Callicoon

TIOGA COUNTY

Daniel P. Witter Rep. Berkshire.

TOMPKINS COUNTY

Jas. R. Robinson, Rep 313 E. Mill St., Ithaca.

ULSTER COUNTY

Simon B. Van Wagenen Rep., Sleighsburgh

WARREN COUNTY

Milton N. Eldridge, Rep., Warrensburg.

WASHINGTON COUNTY

Herbert A. Bartholomew Rep., Whitehall

WAYNE COUNTY

George S. Johnson, Rep., Palmyra.

WESTCHESTER COUNTY

1st Dist., T. Channing Moore, Rep., Bronxville.

2nd Dist., Herbert B. Shook Rep., Scarsdale.

3rd Dist. Milan E. Goodrich Rep., Ossining.

4th Dist. Alexander H. Carnjost, Rep. Yonkers

5th Dist., Arthur I. Miller Dem., Yonkers

WYOMING COUNTY

Webber A. Joiner Rep., Attica.

YATES COUNTY

James H. Underwood, Rep., Middlesex.





# THE DAILY PRESS



The question of a pure milk supply is being warmly discussed in Syracuse, according to the *Post Standard* of February 25th, which states that a new health department code goes into effect on March 8th. The new requirement is apparently that all milk sold must first be pasteurized. A group of dairymen, called the Independents, are protesting against the code, and have prepared statistics to prove that practically all the typhoid cases occurring in January had used pasteurized milk, and that out of 326 cases of contagious diseases, 201 were on routes where pasteurized milk was delivered. The figures were evidently prepared by an amateur statistician, for the statement is made that only one-quarter of the milk supply consisted of raw milk, and yet over one-third of the cases of contagious disease had used raw milk. The fact seems to be that in that particular month no milk-borne diseases had occurred.

The question of pasteurized milk comes up before nearly every board of health, but the boards of only the large cities seem able to enforce the requirement. This is largely because pasteurization is an expert process, and is costly unless it is done on a large scale.

The *Syracuse Telegram* of February 25th explains that the opponents of pasteurization cannot upset the code except by going to the legislature and securing a change in the City Charter which gives the Board of Health the power to make regulations regarding the sale of milk. There is no prospect that the legislature will interfere in the local milk supply of Syracuse.

The *Binghamton Press*, February 22nd, tells of trouble over the milk code at Endicott. The Board of Health unanimously voted to retain the regulation of the milk code, forbidding the sale of milk inferior to Grade B, pasteurized. The opposition to the regulation seems to have been led by one dealer who sold Grade B raw milk dipped from the can. The opposition to milk regulations usually comes from some interested dealer whose customers uphold him on the ground of the cheapness of his product.

The *Albany Telegram*, February 24th, carries a headline. "150 Diphtheria Cases Reported in Rensselaer May Compel All Children to Take Schick Immunization Tests in Schools." The article states that most of the cases are among school children, and that an effort is being made

by the City Health Department to compel immediate reports of cases. The cases seem to have been developing over a period of several weeks. If this is so, there is laxity in the measures for detecting and controlling the cases.

The *New York Evening Journal*, February 27th, contains an account of a conference between Commissioner Coler of the Department of Public Welfare, Dr. Miller, Dean of the Long Island College Hospital, John Sullivan, President of the Central Trades and Labor Council, and others for the purpose of promoting a laboratory to be built by the city on the grounds of the Kings County Hospital. The purpose of the laboratory is to aid in the clinical teaching department of the Long Island College Hospital Medical School. It is proposed to specialize to some extent on occupational diseases, especially the detection and treatment of those diseases in their incipency. The officers of the Central Trades and Labor Council are quoted as being heartily in favor of the proposed laboratory and teaching clinic. It would be of very great value to the Medical School if its students could have the advantage of the use of the great amount of clinical material that is available in the Kings County Hospital. If the plans are carried out, the Long Island College Hospital Medical School will be in the front rank in its practical teaching facilities.

The Gloversville Health Budget, published on February 19th in the *Leader Republican*, is as follows:

Collection of Garbage	\$5,150 00
Care of Dump Grounds	900 00
Vital Statistics	1,075 00
Care and Examination of Insane	4 00
Care of Quarantined Families	125 00
Salaries	11,000 00
Health Officer's Supplies	100 00
City Laboratory Supplies	500 00
Annual Report	125 00
Printing and Advertising	50 00
Clinic	300.00
Maintenance of Health Center	432 00
Miscellaneous Expenses	500 00
Delegates' Expenses to Conventions	75 00
Telephone	100 00
<b>Total</b>	<b>\$20,832 00</b>



Over one third of this budget is for the collection and disposal of garbage. These items are not usually charged to a health department. Supplies for the health officer and the laboratory amount to \$600, and a clinic and health center, \$732. The position of public health nurse is abolished. A comparison of this budget with that of other places is impossible unless one knows the method of charging and the efficiency of the lines of health work that are carried on.

There seems to be a revival of plans for the control of places at which soft drinks are sold. The *Albany Times Union* of February 20th tells of the address of Mayor Hackett before the State Conference of Mayors on the operation of an Albany ordinance on the subject. Buffalo and Niagara Falls have adopted regulations requiring the licensing of soda water fountains and other places where soft drinks are sold. Every health officer and sanitarian knows that nearly all containers from which soft drinks are swallowed are washed in water in which disease germs collect, and that the washing places are ideal means for spreading diseases. Yet, strange to say, a very few cases of sickness can be traced directly to soft drink cups.

Another question in regard to soft drinks is their composition. Orangeade made from "pure fruit" is more likely made from coal tar products, and the fraud extends to nearly all other kinds of soft drinks. Regulations on soft drinks are necessary for business honesty as well as for health and decency.

The *Rochester Journal*, February 22nd, contains an editorial regarding the proposed Practice of Medicine Law, but the editor is under the misapprehension that the proposed annual registration during five years means that every doctor must undergo an examination at the end of five years, and will lose his license if he fails to pass. The article says in comment: "Very ignorant persons might fail to pass five-year examinations, but quackery is not confined to the very ignorant. It is most dangerous when accompanied by technical knowledge. However, more means of stimulating diligent and continuous study in this profession is desirable. It is not best that capture of a diploma should be the last word in preparation for a work so important to society."

This clipping is the only one that has come to us bearing upon the proposed Practice of Medicine Act. We have not received any clippings from papers in favor of chiropractors or other cultists.

The *Oneonta Star*, February 21st, carries a striking editorial on "Problems in Physical and Moral Education" in which it contrasts the great

progress made in the prevention of physical ailments with the lesser progress in the prevention of mental and moral diseases. It states that crime has increased faster than the population, and that the increase cannot be charged to poverty, hunger, or hard times. It gives the opinion that the major crimes of murder and robbery are committed mainly by young men from seventeen to twenty-five years of age. A large proportion of the criminals are mentally defective. In normal conditions they have scarcely the mentality of children, filled with dope they have all the characteristics of devils.

The editor states: "The great army of swindlers are well educated men in middle life, and are splendidly equipped to hold their own in the most intelligent society. In addition there are swindlers who keep wholly within the law—in many instances with the pull which enables them to have laws created to meet their desires. One may admire their intellectual condition, of moral education, they have little or none. The schoolmaster has sharpened them intellectually, the minister has done little or nothing for them morally. Perhaps the schoolmaster and the minister might find it profitable to study the methods of the doctor."

A new argument for sleeping with open windows is given in the February 24th issue of the *Troy Budget*. It calls attention to a death from carbon monoxide asphyxiation due to coal gas which seeped through the soil into a cellar and from there spread through the house. This is a real menace, and every doctor practicing in a city has had a similar experience. The arguments for fresh air are clear and cogent, but the gas menace is an additional one of considerable force.

The Brooklyn papers of March 7th carry the news that the medical staff of the South Side Hospital in Bay Shore, Long Island, has resigned as the result of a disagreement with the Board of Managers. A new hospital building of 40 beds, costing \$250,000, has recently been completed and opened, and nearly all the physicians practicing within twenty miles of the hospital are on its staff. The doctors had adopted the standards of the American College of Surgeons. They were holding regular staff meetings, and one of their number was acting as superintendent and donating about half of his time to the administration of the hospital. There was harmony in the staff, and a high class of medical and surgical work was being done. The dispute of the doctors with the board of managers is only a repetition of that which occurs all too frequently, and that is the interference of the lay directors with the purely medical affairs of the hospital.



# Medical Society of the State of New York

## HOUSE OF DELEGATES

March 14, 1924

The regular annual meeting of the House of Delegates of the Medical Society of the State of New York will be held on Monday, April 21, 1924, in the Hotel Seneca, Rochester, N. Y.

ORRIN SAGE WIGHTMAN, M.D., *President*

E. ELIOT HARRIS, M.D., *Speaker*

EDWARD LIVINGSTON HUNT, M.D., *Secretary*

## STATE MEDICAL SOCIETY 118TH ANNUAL MEETING

March 14, 1924

The regular annual meeting of the Medical Society of the State of New York will be held on Tuesday, April 22, 1924, at 8 P.M., in Kilbourne Hall, Eastman School of Music, Rochester, N. Y.

ORRIN SAGE WIGHTMAN, M.D., *President*

EDWARD LIVINGSTON HUNT, M.D., *Secretary*

### PROGRAM

Calling the Society to order by the President, Orrin Sage Wightman, M.D.

Address of Welcome by the Chairman of the Committee on Arrangements, Owen E. Jones, M.D.

Reading of the minutes of the 117th Annual Meeting by the Secretary, Edward Livingston Hunt, M.D.

Address of Welcome by Hon. Clarence D. Van Zandt, Mayor of the City of Rochester.

President's Address, Orrin Sage Wightman, M.D.

## SECTION PROGRAMS

### SECTION ON MEDICINE

Chairman—CLAYTON W. GREENE, M.D., Buffalo

Secretary—ROBERT L. LEVY, M.D., New York City

Place of Meeting—Hotel Seneca

Tuesday, April 22nd, 2 30 P.M.

Joint Session with Sections on Public Health, Hygiene and Sanitation, Pediatrics and Obstetrics and Gynecology

"Results of Investigation of Causes of Death at Childbirth," Otto R. Eichel, M.D., Albany (by invitation)

Discussion by Harold C. Bailey, M.D., New York City  
"A Plea for Better Obstetrical Work," David H. Roberts, M.D., Utica.

Discussion by James K. Quigley, M.D., Rochester  
"Endemic Goitre and Its Prevention," Oliver P. Kimball, M.D., Cleveland, Ohio (by invitation)

Discussion by Frederick W. Sears, M.D., Syracuse, and Joseph Roby, M.D., Rochester

"The Development of the Schick Test," Professor Bela Schick, M.D., Vienna (by invitation)

"The Use of Toxin-Antitoxin Without Schick Test in Young Children," George W. Goler, M.D., Rochester

Discussion by William H. Park, M.D., New York City, and George W. Goler, M.D., Rochester

"The Policy of the Industrial Hygiene Division of the New York State Department of Labor," Leland E. Cofer, M.D., New York City (by invitation)

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"Treatment of Lobar Pneumonia with Pneumococcus Antibody Solution," Russell L. Cecil, M.D., New York City

"Studies Concerning Relationship of Streptococcus Hemolyticus to Scarlet Fever," Alphonse R. Dochez, M.D., New York City

"Acute Leukemia and Mononucleosis," Nelson G. Russell, M.D., Buffalo

Wednesday, April 23rd, 2 30 P.M.

"Acute Perforative Sigmoiditis," Allen A. Jones, M.D., Buffalo

"Origin of Pain in the Serous Membranes and Its Value in Diagnosis," Joseph A. Capps, M.D., Chicago, Ill. (by invitation)

"How Can We Best Treat Pernicious Anemia," Louis M. Warfield, M.D., Ann Arbor, Mich. (by invitation)

"Some Neglected Phases of Coma in Diabetes," William S. McCann, M.D., Baltimore, Md. (by invitation)

"Reports on the Use of Insulin Throughout the United States to Date," G. H. A. Clowes, M.D., Indianapolis, Ind. (by invitation)

### SECTION ON SURGERY

Chairman—EMIL GOETSCH, M.D., Brooklyn

Secretary—MARSHALL CLINTON, M.D., Buffalo

Place of Meeting—Hotel Seneca

Tuesday, April 22nd, 2 30 P.M.

"Fracture of the Skull," George J. Heuer, M.D., Cincinnati, Ohio (by invitation)

Discussion by James H. Lewis, M.D., Buffalo, and William Sharpe, M.D., New York City

"Nervous and Mental States Following Head Injury," David E. Hoag, M.D., New York City

Discussion by William Sharpe, M.D., New York City  
"Fracture of the Femur," S. Potter Bartley, M.D., Brooklyn

Discussion by James H. Lewis, M.D., Buffalo



"Fracture of the Upper End of the Humerus," Lantern Slide Demonstration, James N Worcester M.D., New York City

Discussion by Armitage Whitman, M.D., New York City

"Clinical Deduction from a Study of Bone Repair" Frederic W Bancroft, M.D. New York City

Discussion by S Potter Bartley, M.D., Brooklyn.

Wednesday, April 23rd, 9 30 A.M

"The Diagnosis of Bone Tumors" James H Hitzrot M.D., New York City

Discussion by William B Coley, M.D., New York City

"Tumors of the Jaw" Lantern Slide Demonstration, Joseph C. Bloodgood M.D. Baltimore, Md (by invitation)

Discussion by James M Hitzrot, M.D., New York City

"Results After Radiation of Malignant Diseases," Bernard F Schremer M.D., Buffalo.

Discussion by Burton T Simpson, M.D., Buffalo (by invitation)

"Destruction and Removal versus Removal and Destruction in Accessible Neoplastic Diseases" Slides and Motion Pictures George A Wyeth M.D. New York City

Discussion by Howard A Kelly, M.D., Baltimore, Md (by invitation)

"The Principles of the Four Types of Skin Grafting with an Improved Method of Treating Total Avulsion of the Scalp" Clarence A McWilliams M.D., New York City

Discussion by Royale H Fowler M.D., Brooklyn.

Wednesday, April 23rd 2 30 P.M

"Varicose Disease," Robert F Barber M.D. Brooklyn. Discussion by William F Campbell M.D. Brooklyn and Fuad I. Shatara M.D. Brooklyn.

"Prostate and Renal Surgery Under Regional Anesthesia" Motion Picture Demonstration Oswald S Lowrey M.D. New York City

Discussion by Julius L. Waterman M.D. Rochester and Ernest M Watson M.D., Buffalo

"The Gram positive Anaerobes in Appendicitis and Its Complications," John E. Jennings, M.D. Brooklyn.

Discussion by Russell S Fowler, M.D. Calvin B Coulter M.D. (by invitation) and Louis Nerb Ph.D. (by invitation) Brooklyn

"Operation In Difficult Hernias with Special Reference to Fascial Transplant and Local Anesthesia" Martin B Tinker M.D., and H. B Sutton M.D., Ithaca.

Discussion by William D Johnson, M.D., Batavia, and John E. Wattenberg M.D. Cortland.

"Hemorrhage and Its Treatment," William D Johnson, M.D., Batavia.

Discussion by Howard L. Prince, M.D. Rochester

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman—WILLIAM T. GERTMAN M.D., Buffalo

Secretary—PAGE E. THORNHILL M.D., Watertown

Place of Meeting—Hotel Seneca

Tuesday April 22nd, 2.30 P.M

Joint Session with Sections on Medicine, Pediatrics and Public Health, Hygiene and Sanitation.

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"A Plea for Better Obstetrical Work," David H Roberts M.D., Utica.

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"Endemic Goitre and Its Prevention," Oliver P Kimball, M.D., Cleveland, Ohio (by invitation)

Discussion by Joseph Roby M.D. Rochester, and Frederick W. Sears, M.D., Syracuse.

"The Development of the Schick Test," Professor Bela Schick, M.D., Vienna (by invitation)

"The Use of Toxin antitoxin Without Schick Test in Young Children," George W. Goler, M.D. Rochester

Discussion by William H. Park, M.D., New York City and George W. Goler, M.D., Rochester

"The Policy of the Industrial Hygiene Division of the New York State Department of Labor" Leland E. Cofer M.D., New York City (by invitation)

Wednesday, April 23rd, 9.30 A.M.

"Review of Four Years' Work with Radium in Gynecology" Thomas P. Farmer M.D. Syracuse.

"Sterility—Non Surgical Treatment," Timothy F. Donovan, M.D. Buffalo (by invitation)

"The Convulsive Toxemia of Pregnancy and Its Treatment" Ross McPherson, M.D., New York City

"Version Its Modern Application" Hugh C. McDowell M.D. Buffalo

"A Further Study of Aspiration in Gynecology" John Van Doren Young, M.D., New York City

Wednesday April 23rd, 2.30 P.M

"Is Retroversion Always Pathological?" Francis C. Goldsborough, M.D., Buffalo.

"Low Cervical Cesarean Section Its Advantages," James K. Quigley, M.D., Rochester

"Irradiation of the Pelvis as a Prophylactic and Curative Measure in Recurrent Carcinoma of the Uterus" Harold C. Bailey M.D., New York City

"Nerve Blocking in Abdominal Surgery," James C. Sullivan, M.D. Buffalo

"Relief Measures During Labor," Henry W. Schoenbeck, M.D., Syracuse.

"What Types of Puerperal Infection Require Surgical Treatment?" John O. Polak, M.D., Brooklyn

SECTION ON EYE, EAR, NOSE AND THROAT

Chairman—IRVING W. VOORHEES M.D., New York.

Secretary—EUGENE E. HINMAN M.D., Albany

Place of Meeting—Hotel Seneca

Tuesday April 22nd, 2.30 P.M

"Slit Lamp Findings," Lantern Demonstration, Edmond E. Blaauw, M.D., Buffalo

Discussion by Arthur J. Bedell M.D., Albany

"Thrombosis of Retinal Veins," Macy L. Lerner, M.D., Rochester

Discussion by Ira Hinsdale, M.D., Rochester

"Complete Ectopia Lentis" Eldred W. Kennedy, M.D., Rochester

Discussion by William G. Dickinson, M.D., Syracuse.

"Melano-Sarcoma of the Choroid, Atrophy of the Eye-ball and Binocular Uveitis in a Case of Arthritis" Martin Cohen, M.D., New York City

"Value of Ophthalmological Examination and Field in Brain Tumor" Arthur J. Bedell, M.D. Albany

Discussion by Albert C. Snell M.D. Rochester

Wednesday April 23rd, 9.30 A.M.

"Atrophic Rhinitis," Chester C. Cott M.D. Buffalo

Discussion by Marvin F. Jones M.D., New York City

"Acute Ethmoiditis" Frank M. Sulzman, M.D., Troy

Discussion by Edward A. Stapleton, M.D. Albany

"Unusual Nasal Pathology in Diabetes" Austin G. Morris M.D., Rochester

Discussion by Thomas J. Harris M.D., New York City

"Relationship of Certain Nose and Throat Conditions to General Medicine," W. Ridgely Stone, M.D., New York City



"Bronchoscopic Treatment of Suppurative Diseases of the Lung," Moving Picture Demonstration, Chevalier Jackson, M.D., Philadelphia, Pa. (by invitation)  
Discussion by Charles J. Imperatori, M.D., and Henry H. Forbes, M.D., New York City

Wednesday, April 23rd, 2 30 P M

"Brain Abscess of Otitic Origin," Thomas H. Halsted, M.D., Syracuse.

"Nystagmus in Relation to the Eye and Ear," Conrad Berens, Jr., M.D., New York City

Discussion by Edwin S. Ingersoll, M.D., Rochester  
"Modified Radical Operation in Chronic Suppurative Otitis," Hugh B. Blackwell, M.D., New York City  
"Venous Infections Complicating Middle Ear and Mastoid Disease," Richard T. Atkins, M.D., New York City

"Cavernous Sinus Thrombosis, Surgical Treatment," Wells P. Eagleton, M.D., Newark, N. J. (by invitation)  
General Discussion.

### SECTION ON PEDIATRICS

Chairman—JOHN A. CARD, M.D., Poughkeepsie.

Secretary—ARTHUR W. BENSON, M.D., Troy

Place of Meeting—Hotel Seneca

Tuesday, April 22nd, 2 30 P M

Joint Session with Sections on Public Health, Hygiene and Sanitation, Medicine and Obstetrics and Gynecology

"Results of Investigation of Causes of Death at Childbirth," Otto R. Eichel, M.D., Albany (by invitation)  
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"A Plea for Better Obstetrical Work," David H. Roberts, M.D., Utica.

Discussion by James K. Quigley, M.D., Rochester  
"Endemic Goitre and Its Prevention," Oliver P. Kimball, M.D., Cleveland, Ohio (by invitation)  
Discussion by Joseph Roby, M.D., Rochester, and Frederick W. Sears, M.D., Syracuse.

"The Development of the Schick Test," Professor Bela Schick, M.D., Vienna (by invitation)

"The Use of Toxin-antitoxin Without Schick Test in Young Children," George W. Goler, M.D., Rochester

Discussion by William H. Park, M.D., New York City, and George W. Goler, M.D., Rochester

"The Policy of the Industrial Hygiene Division of the New York State Department of Labor," Leland E. Cofer, M.D., New York City (by invitation)

Wednesday, April 23rd, 9 30 A M

"Some Practical Items in New Born Management," Walter D. Ludlum, M.D., Brooklyn

Discussion by Edward J. Wynkoop, M.D., Syracuse.

"Gastroptosis in Its Relation to Recurrent Vomiting," Lantern Slides, Charles G. Kerley, M.D., New York City

Discussion by T. Wood Clarke, M.D., Utica, and DeWitt H. Sherman, M.D., Buffalo

"The Pediatrician and Preventive Pediatrics," Henry L. K. Shaw, M.D., Albany

Discussion by Frank Vander Bogert, M.D., Schenectady

"Postural Deformities in Children," Armitage Whitman, M.D., New York City

Discussion by Ralph R. Fitch, M.D., Rochester

"Endocrine Therapy in Childhood," Fritz B. Talbot, M.D., Boston, Mass. (by invitation)

"Results Obtained with the Newer Diagnostic Tests in Scarlet Fever," Abraham Zingher, M.D., New York City

Wednesday, April 23rd, 2.30 P M

Subject to be announced, Martha Wollstein, M.D., New York City (by invitation)

"Diseases of Twins," Isaac A. Abt, M.D., Chicago, Ill. (by invitation)

"Side Lights on Nasal Infections in Children," William A. Krieger, M.D., Poughkeepsie.

Subject to be announced, Alan G. Brown, M.D., Toronto, Can. (by invitation)

"Recent Advances in Infant Feeding," Edward A. Park, M.D., New Haven, Conn. (by invitation)

"Osteomyelitis in Children," Ralph R. Fitch, M.D., New York City

### SECTION ON NEUROLOGY AND PSYCHIATRY

Chairman—IRVING H. PARDEE, M.D., New York City

Secretary—EUGENE N. BOUDREAU, M.D., Syracuse

Place of Meeting—Hotel Seneca

Tuesday, April 22nd, 2 30 P M

"Poliomyelitis—Its Pre-paralytic Period, a Summary of 96 Cases, 1922-1923," Wardner D. Ayer, M.D., Syracuse.

"Epidemic (Lethargic) Encephalitis," E. Livingston Hunt, M.D., New York City

"The Treatment of Neuro-Syphilis," Harold E. Foster, M.D., Rochester

"Psychiatry in Relation to the Public Schools," Albert B. Siewers, M.D., Syracuse

"Educating and Placing Out Defective Children," O. Howard Cobb, M.D., Syracuse.

"A Plea for Psychology as a Subject in Medical Education," Herman G. Matzinger, M.D., Buffalo

Wednesday, April 23rd, 9 30 A M

"Communitive Provision of Mental Cases," Frederick W. Parsons, M.D., Buffalo

"The State Psychiatric Clinics—Their Relation to the Community," Clarence O. Cheney, M.D., Utica.

"Psychiatry as an Instrument to Greater Precision," Frankwood E. Williams, M.D., New York City

"Pluriglandular Syndromes and Associated Conduct Disorders in Adolescents," Edith R. Spaulding, M.D., New York City

"Some Problems of Adolescence," Bernard Glueck, M.D., New York City (by invitation)

Wednesday, April 23rd, 2 30 P M

### SYMPOSIUM ON THE NERVOUS PATIENT

"Neuroses of the War Veteran," Harold E. Foster, M.D., Rochester

"Traumatic Neuroses in Relation to Compensation," William R. Woodbury, M.D., Rochester

"General Considerations," Edward B. Angell, M.D., Rochester

"Psychotherapy," George K. Collier, M.D., Rochester

"General Management and Medical Treatment," Edward L. Hanes, M.D., Rochester

Subject to be announced, George S. Amsden, M.D., Albany

Discussion by Edward B. Angell, M.D., Rochester, and George S. Amsden, M.D., Albany

### SECTION ON PUBLIC HEALTH, HYGIENE AND SANITATION

Chairman—PAUL B. BROOKS, M.D., Albany

Secretary—ARTHUR D. JAKES, M.D., Lynbrook

Place of Meeting—Hotel Seneca

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"Treatment of Lobar Pneumonia with Pneumococcus Anticapsule Solution" Russell L Cecil M.D., New York City

"Studies Concerning Relationship of Streptococcus

Hemolyticus to Scarlet Fever," Alphonse R. Dochez, M.D., New York City (by invitation)

"Acute Leukemia and Mononucleosis," Nelson G Russel M.D., Buffalo

Wednesday, April 23rd, 2.30 P.M.

Principal discussions limited to five minutes.

"Success or Failure for the Community Nurse," Fredrick G Metzger, M.D., Carthage.

"Blood Pressure Observations Among School Children," Kennedy F Rubert, M.D., Owego (by invitation)

"A Community Tonsil and Adenoid Clinic," David C. McKenzie, M.D. Granville.

"The Medical Service Problem from the Standpoint of a Rural Physician," Lawrence E. Sprout, M.D., West Leyden.

"School Medical Work on a County Basis" Clarence A. Greenleaf, M.D., Olean.

"The Problem of the Control of Measles," Edward S Godfrey, Jr., M.D., Albany

"The First County Health Unit in New York State," L. D. Bristol M.D. Olean.

Motion Picture School Medical Inspection in Rochester

## ENTERTAINMENTS

Wednesday Evening

Annual banquet at the Hotel Seneca at 7.30 P.M.

## COUNTY SOCIETY MEETINGS

### RICHMOND COUNTY MEDICAL SOCIETY

A regular meeting of the Richmond County Medical Society was held at the Staten Island Academy on Wednesday evening, February 13th. The meeting was called to order at 9 p. m. with Dr Presley in the chair. Those present were Drs Klauher, Shields, Reig, Amoury, Timpon, Driscoll, Pearson, Mord, Hetzel, Law, Diamond, Jessup, Becker, Buntin, Harwood, Schward, Catalano, Presley, Rueger

The minutes of the previous meeting were read and approved. The minutes of the meeting of the Comitia Minora were read and approved. Dr Jessup declined the honor of chairman of the Legislative Committee and Dr Smith was appointed to take this chairmanship.

A letter from the Medical Society of the State of New York regarding the Pitt case was read and a motion made that the method of procedure be forwarded to him was carried.

Dr Law complained against a Department of Health nurse who criticised his use of instruments in a maternity case to the patient and insisted that they take the baby to the Baby Health Station for regular weighing and examination. A motion was made that a Committee take this matter into conference with the Department of Health. Dr Mord, Chairman, Drs Pearson and Shields

Dr Driscoll spoke on the code of ethics of

the State Society and asked what action would the Society take if the code was violated. Dr Presley promised to write to several of the County Societies and obtain from them their method of procedure.

Dr James F Grattan was introduced as the speaker of the evening on "Reconstructed Surgery of the Face." Dr Grattan showed and explained a number of fine slides taken before and after operation, also presented patients, specimens of tumors, and an unusual life mask of a case. A vote of thanks was tendered to him for his highly interesting and instructive paper.

The meeting adjourned at 11 p. m. to the Staten Island Club for refreshments.

### TOMPKINS COUNTY MEDICAL SOCIETY

Regular meeting of the Tompkins County Medical Society was held on the 15th of January, 1924, with President Parker presiding.

After a short business session the Society listened with a great deal of pleasure to an address by Dr E. A. Bates of Cornell University on the subject of "Cayuga Indian Medicine Men." The Doctor's researches in Indian lore have been thorough and extensive and are of historic value.

He covered the traditional migration of the Indians in prehistoric times from Asia to America, peopling the entire Continent. He then



traced the very much later migration of certain tribes to the region of central New York in search of their "Promised Land" which they claimed to have found here, and here remnants of these same tribes still remain

Herc was formed the first "League of Nations" in the Federation of the Six Nations, and here, almost on the exact spot which later became the birthplace of Susan B. Anthony, they formed and carried into successful operation the first Women's Rights movement which resulted in the women taking over and carrying out the full powers of government, which they do to this day. Is this prophetic?

The Indian Medicine Man was also the Priest and looked after the morals of his people as well as their physical ills. But little surgery was attempted and this was very crude. Many methods were employed in attempting to cure bodily ills. Physiotherapy by means of vapor baths, rubbings, etc. Psychotherapy in the form of medicine dances, prayer, magic, sleight of hand, fetishes, etc. Drug therapy, wholly botanic. Diseases treated were largely gastro-intestinal and such plants were used as mandrake, fennell, sweet-flag, convalleria, prickly-ash, stramonium and wintergreen. Externally there were used mustard, turpentine, poison-ivy and others. For a vermifuge they used any plant with long, slender worm-like roots. Administration was in large doses and given at sunrise only. The infusion was usually employed.

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Regular meeting of the Tompkins County Medical Society was held on February 19th, with President Parker presiding.

Dr. H. E. Merriam, Chairman of the Banquet Committee, announced that the Annual Banquet will be held March 18th, and that Dr. Hugh Cabot of Ann Arbor, Mich., would be the principal speaker of the evening.

Dr. William A. Smith of Newfield was elected to membership.

Dr. Sutherland Simpson of Cornell University gave an illustrated talk on "The Relation of the Thyroid Gland to Growth and Development" as proven by his experiments on sheep and goats. Twin lambs were secured when possible and the thyroid removed from one, the other being used as a control.

The Doctor's explanation of the work was

very interesting and the results as described and shown by the slides were very striking, the arrested growth and development of the cretin when compared with its normal twin being very pronounced.

Dr. H. S. Liddell of Cornell followed, speaking of "The Relation of the Thyroid to the Neuro-Muscular Mechanism" as evolved from correlated experiments with these same sheep.

The still views brought out very clearly the mechanics of the experiments, and the moving pictures illustrated and served to impress on the mind very forcibly some of the functions of the thyroid and the results of its dysfunction, the comparative and progressive feebleness of the cretin, its characteristic posture and gait and the slowness of its mental processes.

Dr. A. Podansky of Cornell followed, showing the reducing effect of small doses of insulin on the blood sugar of the normal individual and the rapidity of its recovery.

Dr. Wilbur of Cornell spoke briefly of the calcification of arteries after thyroidectomy.

The entire program was instructive, truly scientific and received the close attention it merited.

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March 10, 1924

MY DEAR EDITOR:

The Medical Society of Bay Ridge, Borough of Brooklyn, is setting the example of action for the protection of the public, which if followed throughout the State, would result in the elimination of chiropractors and other cultists. The members of our Society are making a thorough canvass throughout the Bay Ridge section of Brooklyn for the purpose of definitely ascertaining the names of all those who are legally as well as illegally practicing medicine. A similar canvass is being made in other sections of Brooklyn under the auspices of the Medical Society of the County of Kings and its subsidiary Societies. We expect very soon to have an authoritative list compiled and ready for submission to the proper authorities. The result of this work, we believe, will be most effective and will go a long way toward putting out of business all persons who are illegally practicing medicine in the Borough of Brooklyn.

Yours sincerely,

BRUCE G. BLACKMAR, M.D.,  
President.



# NEW YORK STATE JOURNAL of MEDICINE

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## THE METHOD OF OPERATIVE ATTACK FOR CENTRAL LESIONS OF THE LOWER JAW \*

JOSEPH COLT BLOODGOOD, M D

BALTIMORE, M. D

**T**HE lower jaw in this respect is not unlike the long pipe bones

The dental root abscess (granulation tissue tumor cyst) may be compared to the chronic abscess of osteomyelitis, known in the literature as Brodie's abscess. The dentigerous cyst closely resembles the benign bone cyst (ostitis fibrosa cystica), except that it has an epithelial lining of displaced adamantine epithelium. The rare giant cell tumor of the lower jaw does not differ from central giant-cell tumors of the long pipe bones except that it is usually situated in the body of the lower jaw, while in the long pipe bones the giant-cell tumor with rare exceptions (3 in 200 cases) is strictly a lesion of the epiphysis.

There is in the lower jaw a central tumor, fibromatous in character, which very often is histologically cellular so that it must be looked upon as a fibro-sarcoma. Clinically it runs the course of a malignant tumor. Sometimes this tumor is oedematous and resembles the myxoma, sometimes it contains pure myxomatous tissue.

In addition to these tumors, there is one other of dental origin which is not found in any other bone, except the upper jaw, nor in any other region outside the zone of the enamel organ. This tumor is known chiefly under the name of *adamantine epithelioma*. Histologically, it resembles an ordinary carcinoma of the spinal cell type, but unlike carcinoma it does not metastasize.

The adamantine epithelioma usually remains a local growth, although it may reach great size and still be within a definite capsule. When incompletely operated on it is readily transplanted like the myxoma and death may follow from the growth of the transplanted tumor into the cranial cavity.

The tumors therefore, which I wish to dis-

cuss are The dental root abscess (granulation tissue tumor or cyst), the dentigerous cyst, the fibroma or fibro-sarcoma, the giant-cell tumor, and the adamantine epithelioma. All of these tumors occur in the lower jaw and in their onset may present a clinical and X ray picture in which there may be but slight differences. With rare exceptions, these pathological processes originate in the body of the jaw at some point between the symphysis and the angle. They are lesions of the central portions of the body and not of the alveolar border. They begin about the roots of teeth, and whether there is pain or not the first definite sign is a swelling or bulging of the body of the jaw usually on the outer side below the level of the visible portion of the teeth. It is remarkable how frequently the bulging is on the outer side. There may be no warning by pain or tenderness. This swelling may be the first symptom. The teeth may be absolutely normal or there may be a history of caries, of cavities filled, or teeth extracted. When one palpates the swelling or bulging, it has the shape of a dome, feels like a shell of bone and as a rule the gum tissue over it is normal. Tenderness is not a prominent symptom, except in the dental root abscess group.

The most important means of diagnosis is the X-ray. This should never be neglected.

**X-ray Examination.** From a very large experience the X-ray pictures may be divided into two great groups. One is known as the shadow of the dental root abscess. Now as a matter of fact this absorption of bone about the root of a tooth is rarely associated with true pus. When one extracts the tooth there is no fluid, but attached to the root is a varying amount of granulation tissue, which under microscope is granulation tissue with many leucocytes. The dental root "abscess" is the most common lesion of the body of the lower jaw and when small and con-



fined to the root or roots of a tooth it can be easily recognized

When the bone destruction is greater and reaches the size, say, of a ten-cent piece or more, then one cannot exclude from the X-ray picture alone the other possible lesions which I have just briefly discussed. When the larger defect is due to a dental root abscess as a rule the bone surrounding the chief defect has lost its normal architecture and presents an X-ray shadow usually seen in osteomyelitis. In the other lesions the bone surrounding the defect is practically normal.

The second picture, therefore, is the one in which the bone defect is larger than a five-cent piece.

*Differential Diagnosis* I have just restudied the entire group, and I can see no way, either clinically, or in the X-ray, to be positive of the pathological lesion when the bone defect is larger than a five-cent piece. The differential diagnosis must be made at the operation.

*Method of Attack* Most, if not all, of the smaller tumors can be explored through the mouth, under local anesthesia. It is safer for the patient to attack the larger tumor, especially the recurrent ones through an external incision, which as a matter of fact, leaves very little scar.

The method of attack is based upon the known facts of a continuous restudy of all the cases recorded in the Surgical Pathological Laboratory of the Johns Hopkins Hospital for a period of now more than thirty years.

We must bear in mind, first, that the most dangerous tumor is the adamantine epithelioma. The chief danger is not so much recurrence within an intact bone shell, as the dissemination and transplantation outside the bone shell. Two cases in our list emphasize this. One patient allowed the tumor to grow for twenty-nine years. There had never been an incision, the tumor had never ruptured. It was of huge size, extended from symphysis to the speno-maxillary joint, at the operation the entire lower jaw with the tumor was removed without exposing tumor tissue. This patient lived eleven years and died of other causes at an advanced age.

The second patient died of the disease twenty-nine years after the onset of the first swelling and twenty-five years after the first operation which was incomplete. In all, this patient had fourteen operations, three of them after the jaw had been completely removed, for recurrences in the soft parts. The patient finally died of a growth which involved the brain.

Although the adamantine epithelioma does not metastasize it is very much like the myxoma in its tendency to recur and to become transplanted.

*The Difference Between Complete Resection and Incomplete Removal* In the first 15 years of our experience (to 1905) most of these lesions—the dentigerous cyst, the fibrosarcoma, the

giant-cell tumor and the adamantine epithelioma came under observation after the tumor had been present years and after it had involved the entire jaw. In those cases in which there had been no previous operation and in those cases in which our operation was a complete resection of the type of *en-bloc* resection, there have been no recurrences and no deaths from the disease. There was some operative mortality. When there had been previous operation with recurrence even the most extensive resection usually failed to cure the adamantine epithelioma.

Then there is a group of cases which came under the care of the medical profession when the tumors were small and in view of the apparently minor operation were treated by surgeons who were not familiar with the major surgery of the jaw and not specially trained in the different pathological lesions of the lower jaw. Their method of attack was usually simple curetting without chemical or thermal cauterization. This curetting frequently cured the dentigerous cyst, rarely the giant-cell tumor, and apparently never the fibrosarcoma or adamantine epithelioma.

At the present time there comes under observation a smaller number of the huge central tumors of the lower jaw, but unfortunately, a larger number of recurrences of the smaller lesions first operated upon in the early favorable period, but with a faulty method of attack.

I have had sufficient experience with the method of attack about to be described and the interval of time is sufficiently long to justify its publication at least as a preliminary report.

#### THE EMPLOYMENT OF THE ELECTRIC CAUTERY AND THE PREVENTION OF THE CONTINUITY OF THE LOWER JAW IN LARGER TUMORS

*Case 1 (Pathol No 27596) Operation February, 1921*

*Diagnosis* Solid adamantine epithelioma of the left lower jaw involving the ramus, angle and body.

White male, age forty-two, swelling has been present twelve years, history of two external operations, curettings, under the diagnosis of dentigerous cyst, six and three years ago.

This patient, March, 1924, four years and two months, is apparently free from recurrence, and the function of the lower jaw is unimpaired.

Fig 1 pictures the patient before operation. The swelling we see is an expanded thin bone shell. Fig 2, the X-ray before operation, shows the defect in the body, angle and ramus due to the expansion of bone. Only the thicker portion of the jaw is seen in the X-ray. The expanded, thin bone shell does not show, and in the picture suggests total destruction. As a matter of fact the bone shell was intact, except at the position of an opening into the mouth through the mucous membrane at the junction of the middle and outer third of the body of the expanded portion of the lower jaw.





Fig. No. 1

Case 1 Pathol No 27596 Adamantine epithelioma. Central tumor of lower jaw. The visible swelling is due to the expanded bone shell. For X ray see Fig 2.



Fig No. 3

Case 1 Pathol. No 27596 The result after operation on the patient shown in Fig 1. Interval of time almost three years. The scar represents the incision for the skin muscle periosteal flap.

the scar of the skin muscle and periosteal flap. The depression below the zygoma is due to muscle atrophy. You will observe that no nerves have been cut nor was the parotid or its duct injured. No teeth, except the non erupted molar, were extracted during the operation.

**Operative Technique** I am copying practically the note dictated during the operation. The operation was performed under procaine at St Agnes Hospital. The skin incision corresponded to that which has been well established for the external exposure of the inferior dental nerve. The thin expanded bone shell was exposed and then the periosteum was stripped from this bone shell until we brought to view a dome of bone almost as large as an orange. It extended at least from the mental foramen almost to the zygoma. The operation was made painless by copious infiltration of all the soft parts. The bone shell gave parchment crepitation, it was a little thicker than an egg shell, but it could not be burned through with the cautery. I therefore packed against the soft parts an alcohol sponge and removed a piece of bone shell the size of a silver dollar. First there escaped some clear fluid which was mopped up with an alcohol sponge. The cavity was filled with a red, friable granulation tissue with many white and gray opaque areas. The mottled coloring resembled that of the giant-cell tumor, but the granules were larger

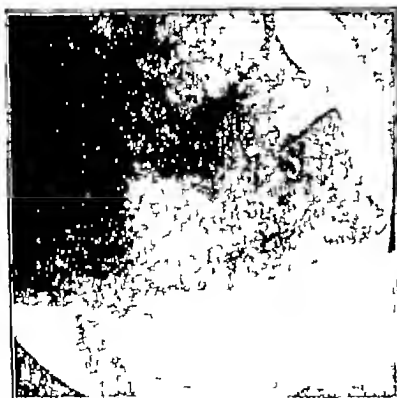


Fig. No. 2.

Case 1 Pathol No 27596. X ray Adamantine epithelioma. Central tumor of lower jaw. The visible defect of body angle and ramus is due to bone expansion and not to total bone destruction. For clinical picture see Fig 1.

The X-ray after operation is not reproduced because it is identical with Fig 2, before operation, except that non erupted molar tooth has been removed. None of the bone of the lower jaw seen in the X-ray was excised, and the function of the jaw is as good as before operation.

Fig 3 shows the patient on December 1, 1923, almost three years after the operation. One sees



and coarser. There were no partitions in the bone cavity. The expanded bone on the inner side was smooth and thin, there was no connective-tissue lining. Immediately we removed the tumor tissue with carbolic swab followed by alcohol and then swabbed with fifty per cent solution of zinc chloride, and then burned with the cautery. Before using the cautery all the sponges around the wound were changed to gauze wet in salt solution (fire protection).

At this time the frozen-section report was announced as an adamantine epithelioma. I examined the section (Fig 4) and it was quite typical of the adamantine epithelioma.



FIG No 4

Pathol No 17527 Photomicrograph of adamantine epithelioma

There was no pain until the nerve was exposed. Then we injected a four per cent solution of cocaine into the nerve. The nerve passed through the tumor. On the portion of the body of the lower jaw shown in the X-ray (Fig 2) there were here and there little recesses filled with tumor tissue. These were curetted out with the electric cautery. We were not bothered with hemorrhage. After the bone shell was cleaned of tumor tissue all the thin, expanded portion was removed subperiosteally. As this shell joined the thicker shaft, it became a little thicker. As stated before, what bone was not removed is shown in Fig 2. In removing the bone shell on the mucous membrane side we encountered a perforation in the bone shell communicating with an opening in the mucous membrane. We removed this shell and recur to the mouth. This opening between the bone about it was removed. The mouth was closed to 1905. The cyst, the was replaced against

the remaining bone and soft part wound, but not sutured.

Forty-eight hours later Carrel-Dakin tubes were introduced until the wound was cover-slip free from bacteria, the tubes were then removed and the wound healed rapidly by granulation. Retraction of the skin flaps was prevented by adhesive straps.

#### *Clinical Note on Case 1 (Pathol No 27596)*

As this paper is chiefly concerned with the technique of the operative attack of central lesion of the lower jaw, space will not be taken for detailed notes on the clinical picture. The two previous operations—six and three years ago—were external incisions and curettings. The operator informed me that at each operation he found only a cavity filled with fluid. The opening into the mouth has been present since the first operation six years ago. From it there is a slight, but constant discharge. In spite of this portal of entrance there have been no signs of infection. There has been no interference with the function of the lower jaw. The missing teeth were extracted before the swelling appeared.

*Discussion of the Operation in Case 1 (Pathol No 27596)* We are all familiar with the complete resection of the lower jaw and in 1909 (Bryant and Buck's Surgery, Vol VI, page 841) I discussed the solid and cystic adamantine epithelioma and results after complete resection. This was the first case in which the tumor seemed to be small enough to justify this method of attack which had for its object the cure of the disease, and the preservation of the continuity of the jaw. It would have been less difficult in this case to have removed the lower jaw. When I decided upon a conservative operation I was prepared to meet and attack any known pathological lesion described in the beginning of this paper. This method of attack has been tested in central lesions of the phalanges, and long pipe bones, and in smaller central lesions of the lower jaw, with success. This was the first of the large lesions in which this conservative method was attempted. Yet, the size of the expanded tumor was small as compared with those reported by me in Bryant and Buck's Surgery in 1909.

*Case 2 (Pathol No 33629) Operation August 7, 1923, Johns Hopkins Hospital*

*Diagnosis Benign dentigerous cyst of the right lower jaw. Medium-sized bone cavity in the body of the jaw. White female, aged forty-six, swelling six months.*

Fig 5 is an X-ray one month after operation and pictures the disease as well as the X-ray before operation which unfortunately has been lost.

*Method of Attack* The operation was done under local anesthesia with procaine. The expanded bone shell was present on the outside of the jaw only, opposite the position where two molars had been extracted. The base of the





FIG. No. 5

Case 2 Pathol. No 33629 X ray one month after the removal of the external expanded bone shell and thermal cauterization for a benign dentigerous cyst. For gross and microscopic pictures see Figs 6 and 7

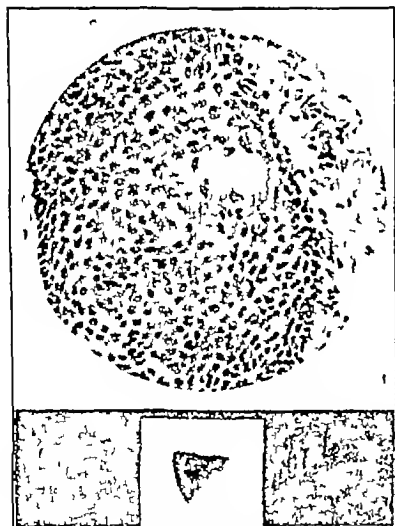


FIG. No. 6.

Pathol. No 32270 Photograph of gross appearance of the connective tissue lining of a benign dentigerous cyst. For microscopic picture see Fig 7

projecting dome of bone shell, a little smaller than a twenty five cent piece. In this case, the operation was done through the mouth. A flap of mucous membrane and periosteum was turned back. The bone shell was exposed as in Case 1. It was too thick to perforate with the cautery. The shell was removed and its contents curetted with the electric cautery. As we were in the mouth carbolic and alcohol and zinc chloride were not employed, because it is difficult to protect the mucous membrane from a chemical burn. After thoroughly removing every bit of tissue lining the bone shell, that portion of the bone shell which was expanded and projected from the body, was removed and the mucous cutaneous flap pushed back into the cavity and partially sutured. No teeth were removed (see Fig 5).

**Pathology** The frozen sections demonstrated that we were dealing with a connective tissue wall lined by epithelium of the adamantine type. Fig 6 pictures the connective tissue lining and Fig 7 the epithelial lining of the cyst wall.

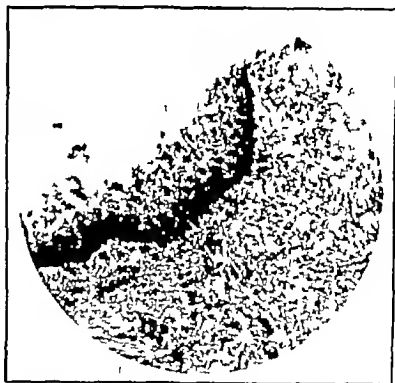


FIG. No. 7

Pathol. No. 32270. Photomicrograph showing the epidermal covering of an adamantine epithelioma lining the connective tissue wall of a dentigerous cyst. The X ray of this case was practically identical with that shown in Fig 8.

However when I removed the bone shell in Case 2 I exposed a hemorrhagic, cheesy friable material suggesting a giant cell tumor. Yet the frozen section showed nothing but blood and connective tissue. Then I found a definite connective tissue lining 2 mm in thickness. I have never found this in the giant cell tumor or the adamantine epithelioma, but only in the epithelium lined dentigerous cyst. My notes dictated at the operation read as follows: 'I find a definite connective-tissue lining the surface of which looks like mucous membrane. The frozen sections show no giant cells and no adamantine



epithelium in the connective-tissue wall, but in some of the sections, on the surface of the connective tissue there is a layer of epithelium not unlike the epidermis in the dermoid cyst

*Comparison of Case 2 With Other Dentigerous Cysts* This is the first dentigerous cyst which I have explored to have contents other than clean or cloudy fluid. I cannot explain the hemorrhage, except that it is only six months or less since the teeth were extracted

*Discussion of the Clinical Picture in Case 2* This swelling observed in 1923 is among those of shortest duration. Before the educational efforts the average duration of central tumors of the lower jaw was five years or more

*Healing of the Wound in Case 2 (Pathol No 33629)* This patient left the hospital with a sinus and came under my observation again October 8, two months after operation, because there was continuous oozing of blood from the sinus and exuberant granulation tissue protruding from the opening. I knew this was due to small particles of dead bone destroyed by the cautery. My associate in dentistry, Dr Long, swabbed the wound daily with pure carbolic followed by alcohol. This checked the bleeding immediately. On the fifth treatment a few sand-like pieces of bone came away, and within a week the wound was healed

*Remarks* There is more apt to be trouble from necrosis of bone after the thermal cautery than after chemical cauterization with carbolic or zinc chloride, but when the wound is given proper aftercare it is never an annoying complication. With the giant-cell tumor equally good results have been obtained with chemical cauterization, but my experience leads me to feel that for myxoma, adamantine epithelioma and sarcoma one should never rely on chemical cauterization alone, but depend chiefly upon the electric cautery

*Comparison of the Electric Cautery with Electric Coagulation* My experience with the use of the cautery is limited to the electric, the Percy and the actual cautery, and with these and chemical cauterization with carbolic and zinc chloride I can control the limit of tissue destruction about as accurately as one can control the amount of tissue removed with the knife

The wounds I have seen treated with the different forms of coagulation cauterization resemble a deep radium or X-ray burn, or a burn due to molten metal. The necrosis of the tissues goes far beyond that necessary to accomplish a cure and often is very irregular in its action. I have been studying today three recurrences of cancer treated by this method. Huge excavated ulcers have been produced, yet, in the edge cancer nests were found. To repeat, the great advantage of the electric, Percy or actual cautery is that the operator is in command of the local wound which

is to be produced in attacking the malignant disease

*Case 3 (Pathol No 32991)* Operation April, 1923, Dr Edwin L. Bartlett, University of California Hospital, San Francisco

*Diagnosis* Central small giant-cell tumor of the lower jaw

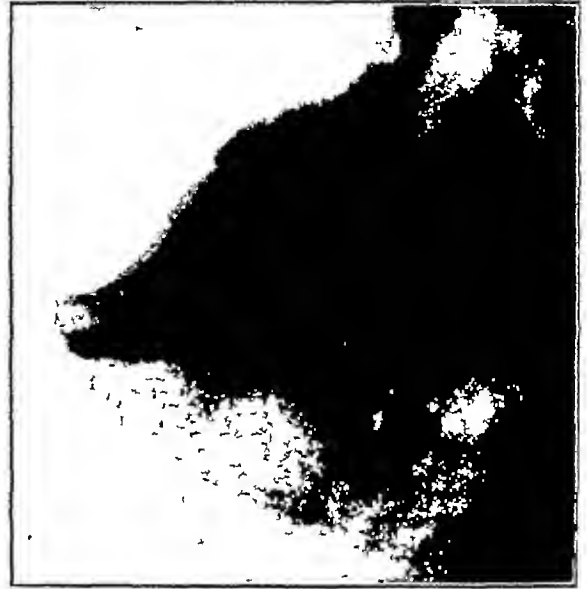


FIG No 8

*Case 3 Pathol No 32991* Central tumor of the lower jaw. Intact bone shell. Benign giant-cell tumor. Patient of Dr Bartlett of San Francisco

Fig 8 shows a central cavity smaller than Fig 5. As discussed in the beginning of this paper, I have no evidence as yet which would allow me to see in this X-ray any indication of the exact pathology of the lesion within the bone shell. In my experience it is too large and its outlines too smooth for a dental root abscess or granulation-tissue tumor. It could be a dentigerous cyst or a dermoid, an adamantine epithelioma or a giant-cell tumor, a fibroma or a fibrosarcoma. Our chief experience with these lesions of the lower jaw has been with larger tumors, often extending from symphysis to joint, often perforated and sometimes infected, frequently with the bone shell destroyed, so that the fibroma or fibrosarcoma has been interpreted as a periosteal rather than central lesion

The education of the public is bringing central lesions of lower jaw as pictured in Fig 5, an ignorant woman coming to the Johns Hopkins Hospital Dispensary within six months after the first swelling was observed

*Operative Attack in Case 3, by Dr Bartlett* Ether intrapharyngeally. The periosteum over the bone shell and the alveolar process were removed with the chisel and curette. The adjacent teeth were extracted, because their roots were exposed in the bone cavity. The interior dental canal was exposed by the tumor, and the artery



gave troublesome bleeding. After removing the bone shell and the tumor the cavity was cauterized with a red hot iron, and the hemorrhage controlled by wax and a gauze pack.

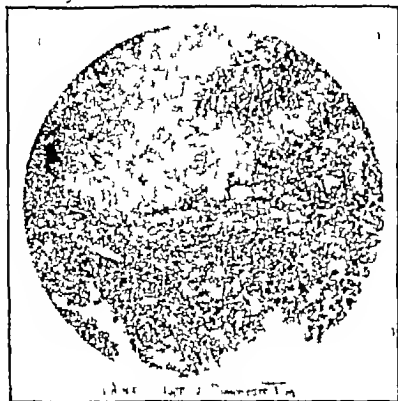


FIG. NO. 9

Path No 4520 Photomicrograph of a giant cell tumor. Cured from the upper end of the tibia in 1902. No recurrence after 21 years.

**Pathology** Dr Bartlett writes "The tumor was firm, moderately friable, reddish gray, and only slightly vascular, the vessels leading to the tumor were relatively few, but rather large."

The sections sent me show a typical giant cell tumor.

**Result** Nine days after operation Dr Bartlett's patient left the hospital with a granulating wound and without evidence of osteomyelitis.

**Conclusions** We have just restudied all the examples of central lesions of the lower jaw which have accumulated in the Surgical Pathological Laboratory of the Johns Hopkins Hospital since the publication of my article in Bryant and Bucks Surgery in 1909, and we find that the educated public is seeking advice at shorter periods after the first appearance of the swelling. The huge tumors of the lower jaw are becoming very rare. The smaller tumors as illustrated in the X-rays of Figs 5 and 8 are on the increase. We have examples of all types described here. The method of attack which has accomplished a cure in all the pathological possibilities as described here, has been tested and so far has been successful. Examples of dentigerous cysts, adamantine epitheliomas and giant cell tumors have been subjected to X-ray and radium treatment before operation with appreciable effect. There is no objection to this preliminary radiation, nor to its continuance after operation. But the evidence up to the present time indicates that thermal cauterization combined in certain cases with chemical is sufficient.

Further reports will be made on a detailed study of the total number of cases in each group.

NOTE—All patients reported in this paper are well and free from recurrence March, 1924.

## THE DEVELOPMENT OF THE ACCOMMODATIVE APPARATUS IN RELATION TO MYOPIA AND PRESBYOPIA \*

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IN a study of the accommodative apparatus we early come upon problems many of which up to the present time have not been satisfactorily solved. Such, for instance, is the role played by the accommodative apparatus in myopia. It is a common observation that in axial myopia the ciliary muscle is sub-normal in size and that the circular fibres of Müller are reduced in number, if not entirely absent but whether these changes bear a causative or resultant relationship to the myopia observers differ. Just as long as we converge our vision upon myopia as a refractive anomaly and neglect its larger biological relationship to the evolution of the accommodative apparatus this doubt will persist, and the basic cause of myopia will remain hidden in obscurity.

Similarly, while we have solved quite well many of the problems concerned with the

function of accommodation, we still cannot answer fully the question—why presbyopia? Nor does the common definition of the term help us any. We have seen emmetropes of fifty years or more whose power of ocular range was sufficient for all visual purposes, and we have seen emmetropes of thirty and thirty-five whose amplitudes of accommodation were insufficient for continued near work. It does not help us any to say that such are not or are under the influence of "old age sight." Presbyopia is a misnomer and erroneous, leading to confusion and illogical inference. The answer is that within his present environment the physical development of man, exemplified by his accommodative apparatus is not fully and perfectly adapted to the exigencies of his daily life. Both myopia and presbyopia are disharmonies, the causes of which we must seek in evolution.

Development displays two correlated processes of evolution, the reaction of the organ-

\*Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 23, 1922.



ism to its environment, and the action of environment upon the organism. In this complex interaction the advance to perfect adaptation is made by the accumulation of advantageous influences, and the discarding of those that are profitless. This law is well exemplified in the development of the accommodative apparatus.

While it is true that the range of accommodative power is greatest in man and proportionately less as we go down the animal scale, nevertheless for precision and nicety of adaptability man's accommodative apparatus is surpassed by several members of the animal kingdom, especially birds. Indeed, throughout the animal kingdom, except in man, the ocular apparatus displays an excellent adaptation of form and function to visual requirements. With the development of man's intensive cerebration changes in form have not kept pace with the demands laid upon function. The basic reason for this lies in the evolution of prolonged infancy and childhood during which the rapid increase in mental power is not accompanied by adequate structural adaptation.

It is to this disparity of form and function in modern man that we must turn for enlightenment upon the problems of myopia and presbyopia.

The accommodative apparatus in man and the apes differs very markedly from that of the animals below the primates. In the lowest mammals we find no traces of a ciliary body and in the higher forms, such as the ungulata, it consists entirely of longitudinally running fibres. In man and the apes the development of the ciliary muscle is much more highly intensive and the muscular fibres more complex, for it is only in these highest forms that we discover radial and circular fibres. Similarly there is a significant difference in the arrangement of the pectinate ligament. In the lower animals it is a very extensive structure, filling up the angle of the anterior chamber, and allowing no anterior fixed point of attachment for the ciliary body. In the primates the ligament is concentrated and withdrawn from the angle of the anterior chamber, forming a fixed point of origin for the ciliary muscle.

In all the adult primates, including man, the arrangement of the accommodative apparatus is similar. The ciliary processes, no longer in close approximation with the roots of the iris, are displaced outward and backward. The pectinate ligament, giving an anterior fixed point to the ciliary muscle, allows this muscle in contraction to be drawn forward, releasing the tension of the pectinate ligament. In the human embryo, however, and in the child up to

the second year, the ciliary processes occupy an anterior and interior position closer to the crystalline lens than in the adult, a condition quite like that which we find in the lower mammals. With the growth of the eye the ciliary processes are drawn away from the lens and are displaced posteriorly. Secondly by this action the spherical contour of the lens, which is characteristic of this structure in the lower animals and in the human embryo, gradually is flattened by the traction produced by the suspensory ligament upon the anterior and posterior capsules. Due to the retrogression of the ciliary processes the traction on the anterior capsule of the lens is greater than that upon the posterior, whereby the anterior lens surface acquires a higher radius of curvature than the posterior. Incidentally, these developmental facts furnish a further proof of the Helmholtz theory of accommodation.

It is well to remember at this point that the human eye at birth is hypermetropic, a condition almost generally found among lower animals, and it is during the two formative decades of life, from the second to the twentieth year, that myopia develops.

In the lower animals the ciliary muscle consists entirely of horizontal fibres, the muscle of Brücke, the circular or Müller's fibres being universally absent. In myopia, similarly, the ciliary muscle largely consists of longitudinal fibres, Müller's muscle being relatively small or absent. An eye from which Müller's circular fibres are absent can focus upon near objects only by elongation of the eyeball, particularly of the vitreous chamber. Experiments upon domestic animals as well as upon monkeys have proven that myopia may thus be artificially produced by confinement of these animals in constricted spaces where vision is restricted to short ranges. It does not seem illogical to assert that the same causes may act upon the human eye in its formative years, when the posterior displacement of the ciliary muscle is taking place, especially if we may assume the absence of Müller's circular fibres.

These morphological facts prove, I believe, that myopia is a reaction of form to function, but they do not answer many of the problems that arise in connection with it, such as its predilection for certain individuals and races and its transmissibility. For these answers we must search among phylogenetic stimuli.

It is fairly definitely established that all races of mankind may be divided into two broad and general types. The first is the lateral type in which the lateral lines of the body are far apart and the head is brachycephalic, the extreme length not exceeding the extreme breadth by a greater proportion than 100 to



80, while the difference may be less. The second is the linear type in which the lateral lines are close together and the head dolichocephalic, in which the extreme length to the extreme breadth is in a proportion greater than 100 to 80. It is not improbable that brachycephaly and dolichocephaly have a selective survival value though several observers maintain that the types are due less to hereditary differences than to differences of environment—due particularly to the action of the environment upon the thyroid gland, in other words, that these types are the result of either a slow or fast rate of development and are growth reactions. But even these, if they are to produce permanent variations, must fall under the laws of adaptation and selection. Further, it is not only of the purely osseous structures that we can predicate these growth reactions, the scleral coat of the eyeball also probably responds to similar influences for it may be considered morphologically a part of the osseous system.

At the present time these two types dolichocephaly and brachycephaly occur among all people, some races showing a majority of one type and a few of the other, and other races the opposite. As instances the English is largely dolichocephalic and the German brachycephalic.

Investigating the presence of myopia among these two types we find it far more prevalent among the brachycephalic than among the dolichocephalic, as we find hypermetropia more prevalent among the dolichocephalic. There are, of course mixed types, that is narrow heads with myopia and broad heads with hypermetropia and these are met with among individuals who have sprung from parents of opposite types, commonly from race mixtures.

Tracing these types among the very earliest remains of man we come upon a curious and perhaps significant fact. The skulls of the primordial Pittdown Neanderthal and Heidelberg remains are dolichocephalic, while the skulls of the Cro Magnon, a later and higher development and nearer morphologically to modern man, are brachycephalic. The former left behind them a very simple and crude artistry in flint, while the latter is associated with a highly complex and comparatively excellent decorative art that has required a far more powerful and sustained accommodative effort. In these modern days one of the most typical dolichocephalic races the English aristocracy, is an outdoor and sport loving people, little inclined to confining occupations and to a marked degree free of myopia, while the German largely brachycephalic and addicted to closely confining art and industry is peculiarly susceptible to myopia.

A recent investigation made by the author appears to substantiate these arguments.

Four hundred and forty cases of myopia and hypermetropia in individuals between the ages of fifteen and thirty of both sexes were measured for dolichocephaly and brachycephaly, and their pupillary distances taken.

Myopia 220 cases	hypermetropia 220 cases
brachycephaly 178	dolichocephaly 193
dolichocephaly 42	brachycephaly 27

800 pupillary distances (Dr Losey) made in myopia and hypermetropia without regard to type of skull showed no appreciable divergence.

In my own 420 cases the results are as follows:

In myopia with brachycephaly	p d. 64.25 mm.
In myopia with dolichocephaly	p d. 60.66 mm.
In hypermetropia with dolichocephaly	p d. 58.50 mm.
In hypermetropia with brachycephaly	p d. 62 mm.

The above arguments appear to prove two important facts:

1 That the human eye is liable by its structure and development to the production of myopia but that while myopia is a reaction of form to the demands of function its causes cannot be found wholly within the eye itself.

2 That myopia, while hereditary, is a growth reaction, similar in etiology to the growth reactions, probably endocrine in origin, that have led to racial characteristics.

Certain features of the brachycephalic skull may be secondary factors in the development of myopia, such as the increased separation of the orbits and the wide pupillary distances. These placing an undue strain upon convergence are counteracted probably by a tendency to parallelism of the optic axes. It is a well-known observation that in myopia the angle alpha usually is reduced in size and may be zero or negative in value. If to this we add the absence of Müller's circular fibres we may more readily conceive the development of myopia in the brachycephalic skull.

The morphological facts briefly outlined in the beginning of this paper, together with the intensive cerebration of man furnish also, I believe, the basic cause of presbyopia.

In the lower animals the ciliary body lies in direct contact with the spherical crystalline lens and in the accommodative act the latter bulges anteriorly or is displaced bodily. In a few animals the cornea as well takes part in accommodation by being rendered more convex and even projecting beyond the plane of the eyelids, an aid in accommodation denied to man. In the search for food and as protection against the approach of enemies the dual purpose of vision in the lower animals, the accommodative



apparatus is a perfect adaptation of form to function. In the human infant, likewise, the spherical lens with its closely approximated ciliary muscle is sufficiently adapted to its simple ocular needs. With the posterior displacement of the ciliary body and the resulting flattening of the lens the accommodative apparatus can no longer keep pace with the visual requirements demanded by the artifacts of civilization. The ciliary body in man is far more powerful than in the lower animals by having a fixed point of origin anteriorly, but this power cannot be extended fully upon the lens which having become more and more flattened has lost gradually its ability to increase its convexity in the act of accommodation. This bears out our observations that the physical accommodation of the lens diminishes more rapidly than the physiological capacity of the ciliary body. Though it is unquestionable that the ciliary muscle with the passing of the years loses, as do the muscles in every part of the body, a portion of its early vigor, it is undoubtedly true that presbyopia is largely caused by changes in the crystalline lens, discoverable not only in its gradual sclerosis but also in its loss of spherical contour.

As myopia is one price paid by man for his high mentality so also another is presbyopia. Primordial man, with his low grade mentality, evidenced not only by his morphological characteristics, undeveloped foreheads and diminutive frontal areas, but also by his simple and crude artistry, found, no doubt, his accommodative apparatus sufficient for his needs, as does the human infant today. It is a curious anomaly in man's evolution that structure has developed harmoniously with physical needs, but has not reacted as perfectly to his mental progress. The accommodative apparatus in infancy, not only of the race but also of the individual, is adapted to the limited demands placed upon it. Somewhere in the dim ages of primordial man cerebration was stimulated and while mental development rapidly has progressed, due probably to the prolongation of infancy and childhood, the necessary physical reaction has not kept apace.

#### DISCUSSION

Dr Alexander A Duane, New York City. Dr Vandergrift's paper presents several points of considerable interest, notably his important observations on the relation between myopia on the one hand, and brachycephaly and dolichocephaly on the other. I have time to refer to only one or two of the other points mentioned.

He thinks it possible that in infants, who

cannot accommodate by making the lens more convex, the effort to secure clear vision may result in an elongation of the eye, so that better focusing is obtained. I myself think it not unlikely that in this way, first a transient, then a permanent elongation of the eye may take place. It may be said in passing that in these subjects a very slight elongation would suffice to cause a considerable effect. For while in adults an elongation of 1 mm represents an increase of 3 D in the refraction, in the infant it would represent a change of about 5 D.

I gather that Dr Vandergrift thinks that an elongation of this sort would occur particularly in eyes in which Muller's circular fibres are absent and which, therefore, according to one hypothesis, are destined to become myopic. But this seems to me very doubtful. The idea that absence of the circular fibres of the ciliary muscle is the anatomical basis of myopia is founded on the well-known researches of Iwanoff. But that these changes, if they do occur regularly in myopic eyes, can be the cause of myopia is disproved by the anatomical investigations of Merkel and others, who found the fibres present in a number of new-born infants, some of whom certainly would have become myopic later. It is disproved also and more clearly by clinical observation. For nothing is more certain than that in childhood and youth those who are myopic 10D or less and not a few who have a myopia of over 10D have fully as great an accommodative power as emmetropes and hyperopes of the same age, and accordingly must have as fully developed ciliary muscles. The observed paucity of the circular fibres in the myope, then, must be the result, not the cause of the refractive condition—being, in fact, the expression of an atrophy from disuse. That even this regularly occurs seems to me very doubtful in view of clinical experience which shows that even after years of under-correction a myope of 30 or 40 years may still show full power of accommodation.

The development of myopia is a complex process, i.e., it is not due simply to the elongation of the eye taking place in childhood. To understand the process we must compare the eye of the adult with that of the new-born infant. The former consists of a refractive system—cornea and lens—whose principal focal distance is not far from 21 mm, with a receptive screen (retina) which may be at the principal focus of the system (in emmetropia), in front of it (in hyperopia), or behind it (in myopia). In such an eye every millimetre of elongation of shortening represents a change of 3D in the refraction. In the infant the refractive system has a much shorter focus—about 16 mm. In



this case every millimetre of elongation or shortening represents a change in refraction of 5D. Usually in such an eye the receptive screen (retina) is a very little distance (about 0.5 mm) in front of the focus, so that the eye is hyperopic 2 or 3 D. Such an eye is really so short that if its refractive system were like that of the adult eye it would have a hyperopia of 24 D. We may thus say that the eye of the infant combines a lenticular myopia of high degree (20 D or more) with an even higher degree of axial hyperopia. As the eye develops, the lens, undergoing the changes which Dr. Vandergrift has pointed out, flattens, so that the lenticular myopia diminishes and at the same time the eye elongates, so that the axial hyperopia also diminishes. Usually the axial hyperopia diminishes faster than the lenticular myopia, the net result being that the eye tends to become emmetropic or, as we know, often overshoots the mark and becomes myopic. The part that accommodation plays in this process is not quite certain, but the beneficial

results obtained by the full correction of myopia in childhood indicates that accommodative effort retards rather than accelerates the development of myopia.

As regards presbyopia there is one fact that should be carefully noted. It is commonly assumed that the progressive diminution in accommodation which constitutes the process is due solely to the increasing rigidity of the lens—the power of the ciliary muscle remaining about the same. In other words it is held that at 40 and 50 the ciliary muscle is capable of acting as powerfully as at 20, and the only reason it does not produce the same effect as at that age is that the lens refuses to expand. Now researches that I have detailed elsewhere seem to afford convincing proof that at the presbyopic age the ciliary muscle cannot put forth anything like the power that it exerts earlier and that, in fact, ciliary accommodation and lenticular accommodation diminish progressively together.

## A BRIEF REVIEW OF CERTAIN MECHANICAL CONSIDERATIONS IN THE TREATMENT OF MENINGITIS \*

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THE factors of chief concern in a study of meningitis are as follows: (1) the type and virulence of the infecting organism, (2) the origin of the infection, and its pathological sequence, (3) the nature of therapeutic agents and how and where applied.

Much has been written on the bacterial aspects of meningitis, and the general conclusions which may be fairly deduced are as follows: meningococcus meningitis alone is amenable to treatment, and this disease still presents a 20 per cent mortality, meningitis caused by a variety of organisms of slight virulence are self-limited and tend to recover, pneumococcus and streptococcus meningitis, hematogenous or secondary to foci such as otitis and brain abscess, are almost always fatal.

The subject of this paper is to consider certain characteristics of the cerebro-spinal fluid pathways in relation to the course of meningeal infection which underlie the treatment of all forms of meningeal infection.

*Sequence of pathological changes in meningitis.* Infecting organisms gain entrance to the meninges in two ways: (1) through the blood stream, and (2) spreading from a focus of infection. In either case clinical, pathological and

experimental evidence<sup>1</sup> all point to the cerebral meninges as first involved, with the exception of rare cases in which the spinal meninges have been invaded by direct extension from vertebral or paravertebral foci of infection. Having gained the subarachnoid space, the organisms spread with great rapidity throughout the whole subarachnoid space, so that in most cases we are dealing with a cerebro spinal process almost from the start. The arachnoid membrane appears to be the first tissue to react to this invasion, but blood leucocytes also appear promptly, and within 24 hours a thin purulent fluid with extra-cellular organisms is evidence of generalized infection. By 48 hours the character of the infection has already begun to change, the exudate is thicker, from increase in pus and fibrin. The organisms begin now to penetrate the deeper layers of the pia. Very soon we find infection no longer confined to the subarachnoid space; invasion of the nerve tissue underlying the pia in places causes a marginal infection, exudate is seen in the perivascular spaces presumably traveling upward from the subarachnoid space, and from these infected perivascular spaces deeper portions of the nervous system come into the zone of infection. In a varying amount of time but in some cases very early, exudate is found in the ventricles, and spreading through the open-

\*Read at the Annual Meeting of the Medical Society of the State of New York, at New York City, May 23, 1923.



dymal lining the organisms set up a periventriculitis

If death has not occurred during the period of rapid dissemination of the infection, a tendency to localization is now seen. Exudate tends to stick in foci of the subarachnoid space. Certain areas are found more commonly involved than others, notably the deep sulci of the brain, such as the Sylvian fissure, the cisternæ at the brain base, especially the velum medullare where the foramina of Majendie and Luschka become obstructed, also the spinal meninges just below the foramen magnum and at the thoracic level. The consequences of these multiple residual areas of infection are numerous and form the tragic after-effects of non-lethal meningitis.

*Therapeutic Considerations.* Surgery requires that where pus exists it should be evacuated. Surgery also employs antiseptics. Theoretically we should like to drain efficiently the infected membranes and irrigate all of the meningeal recesses with strong antiseptics. Unfortunately, neither of these principles can be applied, thorough drainage cannot be established without removing all of the bony coverings of brain and spinal cord, and antiseptics of all kinds have thus far been shown to be detrimental to nervous tissue.<sup>2</sup>

Although we cannot gain entrance to the subarachnoid space at any place we wish, it is possible to reach it at a number of points other than by the traditional lumbar route, and the employment of double or multiple approach offers an opportunity for drainage and irrigation which has hitherto been generally neglected. Furthermore, these little used routes give admittance to the cranial fluid pathways, and it is here that the battle for life or death is determined. Routes other than the lumbar which are of proved value and safety are as follows:

(1) *Ventricle puncture.* First brought into prominence by Cushing and Sladen<sup>3</sup> in 1908, ventricle puncture has unquestionably saved a number of lives. The writer has had two patients in whom the administration of serum by ventricle puncture apparently determined the favorable outcome of treatment. Two methods of approach to the ventricles are employed, puncture through the cortex, and puncture of the corpus callosum. In infants the method is so much easier than in adults, requiring no trephining, that it has become the method of first choice by Howell and Cohen<sup>4</sup> whose figures in meningococcus meningitis are better with serum administered by the ventricular than by the lumbar route.

(2) *Cortical Subarachnoid puncture* has been employed for the introduction of serum<sup>5</sup> and by tet to only for irrigation, when combined with a

tioned. \* another locus of the subarachnoid  
He thinks it ter has used this route only on  
a man dying from tubercular

meningitis, irrigation from the cerebral subarachnoid space over the vertex to the cisterna magna was readily performed.

(3) *Drainage of the Cisterna Magna.* Puncture of the cisterna magna. Frequently the most important point of access to the cerebral meninges is here. Experimental evidence both in this country and abroad points to the cisterna magna as the distributing centre of the cerebrospinal fluid. In 1912 this conception was grasped by Haynes and Kopetzky<sup>6</sup> who devised an operation for drainage of the meninges at this point, an operation which, because of a few unsuccessful trials, seems to have fallen into undeserved disrepute. In this connection it is interesting to note that in 1917 Anton and Schmieden<sup>7</sup> reproduced this operation, claiming originality for it, and Schmieden and Scheele<sup>8</sup> have used it for drainage of infected meninges.

Puncture of the cisterna magna<sup>9</sup>, without operation, has been used by the writer for over three years, and 350 such punctures have been made without accident at the Massachusetts General Hospital. This route may be used for the introduction of serum, and may be a life-saving measure, as in a case of Mitchell and Reilly<sup>10</sup> in which there was a block in the spinal fluid pathways. The writer has had success also in a case of staphylococcus meningitis with spinal block by drainage at this point.

Combined with lumbar puncture below and cortical subarachnoid puncture above, opportunity to irrigate the meninges is offered, provided that the irrigation is attempted before blocking has occurred. It would seem that irrigation from cisterna to lumbar sac would merely wash the spinal subarachnoid space, that a very considerable irrigation of the cerebral meninges is also accomplished was shown by the writer on cadavers, and also by the appearance post mortem of a brain following such irrigation. This cerebral lavage following cisternal-lumbar irrigation was also noted by Eagleton.

Cisternal-lumbar irrigation with Ringer's solution has been employed by Selling<sup>11</sup> in two cases, by Eagleton<sup>5</sup> in three cases, by Crothers<sup>12</sup> in one case, and by the writer in seven cases. Although only two of these patients lived—one a case of meningococcus meningitis, the other of unknown etiology (possibly aseptic meningitis)—all of the operators testify to the simplicity of the procedure, and its efficiency as judged by the large amount of pus removed.

(4) Other methods of approach have been recommended and used, but with these the writer has had no experience. Cervical and thoracic puncture of the spinal subarachnoid space has had a limited use in France<sup>13</sup>, in Germany, Beriel's sphenoidal puncture of the chiasmatic cistern has been employed by its author<sup>14</sup> and by Eskuchen<sup>15</sup>.



### Indications for different methods of treatment

By a review of the foregoing sketch of the pathological sequence of meningitis, the indications for the different methods of treatment become apparent, we must gauge our treatment by the stage of infection, the criterion being whether the fluid pathways are open or blocked.

Because of proved value it is reasonable to treat meningococcus meningitis with serum by the lumbar route so long as the fluid pathways remain

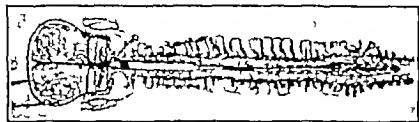


Diagram to show (1) regions of subarachnoid space in which meningitis block is frequently found (black shaded areas) (2) needles placed in lumbar cisternal and cortical subarachnoid space, and in lateral ventricle points of approach of proved value in the treatment of meningitis block, (3) cortical and spinal subarachnoid space which can be reached by combined anterior lumbar irrigation before block occurs (dotted areas)

open. If the spinal subarachnoid space becomes blocked with exudate, resort should be had immediately to the cisterna, the ventricles, or the cortical meningeal spaces, and all of these loci may be employed together or in sequence in an attempt to drain or to administer serum efficiently.

In other forms of meningitis for which we have no serum, and in which the mortality is so great, we know from experience that lumbar drainage and even cisternal drainage is entirely ineffective. If taken early, and frequently repeated, it is possible that irrigation as described may prove of value.

The writer is quite aware that other useful measures may be employed than are mentioned in this short paper, the intravenous administration of anti-meningitis serum so correctly advocated by Herrick, the evacuation of foci of infection such as brain abscess, and tying of an infected jugular vein, so necessary in certain cases, these measures are accessory, even though they may determine the favorable outcome of the case, but in no way conflict with the main thesis of this paper, which is that we should treat meningitis in a manner as nearly surgically correct as is possible.

### REFERENCES

- 1 Weed L., Wegeforth, P., Ayer, J. B. and Felton L. D. A Study of Experimental Meningitis. Rockefeller Monograph No. 12. 1920.
2. Wegeforth P. and Essick C. R. The Effect of Subarachnoid Injections of Antiseptics upon the Central Nervous System. *J. Pharm. and Exp. Therap.* xii, 335. 1919.
3. Cushing H. and Sladen, F. J. Obstructive Hydrocephalus Following Cerebrospinal Meningitis with Intraventricular Injection of Antimeningitis Serum (Flexner). *J. Exp. Med.* x 548. 1908.
4. Howell W. W. and Cohen, A. A. Intraventricular and Subdural Serum Treatment of Meningococcus Meningitis in Infancy. *Am. Dis. Child.* xdv, 427. 1922.
5. Eagleton, W. P. The Operative Treatment of Suppurative Meningitis with Especial Reference to Irrigation of the Cranial and Spinal Subarachnoid Spaces and the Importance of Protective Meningitis from a Prognostic and Therapeutic Standpoint with an Analysis of the Cases of Recovery—Exclusive of Meningococcus—Reported in the Literature. *Laryngoscope* xxxii 1. 1922.
6. Kopetzky S. J. and Haynes, I. S. Meningitis. Research Prize awarded by the American Laryngological Rhinological and Otolological Society. 1912.
7. Anton G. and Schmieden, V. Der Suboccipitalstich (eine neue druckentlastende Hirnoperationsmethode). *Zent. f. Chirurg.* 1917, p. 193.
8. Schmieden, V. and Scheele, K. Der Suboccipitalstich. *Med. Klinik.* Apr. 3. 1921 p. 401.
9. Wegeforth P., Ayer J. B. and Essick, C. R. The Method of Obtaining Cerebrospinal Fluid by Puncture of the Cisterna Magna (Cistern Puncture). *Am. J. Med. Sci.* clvii 789. 1919.
10. Mitchell, A. G. and Reilly J. J. The Introduction of Antimeningococcus Serum by Cistern Puncture. Report of a Case of Meningococcus Meningitis in an Infant Aged Four Months Cured by this Method. *Am. J. Med. Sci.* clxiv 66. 1922.
11. Personal Communication from Lawrence Selling, Portland, Ore.
12. Personal Communication from Bronson Crothers, Boston.
13. Ravaut and Krolunsky. Ocellions et meningite cerebro-spinale a parameningo-coques. Guérison par injections intrarachidiennes lombaires et cervicales. *Soc. med. des Hop. de Paris* 39, 618. 1915.
14. Berial, L. La ponction des espaces sousarachnoïdiens cérébraux par la fente sphénoïdale. *Lyon. Chirurg.* ii 320. 1919.
15. Eskuchen K. Die Berialsche Orbitalpunktion nebst vergleichenden Untersuchungen zwischen Lumbar- und Orbital Liquor. *Klin. Wochs.* Aug. 12, 1922, p. 1645.



## NARCOTIC DRUG ADDICTION—SOME MISCONCEPTIONS AND SUGGESTIONS

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EVERY now and then, some lay writer, always, as we have observed, more or less conspicuous, but lacking information, knowledge and experience, except in a certain slant, "*breaks into print*" with a "sob story" in behalf of a so-called "Martyr to Mercy"

The drug addict, so far as my information goes, does not burst into print in his own behalf, but it is always through "a friend"

Now in all sincerity, is this publicity service? Does it not injure both the cause and the individual in whose behalf this topic is discussed?

What does it matter to the drug addict whether his affliction be a "disease" or the sequel of a "habit"?

What interest has the public in drug addiction aside from its economic and social consequences?

What interests have the professions, especially medicine and pharmacy, in narcotic drug addiction, save in curing the affected and escaping the blame for its occasioning?

It is believed that the public wants the truth about this matter. It is believed that the Press desire to give the unbiased truth, if it is possible to find such fact.

It is equally true that interested individuals, most often with a reason for their interest, will never give the whole truth and nothing but the truth, as long as this truth may occasion "hurt, harm or hindrance," as dear old Blackstone says about nuisances

Now, what is the truth?

Behind narcotic drug addiction there is but one reason. It is a dark, sinister, death-defying reason, and the basis of many a family disagreement, a parting of husbands and wives, mothers and children and of business associates, etc., it has produced crime and has been the foundation of many a murder—it is *Money*

I became interested in narcotic drug addiction early in 1919. I had heard about a special cure as early as 1891, when a special treatment with Belladonna and Hyoscine was under trial in Bellevue Hospital, but took no special interest in the controversy

We saw the birth of the Harrison (Federal) Narcotic Law, and strange to relate, while this law is widely known by the above title, it is really the making of the Hon. Hamilton Mabie Wright, who might be termed the parent of this regulation

This regulation went along like most laws, exciting no special interest until through court interpretation it was found that the practice of certain physicians was open to question. The court was asked to interpret what was a *prescription* within the meaning of the statute

This, together with some other correlating decisions, put some teeth in what was usually considered an ordinary revenue producing Federal statute

As before mentioned, the Federal officials invaded the jurisdiction of this territory by arresting some doctors and druggists who were apparently violating the provisions of this subtle statute

These arrests threw a number of drug addicts—who had been accustomed to obtaining their daily supply through these two sources—out of reach of obtaining their drug. This occasioned, if the press reports are true, a "young panic."

The then Commissioner of Health, Dr. Royal S. Copeland (now U. S. Senator from New York), had his attention drawn to this by the writer and was informed that here was a splendid opportunity to study first hand this matter. That the facts which could be gathered would be scientifically helpful to the addict, to the police, to the Federal authorities, and to the medical profession as well as to the community

As later events demonstrated, the facts were somewhat revolutionary in character. Studied through clinic and hospital, with no single individual capable of smothering or covering the facts as detected, they can be accepted as the findings of a number of persons working independently of one another and all finding one practical conclusion

To explain we will ask some questions

Is drug addiction a medical problem? No

Is drug addiction a menace? Yes

The New York City Department of Health, Dr. Copeland, Commissioner of Health, and unanimously advised by a committee of influential medical men, none of whom individually were narcotic prescribers, concluded "that the habitual use of cocaine, opium or their derivatives, except as administered, prescribed, or dispensed by a physician, is hereby declared to be dangerous to the public health and safety" (S. C. 135 b)

Is drug addiction a police problem? Yes

What makes drug addiction a police problem?

The entire history of narcotism is intertwined with crime. The seed of this vice was planted here unseen and unnoticed. Its roots grew deep down in the underworld. People in general, ignorant of its malignant growth, unconscious of its proximity as it crept closer and closer, passively viewed its development and deemed it unnecessary to discuss the question at all. The belief is widespread that drug addiction owes its existence to careless medical care or was incident to various bodily ills. Now as a fact, at least so



far as 18,000 known narcotic drug addicts have revealed, nothing is more remote from the truth.

It is thus practical to demonstrate that narcotic drug vice is a police question.

The statements of addicts are tinged with selfish motives; addiction is a secret habit, excuses are sought to justify the practice and all addicts hate to face the cold light of truth.

Narcotic drug addiction is a great problem, but let us face the facts as a problem and without personalities, opinions, peculiarities or warped or twisted conclusions.

What matters it if narcotic drug addiction be a "disease" (a pathological entity, or a physiological dysfunctioning) or the consequence of a habit which becomes sinful when it physically and mentally disables and converts a sane, normal, producing individual into a moral coward, a parasite, a criminal, a serf, held in bonds that grip with chains his freedom and dethrones his mental reasoning.

Too late the mind realizes and the body recognizes that the indulgence in this drug (or its derivatives) has fastened its talons deeply into his being, that here is a demon, whose cravings cannot be denied without cold heads of sweat covering the body, intense pains in the form of cramps racking his flesh, vomiting and purging his bowels, depriving his body of all nutriment, with depression amounting in some instances to collapse. The flesh cringes, the nervous system is whipped there is mental chaos. It is only a question of time when the mind obsessed surrenders.

The number of addicts?

Let us be frank. No one knows. One per cent of the population is too high, 32,000 registered (when it was required by law) in New York State.

Many statements about the number have been made only later to learn that we were misinformed and our conclusion in error.

But if statistics furnish facts, we know the following:

From Geneva we learn that there is annually produced about 3,000 tons of opium. Normally ordinary opium (Chinese) makes 9% morphia, the normal dose of which is  $\frac{1}{8}$  grain, and Persian and Turkish opium makes 12% morphia. It is the latter that is imported into the United States.

It has been learned that only 500 tons of opium is necessary for the legitimate needs of the medical and scientific professions of the world.

Therefore, 2,500 tons annually go astray—probably to channels which supply illicit drug users.

To which information we would add our local New York experience that the known customers of narcotic peddlers, based upon police statistics

amount to 10,000. It has been estimated that 95% of these customers use an average of ten grains of Heroin (Diacetate of Morphia) daily each. From this we know that 76,041 ounces is the yearly consumption used by criminal addicts here in New York.

The legitimate channels of this industry furnishes no light on this problem as the narcotic drug addict draws from the smuggler, the illicit dealer and the crook for his supply.

However, some statistics here furnish interesting information. United States Revenue records inform us as follows regarding importation and exportation of opium and its derivatives:

Year	Pounds Imported	Pounds Exported
1917	64,327	2,438
1918	159,621	5,233
1919	730,272	110,972
1920	211,360	127,248
1921	101,668	3,480
1922	148,234	250
1923	114,407	Figures not available as yet

It is enlightening to observe that when the Federal authorities became active in 1919, when the courts interpreted the Harrison law and which gave teeth to bite the narcotic drug prescriber and dispenser, the importations dropped from the enormous total of 730,272 pounds in 1919 imported down to 114,407 pounds in 1923.

It is also interesting to observe, because it was formerly suspected that neighboring countries to the south and north were used illicitly to export this material and then smuggle it back for purveying to the drug addict through the peddler and here in 1919, 110,972 pounds were exported chiefly to Canada and Mexico, which traffic under careful supervision rapidly shrunk to a meagre 3,480 pounds in 1922, and only 250 pounds in 1923.

This talon of the devil fish had evidently been amputated by the wise provisions of our legislation effected at Washington in this connection.

Now if the 2,500 tons above the needs of medicine and science can be accounted for, we can account for the number of drug addicts throughout the world.

What is a drug addict?

Various definitions have been attempted but the most practical is that given by the advisory committee to the Commissioner of Health of New York. "A drug addict is one who uses habitually a narcotic drug for the comfort such indulgence affords, and who has no illness or other legitimate reasons for such practice."

No individual suffering from any disease—cancer, tuberculosis, locomotor ataxia, etc.—and



which is accompanied by pain, misery or physical discomfort, should be classified as an addict. The Federal authorities accept this interpretation and their agents act accordingly.

No physician, who is practicing his profession "in good faith," to use the words of the statute, need hesitate to aid his patients, so far as they need relief from pain, by the use of opium or its derivatives (Morphia), by prescribing as the needs of the case demand, whether for small or large amounts or for a single dose or a number of doses.

The statute was never intended to interfere with the proper practice of medicine, though some timid physicians have hesitated to prescribe these drugs for any length of time fearing embarrassment or notoriety. Such gentlemen need have no fear because if they desire they can secure "permanent exemption" of their patients—with documentary permission—through application to the head of the local narcotic unit, on presentation of such facts.

It is manifestly fair and in decent co-operation that Federal officials should be informed of these cases that they may act intelligently and the medical profession saved annoyance, through publicity or supervision.

Is There a Need for a State Supporting Statute?

Unquestionably the answer is YES.

To quote an extract from a prominent and well informed Federal official (U S P H S): *"A State Law conforming strictly to the Federal law would, no doubt, be a good thing"*

The Federal act puts it up to the physician in few, well selected words—*"Practicing his profession IN GOOD FAITH"*—the language is simple, it is clear, and it is comprehensive. Nothing could be better.

It is unfortunate that doctors prostitute their noble calling by prescribing to drug addicts opiates simply to supply them with their drugs which is taken to comfort them and for which there is no other reason and this "for a consideration" (sometimes as has been stated in court, as low as twenty-five cents for a prescription).

In one instance in which the doctor and the pharmacist were tried and convicted it was shown that the physician wrote nearly 200,000 prescriptions in a brief period, and in every instance his orders were filled by the same druggist with whom he had a splitting agreement as to the proceeds. These individuals are sojourning in Atlanta and they are examples to all who forget their Hippocratic Oaths and debase the sanctity of their noble profession. Without harshness of intention, they deserve all that they got.

Now how many doctors are drug addict prescribers in New York, and is this a safe index of the practice throughout the country?

The question should be "were" instead of "are" because as a result of the prosecutions the *trade* is narrowed down to the minimum limits of a negative.

In 1919 when there were arrests and later prosecutions and the New York Clinic was opened, of some 7,464 drug addicts carefully interviewed and whose histories were taken by welfare workers who volunteered for this purpose from the church organizations and who made every honest endeavor to get the truth, it was found that only 55 doctors were engaged in this practice in this city.

Fifty-five "script" doctors among 15,924 duly licensed physicians.

Is it any wonder that the medical profession take exception to the indictment that physicians were responsible for this unsavory condition?

Now where are these 55?

Twenty-eight were indicted and 20 were tried and all convicted except 3. About 5 pleaded guilty as charged. Several are awaiting trial. One of these is the Sick martyr, whose trial has time and again been called but postponed on account of request of counsel stating his client was desperately ill and who offered physicians' affidavits as to the physical condition of his client.

Now is it not unfair, un-American, to propagandize against the government?

The government has never tried its cases in the Press. The government evidently had the evidence or no jury would have indicted. Having been indicted, is it not wise to suspend judgment until the case is tried and judgment given?

Our motives are in the interests of justice. We believe in a square deal—a square deal for the addict and an opportunity to morally and socially rehabilitate himself. An opportunity which is denied him when anyone provides him with narcotic drug to be used solely for the comfort such drug gives and which with continued use debauches and prostitutes a human being.

Let us be fair.

The drug addict can be cured, safely, surely and without danger. The cure administered is quick. It is almost specific. It is no secret. It can be applied by any honest physician. But the addict must be under control and beyond the reach of misguided friends or subsidized agents surreptitiously supplying the drug against the advice and counsel of the physician.

Three thousand addicts were successfully de-narcotized at Riverside Hospital without a fatality or a single complaint in a humane and comfortable fashion. Kings County Hospital, Sing Sing prison, and the Federal Penitentiary at Atlanta and Leavenworth can further attest to these facts, and to state to the contrary leads one to infer that motives sinister and self-interested are behind one's conclusions.

The drug addict must go



In New York City our sanitary code takes up where the Harrison law leaves off—"the unauthorized possession"—and we hear no outcry against the operation of this statute.

In New York State we need a statute to the same effect. Let us have one. When the public know and appreciate what and who is behind this agitation the sinister influence will be

scotched, and we will have a law that will make the state police active as the local police of New York are, and then, we will hear no more about 'ambulatory treatment,' 'narcotic drug disease,' and such phrases.

God speed the day and save the poor addict. He needs to be saved from himself and his friends.

### SORE THROAT FOLLOWING TONSILLECTOMY

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IT has been our occasional observation that a patient whose throat has apparently healed following a tonsillectomy complained afterward of a sore throat for an unusual and unexplainable length of time. The time which we normally allot to this complaint varies between two and ten days. When, however, they complain bitterly for one to three months, some explanation seems in order. There follow three case reports.

**CASE 1** A married woman, age forty, who on April 11th complained of having had a sore throat for three weeks.

Examination showed a left retro-tonsillar abscess which was surgically drained at this time. The cavity was cleaned with peroxide and the acute subjective symptoms disappeared, but on May 22nd the opening through the pillar had not closed, the tonsils were both very evidently infected and the throat felt uncomfortable. Tonsillectomy was performed under local anesthesia on May 26th.

Convalescence was as usual, except that on the 13th of June, eighteen days after the operation, she complained that her throat was still sore. On June 23rd, approximately one month after the operation, the throat was still sore and she said that during the past four days, fluids which she swallowed passed through into her nose.

Examination showed a circular perforation of the palate, just to the left of the mid line, about one centimeter in diameter which communicated directly with the nasopharynx.

Mixed treatment was instituted and a blood Wasserman showed 3 plus.

A course of neo salvarsan was given and followed shortly by cessation of the subjective throat symptoms and gradual closure of the perforation in the palate.

**CASE 2** A married woman, age thirty five, on October 27th complained of recurrent attacks of tonsillitis.

Examination showed the tonsils to be small but full of pus and poorly drained. Tonsillectomy was performed under local anesthesia on November 14th.

Her throat had healed in two weeks and to all appearance should have caused her no concern. On December 21st, thirty eight days post-operative she still complained of a sore throat. At

about this time, areas of a dull red color, about 5 cm. in diameter, sufficiently tender to cause the patient discomfort and alarm, occurred over her shin bones and lower arms. A blood Wasserman taken at this time was positive and following a course of salvarsans, her throat symptoms together with the skin lesion entirely disappeared.

**CASE 3** On December 8th, an unmarried woman of forty years stated that she had a tonsillectomy performed under local anesthesia one month before and that her throat was still sore, so that she could not swallow with comfort.

Examination showed that her tonsils had been completely removed and the pillars not injured. The throat was perfectly healed.

She also complained of nasal obstruction and post nasal discharge. A very large posterior tip of the right inferior turbinate was removed with practically entire relief of the nasal symptoms. The throat, however, still remained very sore. During the first week of January, or over two months post operative, she complained so bitterly of a sore throat that a blood Wasserman was taken and found to be positive. A course of salvarsans gave her prompt relief.

Cases of chronic sore throat with no apparent local lesion have been recently reported by Medalie<sup>a</sup>, Koening<sup>b</sup>. These were unsuccessfully treated by local measures. However, on finding that they had positive Wasserman's, specific treatment caused relief.

**Summary**—Cases of chronic sore throat with no local signs have been reported to be of specific origin.

Three cases are here reported of chronic sore throat following tonsillectomy. All of these cleared up with specific treatment when local measures had failed.

Persistent sore throat with no apparent local lesion should always suggest a Leutic etiology.

In so far as the average case of tonsillectomy has ceased to complain of pain in the throat within ten days, it may be advisable to suspect any case that complains for more than two weeks.

#### BIBLIOGRAPHY

- a. Boston *M. & S. J.* 187-637, Nov. 2, 1922.
- b. Oto rhino-laryngol. *Internat.* 6-206 Lyon, April, 1922.





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

## NEW YORK STATE JOURNAL OF MEDICINE

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## WHY HAVE RE-REGISTRATION?

The suggestions are often made that re-registration is not necessary for the effectiveness of the proposed Practice of Medicine Act, and that county societies and county clerks can supply a list of all legally enrolled physicians. Every physician has registered with a county clerk, and some have registered with several clerks. "Why not," it is asked, "copy the lists from the county clerks, have the secretaries of the county societies certify to those physicians whom they know, and have an additional canvass made to find those who are practising without registration?" The Medical Society of the County of Kings is putting this plan into operation and giving it a thorough trial, but the trouble is that *the findings will have no official standing in court*. The canvass is made by volunteers, and is incomplete. No canvasser can swear that the list of his section has included every person who is entitled to practice medicine.

Suppose a person is brought to court on the charge of practising medicine illegally. The first

thing to be proved is that the defendant is not a legal practitioner. The law will give the defendant the benefit of the doubt, and the court will be compelled to assume that he is a legal practitioner, unless the prosecution proves that he is not. The prosecution may show that the defendant is not registered in a particular county, but there are sixty counties in which he *might* be registered. The defendant does not even have to state that he has not graduated from a recognized medical school—it is the duty of the prosecution to prove that he has not graduated from *any* of the eighty medical schools of the United States, to say nothing of those in other countries. The burden of proof is on the prosecution.

The re-registration part of the Practice of Medicine Act provides for the creation of an authoritative list of legal practitioners of medicine by making a personal registration in the Regent's office a pre-requisite to the practice of medicine. There will be only one list to consult, and absence



from that list will be sufficient to prove incompetency to practice medicine. The court will take judicial notice of the list, and all that the prosecution will need to show is the absence of the name of the defendant from the list. One sharp tooth of the proposed Practice of Medicine Act is this provision by which the court must take judicial notice of the registration, or failure to register.

Registration may be illustrated by its comparison with a board of health action against a pig-pen. Under ordinary conditions when a health officer proceeds to force an owner to clean up a pig pen, he must prove the pig-pen to be a nuisance which is unusually annoying to a considerable number of people, and that it

affects their health. A health officer can seldom prove these conditions. But the board of health may officially declare any pig pen in its jurisdiction to be a nuisance *per se* and then all that the prosecuting officer has to do is to prove the mere existence of the pig-pen, without regard to its sanitary condition.

It is the same in regard to proving the lack of qualifications of an alleged practitioner of medicine. If a name is not on the one list, that person has no right to practice medicine. Registration shifts the burden of proof from the prosecution to the defendant. This is the reason for insistence that provision for re-registration shall be retained in the Practice of Medicine Act.

I O

### MEDICAL HOUSECLEANING

Many physicians do not realize the extent of medical practice by those who either have no legal right to the degree of M.D., or, having an M.D. degree, are using it in the practice of rank quackery. The revelations of practices in New York City may probably be duplicated to an even greater extent in smaller places throughout the State, because the public officials and the leaders in Medical Societies in the Metropolis are active in the detection and prosecution of the pretenders, and so the fakers depart for smaller places where the law machinery is functioning less actively. The first duty of reputable physicians is to set their own house in order and prosecute those who are masquerading under false pretenses.

As an example of the assumption of the title M.D. by one to whom it does not belong, there may be cited an article in a popular technical journal, used by boy scouts and high school students as a source of scientific information. This article is written by a man who signs M.D. after his name, although he never received the degree. The article mentions patients whom he claims to have treated. The offense is made greater by the fact that the name of a legally registered physician of the highest class appears in the same issue as the author of a valuable article. If reputable magazines of large circulation lend themselves to exploiting quacks, what can be expected from the daily newspapers who have no time to investigate the credentials of pretenders seeking publicity and notoriety through paid advertisements?

Unscrupulous physicians with bona fide degrees of M.D. sometimes capitalize the methods which fakers have exploited in the daily press. An example is that of a physician whose name is registered with the Department of Health and who is advertising a *newly discovered cure* for

tuberculosis. The principles on which this so-called cure are founded had been announced some twenty years ago in reputable medical journals and had been given thorough tests and had been found wanting, as have all other tuberculosis cures. The daily press had revived in a flamboyant way a public interest in the twenty-year old "Discovery," and a person who evidently has a degree of M.D. has taken advantage of that interest to advertise to use that method as a sure cure of tuberculosis. Reputable physicians are absolutely opposed to dishonesty in all forms, and are anxious to co-operate with the authorities in the prosecution of those who make seductive promises that border on the practice of rank quackery.

Another form of reprehensible medical practice is that of licensed physicians consulting with quacks and protecting them against the results of their illegal acts. A bunch of four quacks, protected by two licensed physicians, has come to the notice of the district attorney who said that their activity constituted the most brazen case of quackery that has come to the notice of the office since the investigation was started.

The legal machinery of the several counties is already sufficient to secure the prosecution of the more flagrant offenders if sufficient thought is given to the problem. One abortionist in New York City was caught and given a heavy jail sentence for signing the name of an unknown disease to a death certificate of a woman on whom he had committed an abortion. Although the evidence was not strong enough to convict the practitioner of the crime of abortion, he was successfully prosecuted for certifying that his victim died of edema of the lungs, nephritis, and *subcarditis*. Since the last term is not recognized in medicine, a conviction followed.



It is too true that there are physicians who prostitute their medical privileges for fraudulent financial gain. While fortunately their number is extremely few, yet their unsavory reputation is embarrassing to the fifteen thousand honest physicians of New York State. The offending doctors are not members of any medical society

and have no more standing with reputable physicians than clerical black sheep have among ministers of the gospel. The members of the scientific medical societies of New York State will unanimously support any measures designed to purify and ennoble the practice of medicine.

F O

## HERE IS A CHANCE FOR REFORM

Connecticut's highly commendable campaign against quack doctors, and its reverberations in other states, almost warrant the hope that success might attend an immediate and earnest attempt to change the medical practice laws all through the country. And no laws need changing more. Thanks to the abysmal ignorance in medical matters which characterizes a majority in our legislative bodies, statute books show how well the quacks have been able to win confidence in the two delusions on the acceptance of which their legal right to do business must rest. The first of these is that nothing is "medical practice" except the administration of drugs, and the second is that there are and must be "schools" of medicine, all equally efficient, and each entitled to bestow upon its representatives the title of doctor.

Not all who believe those two propositions are insane, and not all who uphold one or the other of them is a conscious swindler. But both are grotesquely false, and the legislators who have treated them as true are responsible for the scandals just revealed in Connecticut. They are to blame for the absurd fact that in most of the states there are several boards, each empowered to examine candidates and grant licenses.

This means that several quackish cults can send "graduates" of their so-called colleges and diploma mills before men of like mind who will turn them loose on the public to minister to the sufferers from all kinds of diseases, and in almost every instance to use in dealing with conditions widely different the single expedient—usually some form of suggestion or massage—with which alone they have been equipped.

### *Only One Board Is Needed*

In no state should there be more than one medical examining board, and that one alone should issue licenses to practice medicine. Its members would not belong to any "school." They would be men of real medical education themselves, able to distinguish between a real medical college and a diploma mill—between a real doctor and a quack. They would know that a real doctor is one who has acquired a decent knowledge of all the many means by which disease, by himself or others, can be prevented and cured if curable. They will be ready to use suggestion or manipulation of bones or viscera in cases demanding it—as ready as they are to administer drugs when drugs are needed, or to trust wholly to diet and outdoor life in the not infrequent instances when nothing more is required or can be done with any expectation of benefit.

Not one of the men licensed by such a board would claim universal efficacy for any form of treatment. Whoever does that is instantly revealed as a quack, either ignorant or dishonest, and he is not any the less a quack because he can produce "testimonials" from grateful patients, including the familiar legislator whose close relative was saved from fast approaching death by an "irregular" after he, or more often she, had been given up by anywhere from one to a dozen "regular" doctors.

The number of people, otherwise intelligent, who thus can be deceived and with the best of intentions can deceive others as gullible as themselves, is disgracefully and humiliatingly large.

J N V V

## MEDICAL NEWS

We have been a little bit worried over the silent acceptance of the new form of THE NEW YORK STATE JOURNAL OF MEDICINE. There has been no flood of either protest or approbation, and we have been wondering whether or not the JOURNAL was being read. We consoled ourselves with the thought that the paper was fitting into the minds of the members of the New York State Medical Society so perfectly that it was considered one of the family whose absence rather than

presence would be keenly felt. We felt that doctors accept the JOURNAL without comment, just as they do their breakfast coffee and rolls, but we had little tangible evidence of appreciation until we received a call from a contributor who told us that he had received over fifty letters of inquiry asking for further information, and then we knew that the JOURNAL was being read and appreciated.

This introduction is merely a text on which to



base a plea for the members to send us items of local news. We are convinced that the JOURNAL is read widely, and that it is an excellent medium for both giving out and getting new ideas. We are trying to establish intimate relations with the local physicians. We run two pages of comment on the news gathered from the local newspapers throughout the State, and we are convinced that there are abundant medical happenings to make several pages of interesting reading every month. We want items sent by physicians themselves—items that reflect the medical thoughts of the physicians. The Daily Press department reflects the medical thought of the editors of the news papers and, to an extent, that of the public, but we wish to set forth the news from the point of view of the physicians.

We are especially anxious to receive news regarding the county medical societies. These societies reflect the civic activities of the physicians. Some publish news letters and bulletins in order to keep their members informed about the societies' activities. (See this JOURNAL, February 29th.) Some societies are taking up civic problems such as, for example, "Hospital Survey of Nassau County" (see this JOURNAL, February

15th, page 179), but we received our information about it through a clipping from a local paper. Such news as this should come to us from the officials of the county medical societies.

We are pleased with the plan adopted by the *Journal of the Medical Society of New Jersey*. That journal has an official reporter in each county medical society, and prints his name at the head of his contributions. The *Journal* uses several pages of local news which the reporters send each month.

The New Jersey plan commends itself to us and we will try to arrange a system of reporting. While the local secretaries are naturally the proper reporters, yet we are aware that few physicians like to "write compositions" now, any more than they did in their school days, and yet every county society contains some member with a literary genius who will write for the same reasons that another plays the piano. We will expect each society to discover and bring to light that dormant writer who can illumine its proceedings and spread their glow abroad throughout the State.

F O

### WHAT IS RIGHT OR WRONG?

Several of our correspondents and commentators have used the words "Principles" and "Right and Wrong" in connection with the re-registration feature of the proposed Practice of Medicine Act. The word "principle" has two shades of meaning.

1 It has a strictly scientific application to the basic facts which underlie a proposed course of action. The *scientific principle* of the proposed Practice of Medicine Act may be stated as follows: *Major Premise*—Treating the sick requires great scientific knowledge and skill. *Minor Premise*—Some healers have neither knowledge nor skill. *Conclusion*—A law is needed in order to eliminate unskilled healers.

The words *right* and *wrong* may properly be applied to the law in order to express the degree of efficiency or smoothness with which the law will accomplish its purpose. If re-registration will afford essential aid in the efficient working of the law, it is *right*, or *proper*, or *desirable*, but if it is unnecessary, or a hindrance, it is *wrong*, or *useless*, or *harmful*. Right and wrong here refer simply to scientific efficiency and have no moral significance.

2 The word *principle* also means a high moral

basis for action. The *moral principle* involved in the proposed Practice of Medicine Act may be stated as follows: *Major Premise*—It is the duty of the government to provide the means for protecting the people from incompetent healers. *Minor Premise*—Registration and fees impose the duty of protection on a few citizens—the doctors. *Conclusion*—The Practice of Medicine Act is morally wrong, and for that reason it will be a failure.

We do not believe that any moral wrong exists in the proposed Practice of Medicine Act, because another fundamental principle is involved. This third proposition may be stated as follows: *Major Premise*—The state may offer and grant special privileges to those citizens who conform to the requirements laid down by the state. *Minor Premise*—Physicians, dentists, veterinarians and others have been granted the exclusive rights to practice their several professions, to their own financial benefit. *Conclusion*—Physicians are *rightly* subject to the rules and regulations which the state may impose upon them.

We recommend a re-reading of the editorial on page 259 of the February 29 issue. F O



# LEGAL

By GEORGE W. WHITESIDE, Esq

## INTERPRETATION OF LAW IN MALPRACTICE SUITS

Our Court of Appeals in a leading case said "The law relating to malpractice is simple and well settled although not always easy of application." The misapplication of the law of malpractice by the trial court may be responsible for a judgment against a doctor in a malpractice case, where under the law and the facts of the case no liability exists. Erroneous verdicts against doctors are given not only because of false or unscientific testimony of a medical expert or because of serious conflicting testimony concerning the treatment of the case, but unfortunately because of the improper application of the law to the facts of the case by the trial judge.

When a trial judge submits to a jury the question of malpractice, he assumes that under some construction of the facts proved in the case, the jury would be justified in finding malpractice in the doctor's treatment. If the court rules under the evidence that there is a question of fact for the jury's determination, the case must then be passed on by the jury and there are immediately introduced at least as many human elements and possibilities of error as there are jurymen. Should the trial judge properly apply the law of malpractice to the facts in the case, every verdict of the jury in such cases would leave open for review on appeal practically no questions of law, but solely the question of whether the verdict is in accordance with the evidence or the weight of evidence. In such a case, when reviewed on appeal, the Appellate Court may find that the jury erred in its decision on the facts and reverse the case and send it back for a new trial.

It is exceedingly important that our trial courts in submitting malpractice cases to a jury for decision, should by proper instruction prevent a verdict based upon speculation, guess or surmise. When the facts are such that there is either no basis for an adverse judgment against a physician or an adverse judgment can be found only by the speculation, guess or surmise of a jury, the trial court should, as a matter of law, refuse to permit the jury to decide the case, but should dismiss it as a matter of law.

These observations are prompted by a decision in a case recently tried by us. The action against the physician centered about the breaking of a needle used in administering a local anæsthetic preparatory to the performance of a tonsillectomy. In the last of a series of injections the needle broke. The physician tried, without suc-

cess, to remove the broken piece, the location of which careful search at the time failed to reveal. The physician went ahead and removed the tonsil in the hope that possibly the broken part of the needle might either come away with the tonsil or its location be more readily ascertained after the removal of the tonsil. The operation being completed, the broken part of the needle still remained in the body of the plaintiff. The physician decided to permit the patient to rest a few hours before he should tell her of the accident. She returned to her home and later the same day the physician visited her and apprised her of the fact that the needle had broken and advised that the X-ray be used at once to determine the location of the broken part. The physician took her to a laboratory that afternoon, X-ray plates were made which disclosed the foreign body somewhere beneath the jaw. The physician made an appointment for the plaintiff to see a specialist where proper methods were employed for the removal of the needle, but without success. Later the plaintiff, at the suggestion of the physician, was taken to a hospital, and under a general anaesthesia, attempts were made by probing to locate the needle. These were likewise unsuccessful. Upon the patient's recovering from the anaesthesia she was informed of the inability of the physicians to find the needle. A free and frank disclosure of the whole situation was likewise made to the husband of the patient. The patient continued to receive attention from the defendant doctor and she made a complete recovery. She later instituted suit against the physician who had had the misfortune of breaking the needle.

There were three specifications of negligence submitted to the jury, first, that the doctor, had he exercised reasonable skill and care, would have given a general instead of a local anaesthetic, second, that the doctor should have known of the breaking of the needle, and third, that he should have extracted the needle or made efforts to extract the needle before he removed the tonsil. At the trial the plaintiff relied largely upon the breaking of the needle. The jury found a verdict in favor of the plaintiff, probably reasoning that plaintiff went into the doctor's office without a needle in her throat and came out with one somewhere hidden in the tissues of her body, which might cause her trouble in the future.

On appeal to the Appellate Court, it was held that there was no basis for the finding of negligence against the doctor by reason of the break-



ing of the needle and that the proofs at the trial supported the contention of the doctor "that the general practice is to use a local anaesthetic instead of a general one in removing tonsils from an adult." The doctor's efforts to remove and extract the needle after it had broken, though unsuccessful, did not justify an adverse decision against the doctor. The court favorably commented upon the defendant for procuring timely assistance from a well-known consultant in an attempt to have the needle removed and said "He showed his anxiety to do everything possible for his patient and did not spare expense to himself." The Appellate Court tersely said "Malpractice was not shown by the fact that the needle broke or that part of it remained in the plaintiff's body." On the question that had been submitted by the trial judge as to the advisability of proceeding with a tonsil operation after the needle broke, the higher court said "The fact that he was unable to locate the needle would not justify the abandonment of the operation." And the court cited as further justification of the doctor's judgment in going on with the operation the fact that with expert help and the use of the X-ray the efforts to remove the needle were unsuccessful. In conclusion the court said "Under the circumstances, we are of the opinion

that malpractice was not established, and that the judgment and order should be reversed with costs and the complaint dismissed with costs."

This decision of the Appellate Court means that there was no case proved at the time of the trial which as a matter of law, justified the sending of the case to the jury for its determination and that on the facts proved as a matter of law, the jury should not have been permitted to speculate, guess or surmise, and that the complaint should have been dismissed by the trial court.

There is perhaps no type of case where the functions of the trial judge must be exercised with greater care so the application of the law to the facts than a case of malpractice. The hazard of medical practice is not entirely confined to the human element of error, omission or mistake on the part of the doctor or to the error in judgment of the jury, but also to the mistake in the application of the law to the facts by the trial judge. These hazards will probably continue to exist, but they need not occasion financial loss or anxiety to the doctor if he avails himself of the benefits of the group insurance plan for malpractice defense provided by the State Society. G W W

### APPENDICITIS—ALLEGED DELAYED DIAGNOSIS

The defendant, a general practitioner, at about eight o'clock one evening was called to the home of a girl, nineteen years of age, who was complaining of severe cramp-like pains throughout the entire abdomen, which pains were not localized at any place in the abdomen. An examination disclosed the temperature and pulse normal the chest negative, and the abdomen distended with gas and tympanic on percussion. On palpation there was no point of tenderness and no masses could be felt. There was no rigidity of the abdominal muscles. A soap suds enema and calomel were ordered also a prescription of salol, natron bicarbonate, and pulverized aromatic codeine sulphate. There was also administered hypodermically  $\frac{1}{4}$  grain morphine and a liquid diet was prescribed, the patient to be kept in bed.

At about 8:00 P. M. of the following evening he was again called to examine the patient. The condition was practically the same as on the preceding day except that she had vomited during the afternoon and had had relief from the enema and prescriptions. There was no increase of temperature or rapidity of pulse, no rigidity of abdominal muscles and no definite point of tenderness. A further enema was ordered and the medication continued, also the application of an ice bag to the right side of the abdomen.

On the following morning at about 8:00 A. M. he was again called to attend the patient. At that time the examination disclosed that there was a slight rise in temperature, though the pulse

was the same as on the preceding days. Palpation of the abdomen disclosed a point of tenderness in the region of the appendix, and rigidity of the abdominal muscles. After this examination he advised the parents that he believed the patient was developing appendicitis and that she should be removed to the hospital. This advice was followed and the patient was taken to the hospital, passing out of the care of this defendant.

After examination at the hospital an appendectomy was performed and a gangrenous appendix removed, the surgeon upon operation found that the appendix had recently ruptured. There were no adhesions and the surgeon's opinion was that the rupture had occurred within six hours preceding the operation.

In an action instituted against this defendant he was charged with failure to use proper care and skill in diagnosing the plaintiff's condition, and because of his failure to diagnose the condition had permitted the appendix to become gangrenous, with the result that she was confined in the hospital and suffered a greater amount of pain than she would have had had the defendant made a proper diagnosis when first called in.

After the case had been on the day calendar for trial, the plaintiff and her attorney, apparently recognizing the hopelessness of their case and the freedom of the defendant from liability, finally consented to a discontinuance. G W W



# LEGISLATION

By James N. Vander Veer, MD

## IMPORTANT NOTICE

The date of the hearing of the State Department of Education Bill (The Carroll-Lattin Bill) has been changed to March 26th

## LEGISLATIVE BILLS

### SENATE

In Re State Institute for the Study of Malignant Disease at Buffalo, New York—Senate Int No 175 (Print No S 175), by Senator Michael E. Reiburn of New York, concurrent Assembly Int No 195 (Print No A 195), by Assemblyman Julius Berg of Bronx County, which would amend section 345, Public Health Law, by placing fiscal control of State Institute for Study of Malignant Disease with State Department of Health

The Senate bill was reported out of Committee on March 6

The concurrent Assembly bill is still in committee

The Legislative Chairman of Erie County had been notified that the Senate bill was reported out

The Narcotic Bill—Senate Int No 1198 (Print No S 1329), by Senator Morton J. Kennedy of New York County, concurrent Assembly Int No 1549 (Print No A 1746), by Assemblyman Morris Weinfeld of New York, still in Public Health Committee in each house

#### STATE OF NEW YORK

No 1329 Int 1198

IN SENATE,

March 11, 1924

Introduced by Mr. Kennedy—Read twice and ordered printed, and when printed to be committed to the Committee on Public Health

#### AN ACT

To amend the public health law, in relation to habit forming drugs, to provide for the control, possession, sale, prescribing, dispensing, dealing in and distribution of such drugs

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein a new article, to be read as follows

### ARTICLE XXII

#### HABIT FORMING DRUGS

- |             |  |
|-------------|--|
| Section 420 | Short Title  |
| 421         | Definitions  |
| 422         | Acts dangerous to public health                                  |
| 423         | Acts prohibited  |
| 424         | Sale on written orders   |
| 425         | Preparations and remedies exempted                               |
| 426         | Professional use of habit forming drugs                          |
| 427         | Prescriptions  |
| 428         | Record to be kept  |
| 429         | Labels   |
| 430         | Authorized possession of drugs by individual                     |
| 431         | Physical examination required                                    |
| 432         | Instruments for injection of habit-forming drugs                 |
| 433         | Exemption from restrictions                                      |
| 434         | Drugs delivered to the State Hospital Commission                 |
| 435         | Notice of conviction of professional man sent to licensing board |
| 436         | Records confidential   |
| 437         | Fraud or deceit  |
| 438         | Commitment of addicts, procedure, discharge                      |
| 439         | Exceptions and exemptions not required to be negated             |
| 440         | Enforcement  |
| 441         | Possession at time article goes into effect                      |
| 442         | Penalties  |
| 443         | Constitutionality  |

§ 420 Short title This article shall be known as the narcotic drug control law

§ 421 Definitions As used in this article

1 "Person" includes any corporation, association, copartnership or one or more individuals

2 "Physician" means a licensed practitioner of medicine as defined by article eight of this chapter



3 "Apothecary" means a licensed pharmacist or druggist as defined by article eleven of this chapter

4 "Dentist" means a licensed practitioner of dentistry as defined by article nine of this chapter

5 "Veterinarian" means a licensed practitioner of veterinary medicine as defined by article ten of this chapter

6 "Medicine" means a drug or preparation of drugs in suitable form for use as a remedial or curative substance

7 "Sale" includes barter, exchange or giving away, or offering thereof and each such transaction made by any person whether as principal, proprietor, agent, servant or employee

8 "Dispense" includes distribute, leave with, give away, dispose of, and deliver to a person or to his agent to be delivered to him

9 "Administer" means only administration by person authorized to administer habit forming drugs

10 "Coca leaves" includes coca leaves cocaine or any compound, manufacture, salt, derivative or preparation thereof, including alpha or beta eucaine, or any of their salts or any synthetic substitute of any of them, identical in chemical composition, but shall not include decocainized coca leaves, or preparations made therefrom or other preparations of coca leaves which do not contain cocaine.

11 "Opium" includes opium, morphine, codeine, diacetyl morphine (heroin) or any compound, manufacture, salt, derivative or preparation of any of them or any synthetic substitute of any of them identical in chemical composition but not apomorphine and its salts

12 "Cannabis indica" or "cannabis sativa" shall include any compound, manufacture, salt, derivative or preparation thereof and any synthetic substitute of any of them identical in chemical composition

13 "Habit forming drugs" shall mean coca leaves opium, cannabis indica or cannabis sativa

14 "Manufacturer" means a person who by compounding, mixing or other process of manufacture, produces or prepares habit forming drugs for sale on written orders and does not include an apothecary who compounds habit forming drugs to be sold or dispensed on prescription

15 "Wholesaler" means a person who supplies habit forming drugs on written orders

16 "The Harrison Act" means the act of Congress, entitled "An act to provide for the registration of, with collectors of internal revenue, and to impose a special tax upon all persons who produce import manufacture, compound deal in dispense, sell, distribute, or give away opium or coca leaves their salts, derivatives or preparations and for other purposes," approved December seventeenth nineteen hun-

dred and fourteen, as heretofore or hereafter amended

§ 422 Acts dangerous to public health Any unauthorized possession control over sale, distribution prescribing, administering or dispensing of habit forming drugs is hereby declared to be dangerous to the public health and a menace to the public welfare.

§ 423 Acts prohibited It shall be unlawful for any person to possess, have under his control, sell, distribute, administer, dispense, or prescribe any habit forming drug except as provided in this article

§ 424 Sale on written orders

1 By whom and to whom sold A manufacturer wholesaler, or apothecary may sell or distribute habit forming drugs only to any of the following persons and upon his written order

a To a manufacturer, wholesaler or apothecary

b To a physician, dentist or veterinarian

c To a public or private hospital

d To a hospital or institution licensed for the treatment of drug addiction

e To a person in charge of a laboratory where habit forming drugs are used for scientific or medical research, but only for use in such laboratory

f To a person in the employ of the United States or of this state or of any political subdivision thereof purchasing or receiving the drug by reason of his official duties

g To a captain or proper officer of a ship upon which no regular physician is employed, for the actual medical needs of the officers and crew when not in port Provided, however, that both parties to the transaction in each of the above cases are registered under the Harrison Act if required by such act to be so registered

2 Order blanks

A written order for the supply of any habit forming drug shall be signed in duplicate by the person giving it or by his duly authorized agent one duplicate of which shall be presented to the person who sells or distributes such habit forming drugs and in the event of his acceptance of such order each party shall preserve his duplicate of such order for a period of two years in such a way as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article Provided, however, that it shall be deemed a compliance with this sub-section if the person giving the order shall have complied with the provisions of the Harrison Act respecting the requirements governing order blanks under said act.

3 Possession lawful Possession of or control over habit forming drugs, obtained as pro-



vided in this section, shall be lawful if in the regular course of business, occupation, profession, employment, or duty of the possessor and in an amount necessary therefor

4 This section shall not apply to the supply of habit forming drugs on prescription or administered or dispensed by a physician, dentist, or veterinarian

§425 Preparations and remedies exempted The provisions of this article shall not apply to preparations or remedies which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-eighth of a grain of heroin or more than one grain of codeine, or any salt or derivative of any of them in one fluid ounce, or, if a solid or semi-solid preparation, in one avoirdupois ounce, or to liniments, ointments, or other preparations which are prepared for external use only, except liniments, ointments, and other preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or any synthetic substitute for them, provided that such remedies and preparations are sold, distributed, dispensed, or possessed as medicines and not for the purpose of evading the intentions and provisions of this article

§426 Professional use of habit forming drugs

1 Veterinarians A veterinarian may prescribe, administer or dispense habit forming drugs in good faith and in the course of his professional practice only, and not for use by a human being

2 Dentists A dentist, in good faith and in the course of his professional practice only, may administer or dispense habit forming drugs to patients under his immediate treatment

3 Physicians A physician, in good faith and in the course of his professional practice only, may prescribe, administer, or dispense habit forming drugs

§427 Prescription Any apothecary may sell or dispense habit forming drugs to any individual upon a written prescription of a physician, or veterinarian, dated and signed on the day when issued and bearing the full name and address of the patient and the name, address and registry number of the practitioner under the Harrison Act if he is required by it to be so registered. The person filling the prescription must write the date of filling and his own signature upon the face of the prescription, and the prescription must be retained on file by the apothecary filling it for two years so as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article. The prescription shall not be refilled

§428 Record to be kept

1 Physicians, dentists, veterinarians Every physician, dentist and veterinarian shall keep a

record of all habit forming drugs administered or dispensed by him, except such as may be administered or dispensed to a patient upon whom he shall personally attend showing the amount administered or dispensed

2 Manufacturers and wholesalers Manufacturers and wholesalers shall keep a record of the habit forming drugs received and disposed of by them

3 Exempted preparations and remedies Every manufacturer of exempted preparations or remedies shall keep a record of the amount of habit forming drugs received and of all sales of exempted preparations or remedies and every dealer therein shall keep a record of all sales of exempted preparations and remedies

4 Form and preservation Every such record shall be kept for a period of two years from the date of the transaction recorded, and a record required by or under the Harrison Act, containing substantially the same information, shall be a compliance with this section. All records required by this section shall be readily accessible for inspection and shall be open to inspection by the proper authorities

§429 Labels Whenever an apothecary pursuant to a written prescription shall sell or dispense habit forming drugs or whenever a physician, dentist or veterinarian shall dispense any of such drugs, he shall securely affix to the container of such drug a label stating in legible English the name and address of the physician or veterinarian prescribing or dispensing and of the apothecary or dentist dispensing, the date and the name and address of the person for whom or the owner of the animal for which the drug is dispensed

§430 Authorized possession of drugs by individual A person to whom or for whose use any habit forming drug has been sold or dispensed by an apothecary, physician or dentist or the owner of an animal for which any such drug has been prescribed or dispensed by a veterinarian, may lawfully possess it in the container delivered to him by the person selling or dispensing same

§431 Physical examination required A physician, dentist or veterinarian shall not administer, dispense or prescribe any habit forming drugs except after a physical examination of the person for whom or the animal for which the drug is intended

§432 Instruments for injection of habit forming drugs No person except a manufacturer or a wholesale or retail dealer in surgical instruments, apothecary, physician, dentist, veterinarian, nurse or interne shall at any time have or possess a hypodermic syringe or needle or any instrument or implement adapted for the use of habit forming drugs by subcutaneous injections and which is possessed for the purpose of administering habit forming drugs unless such posses-



sion be authorized by the certificate of a physician issued within the period of one year prior thereto

§ 433 Exemption from restrictions 1 Common carriers, employees, public officers The provisions of this article restricting the possessing or having under control of habit forming drugs shall not apply to common carriers or warehousemen or their employees engaged in lawful transportation or storage of such drugs, nor to public officers or employees while engaged in the performance of their official duties, nor to temporary incidental possession by employees or agents of persons lawfully entitled to possession, or by persons whose possession is for the purpose of aiding public officers in the performance of their official duties

2 Interstate commerce This article shall not apply to acts done, or to habit forming drugs possessed in the course of interstate or foreign commerce

§ 434 Drugs delivered to the State Hospital Commission All drugs which have been seized and judicially determined to have been unlawfully possessed or the title to which has ceased and which have come into the hands of a peace officer shall, upon the direction of a court or magistrate, be delivered to the state hospital commission unless destroyed according to law or by regulation of the commission The commission may receive drugs surrendered to it subject to the rights of any person lawfully entitled thereto, and all drugs in final possession of the commission may be disposed of or destroyed under its direction. The commission shall keep a record of the receipt and disposition thereof

§ 435 Notice of conviction of professional man sent to licensing board

1 On conviction of any physician, dentist, veterinarian or apothecary for wilful violation of any of the provisions of this article, a copy of the sentence and of the opinion of the court or magistrate if any be filed, shall be sent by the clerk of the court or by the magistrate to the board or officer having power to suspend or revoke the license or registration of the person convicted, for such action as the board or officer deems proper

2 At the request of such board or officer, the clerk or magistrate shall send to such board or officer a transcript of the record or of the proceedings in a court not of record, and such portion of the evidence as may be requested

§ 436 Records confidential. Prescriptions, orders or records required under this article shall not be open to inspection nor shall any information contained therein be divulged except for the purpose of enforcing the laws of this state or the Harrison Act, or on the direction of the depart-

ment of state police or of the Police Department of any city to an officer of another state, for the purpose of enforcing the law of such state

§ 437 Fraud or deceit Any fraud, deceit, misrepresentation, subterfuge, concealment of a material fact or the use of a false name or the giving of a false address in obtaining treatment in the course of which habit forming drugs shall be prescribed or dispensed or in obtaining any supply of such drugs shall constitute a violation of the provisions of this article and shall not be deemed a privileged communication The wilful making of any false statement in any prescription, order, report, or record required under this article shall constitute a violation of this article No person shall for the purpose of obtaining any habit forming drug falsely assume the title or represent himself to be a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, or make or utter any false or forged order or prescription for or label for a container of or for habit forming drugs, or affix such label, or alter, deface or remove any such label

§ 438 Commitment of addicts, procedure, discharge. 1 At request of addict. A magistrate upon the voluntary application to him of any habitual user of any habit forming drug, may commit such person to any correctional or charitable institution maintained by the state or any political subdivision thereof

2 Person accused of crime. Any trial court having jurisdiction of a defendant who is a prisoner in a criminal action or proceeding, if it appears that the defendant is an habitual user of any habit forming drug and is suffering as a result of such use may likewise so commit such defendant, at any stage of such action or proceeding and direct a stay of proceedings or suspend sentence or withhold conviction pending the period of such commitment but not exceeding sixty days without a further order of the court

3 Discharge. Whenever the medical officer of the institution, or if there be no medical officer, the superintendent, shall certify to the committing magistrate or court that any person so committed has been sufficiently treated, or give any other reason which is deemed by the magistrate or court to be adequate and sufficient, he may in accordance with terms of commitment discharge the person so committed, or return such person to await the further action of the court, provided however, that when such commitment is to an institution under the jurisdiction of the department of correction, or other similar department in a city of the first class where there is a parole commission established pursuant to law, such commission shall act in the place and stead of a chief medical officer for the purpose of making such a certificate.

§ 439 Exceptions and exemptions not required to be negated. In any complaint, in-



vided in this section, shall be lawful if in the regular course of business, occupation, profession, employment, or duty of the possessor and in an amount necessary therefor

4 This section shall not apply to the supply of habit forming drugs on prescription or administered or dispensed by a physician, dentist, or veterinarian

§ 425 Preparations and remedies exempted The provisions of this article shall not apply to preparations or remedies which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-eighth of a grain of heroin or more than one grain of codeine, or any salt or derivative of any of them in one fluid ounce, or, if a solid or semi-solid preparation, in one avoirdupois ounce, or to liniments, ointments, or other preparations which are prepared for external use only, except liniments, ointments, and other preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or any synthetic substitute for them, provided that such remedies and preparations are sold, distributed, dispensed, or possessed as medicines and not for the purpose of evading the intentions and provisions of this article

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1 Veterinarians A veterinarian may prescribe, administer or dispense habit forming drugs in good faith and in the course of his professional practice only, and not for use by a human being

2 Dentists A dentist, in good faith and in the course of his professional practice only, may administer or dispense habit forming drugs to patients under his immediate treatment

3 Physicians A physician, in good faith and in the course of his professional practice only, may prescribe, administer, or dispense habit forming drugs

§ 427 Prescription Any apothecary may sell or dispense habit forming drugs to any individual upon a written prescription of a physician, or veterinarian, dated and signed on the day when issued and bearing the full name and address of the patient and the name, address and registry number of the practitioner under the Harrison Act if he is required by it to be so registered. The person filling the prescription must write the date of filling and his own signature upon the face of the prescription, and the prescription must be retained on file by the apothecary filling it for two years so as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article. The prescription shall not be refilled

§ 428 Record to be kept

1 Physicians, dentists, veterinarians Every physician, dentist and veterinarian shall keep a

record of all habit forming drugs administered or dispensed by him, except such as may be administered or dispensed to a patient upon whom he shall personally attend showing the amount administered or dispensed

2 Manufacturers and wholesalers Manufacturers and wholesalers shall keep a record of the habit forming drugs received and disposed of by them

3 Exempted preparations and remedies Every manufacturer of exempted preparations or remedies shall keep a record of the amount of habit forming drugs received and of all sales of exempted preparations or remedies and every dealer therein shall keep a record of all sales of exempted preparations and remedies

4 Form and preservation Every such record shall be kept for a period of two years from the date of the transaction recorded, and a record required by or under the Harrison Act, containing substantially the same information, shall be a compliance with this section. All records required by this section shall be readily accessible for inspection and shall be open to inspection by the proper authorities

§ 429 Labels Whenever an apothecary pursuant to a written prescription shall sell or dispense habit forming drugs or whenever a physician, dentist or veterinarian shall dispense any of such drugs, he shall securely affix to the container of such drug a label stating in legible English the name and address of the physician or veterinarian prescribing or dispensing and of the apothecary or dentist dispensing, the date and the name and address of the person for whom or the owner of the animal for which the drug is dispensed

§ 430 Authorized possession of drugs by individual A person to whom or for whose use any habit forming drug has been sold or dispensed by an apothecary, physician or dentist or the owner of an animal for which any such drug has been prescribed or dispensed by a veterinarian, may lawfully possess it in the container delivered to him by the person selling or dispensing same

§ 431 Physical examination required A physician, dentist or veterinarian shall not administer, dispense or prescribe any habit forming drugs except after a physical examination of the person for whom or the animal for which the drug is intended

§ 432 Instruments for injection of habit forming drugs No person except a manufacturer or a wholesale or retail dealer in surgical instruments, apothecary, physician, dentist, veterinarian, nurse or interne shall at any time have or possess a hypodermic syringe or needle or any instrument or implement adapted for the use of habit forming drugs by subcutaneous injections and which is possessed for the purpose of administering habit forming drugs unless such posses-



This bill has been passed and signed by the Governor, and is now Chapter 25, Laws of 1924

**In Re Distribution of Information Concerning Results of Scientific Study**—Senate Int No 436 (Print No S 445), by Senator Michael E Reiburn of New York, concurrent Assembly Int No 588 (Print No A 592), by Assemblyman Joseph Gavagan of New York, referred to Judiciary Committee in each house Still in committee.

**In Re Workmen's Compensation Law**—Senate Int No 682 (Print No S 477), by Senator Peter J McGarry of Queens County, concurrent Assembly Int No 682 (Print No A 693), by Assemblyman A I Miller of Westchester County, would amend section 118, Workmen's Compensation Law, by authorizing physical examinations and practical tests of claimant to determine loss of use and proportionate loss of use of a member, result and test thereof to be made part of record Referred to Labor and Industries Committee in each house

**Comment** A new interpretation placed upon the new matter introduced, "and may make such physical examinations and practical tests of claimants to determine loss of use and proportionate loss of use of a member and the result of such examinations and tests shall be made part of the record, and shall be competent evidence upon which to base an award," would seem to place the power of such examinations in the hands of the commissioner in such a manner that laymen might be called upon to make such examinations to the exclusion or negation of physicians and their testimony, and such being an interpretation as placed upon the bill it can be readily appreciated that the members of the Medical Society cannot be in the affirmative for the bill, unless another paragraph be inserted to clear up this interpretation which would admit of such testimony only as a practical feature of weight of the present moment

**The Child Experimentation Bill**—Senate Int No 584 (Print No S 608), by Senator John P Ryan of Rensselaer County, referred to Senate Codes Committee, no concurrent bill has as yet appeared in the Assembly

Still in committee

**The Anti-Vivisection Bill**—Senate Int No 588 (Print No S 612), by Senator John P Ryan of Rensselaer County, concurrent Assembly Int No 1094 (Print No A 1180), by Assemblyman Samuel Mandelbaum of New

York Referred to Codes Committee in each house

Still in committee

A hearing has been called for March 25, at 1 p m, on the concurrent Assembly bill, and it is hoped that there will be present on that date representatives of the medical profession who have been invited to speak in opposition to the bill

No replies have been received from the County Legislative Chairmen as to their interviews with their legislators relative to this bill

**The State Department of Education Bill to Amend the Medical Practice Act**—Senate Int No 637 (Print No S 663), by Senator Daniel J Carroll of Kings County concurrent Assembly Int No 888 (Print No A 927), by Assemblyman Frank H Lattin of Orleans County, still in Public Health Committee of Senate and in Assembly Ways and Means

A joint hearing has been called on this bill for Wednesday, March 26, at 2 p m, before the Senate Committee on Public Health and the Assembly Committee on Ways and Means

As a conference of the County Legislative Chairman with the officers and Council of the State Society, and the Committee on Legislation and the Advisory Committee on Legislation, will be held on Wednesday, March 19, at 12 o'clock It is hoped that the differences of opinion regarding the bill which have come up may be satisfactorily adjusted and that the conference may adjourn in due time to be present in a body at the hearing in the Capitol

To date the County Medical Societies are on record as follows

Counties in favor of proposed bill (32)—Albany, Cayuga, Chautauqua, Chemung, Columbia, Dutchess Putnam, Essex (no vote), Franklin, Greene, Jefferson, Monroe, Montgomery, Oneida, Onondaga, Ontario, Orleans, Otsego (with the exception of the registration feature), Richmond, Rockland, St. Lawrence (no vote) Saratoga, Schoharie, Schuyler, Seneca, Suffolk, Sullivan, Tompkins, Washington, Wayne, Westchester, Yates, Bronx.

Counties opposed to bill (14)—Allegany, Broome, Eric, Fulton (any bill requiring registration), Genesee, Kings, Livingston, Madison (no vote) Nassau, Orange, Queens, Rensselaer (any bill requiring registration), Schenectady, Ulster

Counties not heard from (13)—Cattaraugus, Chenango, Cortland Delaware, Herkimer, Lewis, New York Oswego, Steuben, Tioga, Wyoming, Clinton, Niagara

**In Re Practice of Chiropraxy and Podiatry**—Senate Int No 738 (Print No S 781), by



Senator William Byrne of Albany County, concurrent Assembly Int 507 (Print No 507, 950, 1606), by Assemblyman Paul T Kammerer of New York, will be dropped

In Re Incorporation, Maintenance, etc., of Hospitals, Infirmarys, Dispensaries, etc.—Senate Int No 892 (Print No S 962), by Senator Ellwood M Rabenold of New York, concurrent Assembly Int No 1452 (Print No A 1622), by Assemblyman E B Jenks of Broome County, would amend sections 4, 40, 41, Membership Corporations Law, relative to incorporation and to extension of corporate purposes for the establishment and maintenance of hospitals, infirmarys, dispensaries and homes for invalids or the aged or indigent Referred to Judiciary Committee in each house

STATE OF NEW YORK

No 962

Int 892

IN SENATE,

February 26, 1924

Introduced by Mr Rabenold—read twice and ordered printed, and when printed to be committed to the Committee on the Judiciary

#### AN ACT\*

To amend the membership corporations law, in relation to incorporation, or extension of corporate purposes, for establishment and maintenance of hospitals, infirmarys, dispensaries and homes for invalids, or the aged or indigent

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Sections four and forty of chapter forty of the laws of nineteen hundred and nine, entitled "An act relating to membership corporations, constituting chapter thirty-five of the consolidated laws," are hereby amended to read as follows

§ 4 Extension of corporate purposes by supplemental certificate A membership corporation, created under or by a general or special law for purposes for which a corporation may be created under any article of this chapter may, from time to time, extend its corporate purposes so as to include any other purpose for which a corporation may be created under such article by filing in the offices in which its original certificates of incorporation, if any, are filed, or otherwise in the offices in which original certificates of incorporation for such purposes are required to be filed, a copy of a resolution in favor of such extension, certified by the president and secretary of the corporation to have been duly adopted by the concurring vote of a majority of the members of the corporation present at an annual meeting, or a special meeting duly called for that purpose, and a certificate signed and acknowledged by a majority of the directors of the corporation,

in pursuance of such resolution, with the approval, indorsed thereupon or annexed thereto, of a justice of the supreme court, and if the care of orphan, pauper or destitute children, *or the establishment and maintenance of a hospital, infirmary, dispensary, home for invalids, aged or indigent persons*, be included among such corporate purposes, with the additional approval indorsed thereupon or annexed thereto, of the state board of charities

§ 40 Purposes for which corporations may be formed under this article A membership corporation may be created under this article for the purpose of erecting, establishing and maintaining a hospital, infirmary, dispensary, home for invalids, aged or indigent persons, or for any other lawful purpose, except a purpose, for which a corporation may be created under any other article of this chapter, or any other general law than this chapter

§ 2 Section forty-one of such chapter, as last amended by chapter one hundred and eighty-eight of the laws of nineteen hundred and twenty-three, is hereby amended to read as follows

§ 41 Certificates of incorporation Five or more persons may become a membership corporation for any one of the purposes for which a corporation may be formed under this article or for any two or more of such purposes of a kindred nature, by making, acknowledging and filing a certificate, stating the particular objects for which the corporation is to be formed, each of which must be such as is authorized by this article, the name of the proposed corporation, the territory in which its operations are to be principally conducted, the town, village or city in which its principal office is to be located, [if it be then practicable to fix such location], the number of its directors, not less than three nor more than [one hundred] *forty-eight*, and the names and places of residence of the persons to be its directors until its first annual meeting *The certificate of incorporation of a hospital or dispensary may also specify the qualifications of members of the corporation with respect to their adherence or non-adherence to a particular school or theory of medical or surgical treatment, and the systems of medical practice or treatment to be used in such hospital or dispensary* Such certificate shall not be filed without the written approval, indorsed thereupon or annexed thereto, of a justice of the supreme court If such certificate specify among such purposes the care of orphan, pauper or destitute children, the establishment or maintenance of a [maternity] hospital, *infirmary, dispensary, home for invalids, aged or indigent persons*, or lying-in asylum where women may be received, cared for or treated during pregnancy or during or after delivery, or for boarding or keeping nursing children, the written approval of the state board of charities shall also be indorsed thereupon or annexed thereto,

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted



before the filing thereof. On filing such certificate, in pursuance of law, the signers thereof, their associates and successors, shall be a corporation in accordance with the provisions of such certificate. Any corporation heretofore or hereafter organized under this article for the purpose of gathering, obtaining and procuring information and intelligence, telegraphic or otherwise, for the use and benefit of its members, and to furnish and supply the same to its members for publication in newspapers owned or represented by them, may admit as members thereof, other corporations, limited liability companies, joint stock or other associations, partnerships and individuals engaged in the same business or in the publication of newspapers, periodicals or other publications, upon such terms and conditions, not inconsistent with law or with its certificate of incorporation, as may be prescribed in its by-laws.

§ 3 Article seven of such chapter is hereby repealed.

§ 4 This act shall take effect immediately.

*Comment* This bill seems to be, from its context, a most unsatisfactory one, since it might work to the incorporation of an institution for most extensive cult practice and might offer entrance of a patient into a special type of hospital under accident or through accident, and by rules of such hospital, which could be drawn up and need not be passed upon by the State Hospital Commission Commissioner of Health or other present authorities, said patient might be during extreme illness compelled to remain in that hospital, forbidden visitation by friends or transference to another hospital.

The present theory as regards the incorporation of institutions as mentioned in the bill would be disrupted and the inspections and provisions as now exist relative to guarantee offered by the State for the protection of the public health could be set at naught, requiring judicial action to determine proper recourses on the part of the public, those who practice the healing art or the present State Departments who have to do with the enforcement of the present laws.

The bill is a dangerous one and County Chairmen are asked to forward arguments to their individual Representatives in opposition to its passage.

Requiring Iron Stairways on Outside of Sanitariums, etc.—Senate Int. No. 894 (Print No. S 964), by Senator Mortimer Y. Ferris of Ticonderoga, concurrent Assembly Int. No. 1212 (Print No. A. 1335), by Assemblyman Ralph H. Loomis of Delaware County, referred to Public Health Committee in each house. Still in committee. The bill will be dropped.

Relative to the Practice of Pharmacy—Senate Int. No. 895 (Print No. S 968), by Senator Daniel J. Carroll of Kings County, concurrent Assembly Int. No. 1021 (Print No. A. 1035), by Assemblyman Frank H. Lattin of Orleans County. Still in Public Health Committee in each house. Will be dropped.

In Re Defining a Drug Addict as a Disorderly Person, Except When Drug Is Prescribed by a Physician—Senate Int. No. 908 (Print No. S 981), by Senator James L. Whitley of Rochester, concurrent Assembly Int. No. 1158 (Print No. A. 1268), by Assemblyman Burton D. Esmond of Saratoga County. Referred to the Codes Committee in each house. Still in committee.

A hearing has been called on the concurrent Assembly bill before the Assembly Codes Committee for March 18, at 1 p. m.

*Comment* Your Legislative Bureau has heard from several of your Legislative and Advisory Committees in opposition to the above measure as follows:

From one member—"As to Senate Print 981, branding drug addicts as disorderly persons, I cannot be enthusiastic. It would open the way to an awful lot of blackmail."

From another member—"I really don't feel like approving Senate bill Print No. 981. No doubt many addicts are criminals, but some are not. Most of them have some nerve defect, and the only hope of curing them, as a rule, is skilled medical attention in a suitable hospital to which they should be committed."

And from another member—"This makes criminals of all addicts. I am opposed to such idea."

The bureau would call attention to the fact that the bill seemingly is intended to reach those persons who are not under the care of physicians, as it specifically states in the new subdivision 10 to be added—"10. Persons who are addicted to the habitual use of cocaine or opium or the derivatives of cocaine or opium, or of any other habit forming drug, *except as administered, prescribed or dispensed by a duly licensed physician*." And this would seem to care for the ambulatory addicts who are under treatment by a physician, as well as for such addicts who commit themselves voluntarily, being under the care then of physicians within hospitals which have to do with the treatment of such cases.

However, comment is invited immediately, inasmuch as this is along the general line of settling in a sane manner the narcotic question in this State.



**Requiring Railroad Companies to Keep Heat in Passenger Cars**—Senate Int No 923 (Print No S 996), by Senator Frank Giorgio of Queens County, would add new section 318, Public Health Law, requiring railroad companies to keep heat in each passenger car between October 15 and April 15 at not less than 50 degrees above zero. Referred to Public Health Committee. Still in committee. No comment having been received, the bill will be dropped.

**Requiring Compulsory Study of Artificial Respiration in Public Schools**—Senate Int No 945 (Print No S 1033), by Senator William L. Love of Brooklyn, N. Y., which has been referred to the Senate Public Education Committee, would add new section 620-a, Education Law, requiring in public schools compulsory study of artificial respiration by prone pressure for restoring persons rescued from drowning, asphyxiated by gas or who have received electric shock.

*Comment* In theory without doubt, the study and practice of artificial respiration should be taught at least for a short period in the public schools.

However, it would seem that this bill could be well commented on by the State Medical Inspector of Schools, who is connected with the State Department of Education.

## NEW BILLS SINCE LAST WEEK

**Providing for Medical and Surgical Care of Children Under 16 Years of Age at Expense of County**—Senate Int No 967 (Print No S 1063), by Senator Frederick M. Davenport of Clinton, N. Y., concurrent Assembly Int No 1389 (Print No A 1538), by Assemblyman T. C. Moore of Westchester County, would add new section 56-a, Poor Law, by providing for medical or surgical care of children under 16 years of age at expense of county.

STATE OF NEW YORK

No 967

Int 1063

IN SENATE,

March 3, 1924

Introduced by Mr. Davenport—read twice and ordered printed, and when printed to be committed to the Committee on Public Health.

### AN ACT\*

To amend the poor law, in relation to the medical or surgical care of children under sixteen years of age.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

Section 1 Chapter forty-six of the laws of nineteen hundred and nine, entitled "An act in

relation to the poor, constituting chapter forty-two of the consolidated laws," is hereby amended by inserting therein a new section, to be section fifty-six-a, to read as follows:

§ 56-a Medical or surgical care of children under sixteen years of age. Whenever it shall appear to a superintendent of the poor, overseer of the poor, board of charities, commissioner of charities or other public officer or board, charged with the relief of the poor, that a child under sixteen years of age is in need of medical or surgical care, an order may be made for the treatment of such child in its home, a hospital or other institution, and the expense thereof, when approved by the officer or board issuing such order, shall be a charge upon the county or the proper subdivision thereof, but persons legally responsible for the support of such child shall be liable to pay a part or all of the expenses of such treatment.

§ 2 This act shall take effect immediately.

*Comment* This bill, on its face, apparently is a satisfactory bill and will relieve the medical profession from much care now imposed upon it from a charitable standpoint as well as providing more adequate care of a higher standard for the good of the public health in children under 16 years.

**In Regard to Crippled Children**—Senate Int No 1010 (Print No S 1105), by Senator William Byrne of Albany County, concurrent Assembly Int No 1443 (Print No 1592), by Assemblyman J. Boyle of Albany County, would create temporary State commission to inquire into and report on number, distribution and condition of crippled children in the State, to recommend means to meet their needs and appropriating \$25,000. Referred to Senate Finance Committee and to Assembly Ways and Means Committee.

STATE OF NEW YORK

No 1105

Int 1010

IN SENATE,

March 3, 1924

Introduced by Mr. Byrne, read twice and ordered printed, and when printed to be committed to the Committee on Finance.

### AN ACT

To create a temporary commission to inquire into and report upon the number, distribution and condition of crippled children throughout the state, to recommend means more adequately to meet their needs, and making an appropriation therefor.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

Section 1 A temporary state commission is hereby created to inquire into and report upon the number, distribution and condition of crippled children throughout the state, and the existing facilities and legal provisions for promoting

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted.



the care, treatment, education and general welfare of such children, and to recommend means more adequately to meet their needs. In making such inquiry, the commission shall confer with the representatives of civic bodies and other organizations and groups, which have made special study of the subject, for the purpose of availing itself of their experience.

§ 2 Such commission shall consist of eight members, as follows: The state commissioner of education, or an officer of his department to be designated by him, the president of the state board of charities, or an officer of his department to be designated by him, the state commissioner of health, or an officer of his department to be designated by him, a representative of the state society for crippled children to be designated by the governor upon recommendation of such society, two members of the senate to be appointed by the temporary president of the senate, and two members of the assembly to be appointed by the speaker of the assembly. Vacancies in the commission shall be filled by the officer authorized to make the original designation or appointment.

§ 3 The commission shall choose from its members a chairman and vice-chairman and may employ such subordinates as may be needed. It may sit within or without the state, may take testimony, compel the attendance of witnesses and the production of books and papers and otherwise have all the powers of a legislative committee, as provided by the legislative law including the adoption of rules for the conduct of its proceedings.

§ 4 The members of such commission shall receive no compensation for their services but shall be entitled to their actual and necessary expenses incurred in the performance of their duties.

§ 5 The commission shall make a report of its proceedings together with its recommendations, to the legislature on or before the fifteenth day of February, nineteen hundred and twenty-five and may accompany its report with such proposed legislative measures to carry its recommendations into effect as to the commission may seem proper.

§ 6 The sum of twenty-five thousand dollars (\$25,000) or so much thereof as may be needed is hereby appropriated for the actual and necessary expenses of the commission in carrying out the provisions of this act payable by the treasurer on the warrant of the comptroller, on the order of the chairman of such commission.

§ 7 This act shall take effect immediately.

*Comment:* None at present.

**Requiring the Licensing of Private Institutions for Treatment of Drug Addicts**—Senate Int. No. 1024 (Print No. 1120) by Senator Morton J. Kennedy of New York, concurrent

Assembly Int. No. 1117 (Print No. 1203), by Assemblyman Morris Weinfeld of New York, has been printed in full in the March 7th issue of the Journal. Referred to the Public Health Committee in each house.

No comment has been received thereon.

*Comment:* Your Committee on Legislation is in favor of this bill licensing private institutions, but would prefer to see the same carried out under the present laws relative to any hospital or institution. However, if it seems wisest to license these under the State Commissioner of Health, your Committee can see no objection to the same, as then private institutions for treatment of drug addicts will be under State license.

**Amending Insanity Law**—Senate Int. No. 1135 (Print No. S. 1255), by Senator Bernard Downog of New York, concurrent Assembly Int. No. 1495 (Print No. A. 1684), by Assemblyman Joseph McGinnies of Chautauqua County, would amend Insanity Law generally, by providing among other things State Hospital Commission may employ deputy medical inspectors to make rules governing management of and investigate any institution for care of insane, public or private and may make reciprocal agreements with other States for prompt and humane return of insane residents. Referred to Judiciary Committee in each house.

No comment thereon.

## IN ASSEMBLY

**Medical Inspection in Schools Bill**—Assembly Int. No. 66 (Print No. A. 66), by Assemblyman Joseph Reich of Kings County, is still in Assembly Public Education Committee, no concurrent bill has as yet appeared in the Senate.

**In Re State Institute for Study of Malignant Disease at Buffalo**—Assembly Int. No. 195 (Print No. A. 195), by Assemblyman Julius Berg of Bronx County, concurrent Senate Int. No. 175 (Print No. S. 175), by Senator Michael E. Reburn of New York County.

The Assembly bill is still in Ways and Means Committee.

The concurrent Senate bill has been reported out of committee.

**Extending Provision for State Aid to Counties of 50,000 and More**—Assembly Int. No. 232 (Print No. A. 232), by Assemblyman Frank H. Lattin of Orleans County, concurrent Senate Int. No. 128 (Print No. S. 128), by Senator William L. Love of Kings County, which would amend sections 19, 19 a, 19 b, Public



Health Law, by extending provision for State aid in public health work to counties of population of 50,000 or more and empowering State Health Commissioner to prescribe limitations upon such aid. No single grant shall cover more than one year. Referred to Public Health Committee.

Feb 13 Rept., Feb 14 3rd rdg., Feb. 19 passed, Feb 20 Senate, Public Health Committee. March 4 Reference changed to Senate Finance Committee.

Assembly Int No 267 (Print No 267), by Assemblyman Simon B. Van Wagenen of Ulster County, concurrent Senate Int No 127 (Print No S 127), by Senator William L. Love of Kings County, amends section 12, County Law, by permitting supervisors, except in a county constituting a general health district, to employ such public health nurses as they may deem proper. To Public Health Committee.

Feb 13 Rept., Feb 14 3rd rdg., Feb 20 passed, Feb 25 Senate Internal Affairs Committee, Feb 27 Rept.

In Re Nursing and First Aid Service in Factories, etc.—Assembly Int No 309 (Print No A 309, Print No 1306), by Assemblyman Joseph Reich of Kings County. Still in committee. No concurrent bill has as yet appeared in the Senate.

The Narcotic Bill—Assembly Int No 342 (Print No A 342), by Assemblyman Morris Weinfeld of New York, concurrent Senate Int No 285 (Print No S 289), by Senator Morton J. Kennedy of New York. Still in Public Health Committee.

See concurrent Senate Int No 285 for new draft of bill and comment.

In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools—Assembly Int No 370 (Print No A 372), by Assemblyman Frederic S. Cole of Herkimer County, concurrent Senate Int No 317 (Print No S 321), by Senator Benjamin Antin of New York. Still in Public Education Committee.

See concurrent Senate Int No 317 for comment.

In Re Practice of Chiropody and Podiatry—Assembly Int No 507 (Print No 509, 950, 606), by Assemblyman Paul T. Kammerer of New York, concurrent Senate Int No 738 (Print No S 781), by Senator William Byrne of Albany County. Still in Public Health Committee in each house. Will be dropped.

In Re Distribution of Information Concerning Results of Scientific Study—Assembly Int No 588 (Print No A 592), by Assemblyman Joseph Gavagan of New York, concurrent Senate Int No 436 (Print No S 445), by Senator Michael E. Reiburn of New York. Still in Judiciary Committee in each House.

In Re Workmen's Compensation Law—Assembly Int No 682 (Print No A 693), by Assemblyman A. L. Miller of Westchester County, concurrent Senate Int No 468 (Print No S 477), by Senator Peter J. McGarry of Queens County. Still in Labor and Industries Committee in each house.

See concurrent Senate Int No 468 for comment.

The State Department of Education Bill Amending the Medical Practice Act—Assembly Int No 888 (Print No A 927), by Assemblyman Frank H. Lattin of Orleans County, concurrent Senate Int No 637 (Print No S 663), by Senator Daniel J. Carroll of Kings County. Still in Assembly Committee on Ways and Means, and in Senate Committee on Public Health.

See concurrent Senate Int No 637 for comment.

In Re Practice of Pharmacy—Assembly Int No 1021 (Print No A 1085), by Assemblyman Frank H. Lattin of Orleans County, concurrent Senate Int No 895 (Print No S 968) by Senator Daniel J. Carroll of Kings County, referred to Public Health Committee in each House. Still in committee. Will be dropped.

Making It a Misdemeanor to Print, Sell or Utter Information Relative to Birth Control—Assembly Int No 1070 (Print No A 1151), by Assemblyman Louis A. Cuvillier of New York, referred to Assembly Codes Committee. A hearing has been called on this bill for March 25th.

Anti-Vivisection Bill—Assembly Int No 1094 (Print No A 1180), by Assemblyman Samuel Mandelbaum of New York, concurrent Senate Int No 588 (Print No S 612), by Senator John P. Ryan of Rensselaer County. A hearing has been called on this bill for March 25th.

See concurrent Senate Int No 588 for comment.

Requiring the Licensing of Private Institutions for Treatment of Drug Addicts—Assembly Int No 1117 (Print No A 1203), by As-



semblyman Morris Weinfeld of New York, concurrent Senate Int. No 1024 (Print No S 1120), by Senator Morton J. Kennedy of New York, referred to Public Health Committee in each house.

See concurrent Senate Int. No 1024 for comment.

**In Re Defining a Drug Addict as a Disorderly Person, Except Where Drug Is Prescribed by a Physician**—Assembly Int. No 1158 (Print No A 1268), by Assemblyman Burton D. Esmond of Saratoga County, concurrent Senate Int. No 908 (Print No S 981), by Senator James L. Whitley of Rochester, referred to Codes Committee in each house.

See concurrent Senate Int. No 908 for comment.

**Requiring Compulsory Instruction in Physical Training to Schools Regularly Employing 20 or More Teachers**—Assembly Int. No 1190 (Print No A 1300), by Assemblyman Guernsey T. Cross of Sullivan County, referred to Assembly Public Education Committee. Still in committee.

No comment has been received, no concurrent bill has yet appeared in the Senate.

**Requiring Iron Stairways on Outside of Sanitariums, etc.**—Assembly Int. No 1212 (Print No A. 1335), by Assemblyman Ralph M. Loomis of Delaware County, concurrent Senate Int. No 894 (Print No S 964), by Senator Morton Y. Ferris of Ticonderoga, referred to Public Health Committee in each house. Will be dropped.

**Relative to County Mosquito Extermination Commission.**—Assembly Int. No 1313 (Print No A. 1455), by Assemblyman Julius Ruger of Kings County, which would repeal article 21, Public Health Law, which relates to county mosquito extermination commission, has been referred to Assembly Public Health Committee.

STATE OF NEW YORK

No 1455

Int 1313

IN ASSEMBLY

March 3 1924

Introduced by Mr. Ruger—read once and referred to the Committee on Public Health

AN ACT

To repeal article twenty-one of the public health law, in relation to county mosquito extermination commission.

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1. Article twenty-one, consisting of

sections four hundred to four hundred and eighteen, inclusive, of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health constituting chapter forty-five of the consolidated laws, inserted into such public health law by chapter four hundred and eight of the laws of nineteen hundred and sixteen, and last amended by chapter one hundred and ninety-six of the laws of nineteen hundred and twenty-two," is hereby repealed.

§ 2. This act shall take effect immediately.

A letter has been received from Dr. Arthur D. Jaques, a member of the Advisory Committee on Legislation, which reads as follows: Dear Dr. Vander Veer:

Assembly Bill No 1455, Int. No 1313, has been introduced and is in committee. This will abolish the Nassau County Mosquito Commission and conditions will revert to those of olden times and probably worse, both as to the nuisance of being bitten and also as to malaria. This latter we have entirely gotten rid of in Nassau County.

Will you please use your good offices to keep this bill in committee or failing in this, to oppose it vigorously?

I will be pleased to appear at a hearing in Albany if one is given.

Yours sincerely,

(Signed) ARTHUR D. JACQUES

**Providing for Medical and Surgical Care of Children Under 16 Years of Age at Expense of County.**—Assembly Int. No 1389 (Print No A. 1538), by Assemblyman T. C. Moore of Westchester County, concurrent Senate Int. No 967 (Print No S 1063), by Senator Frederick M. Davenport of Clinton, N. Y. Referred to Assembly Social Welfare Committee, and to Senate Public Health Committee.

STATE OF NEW YORK

No 1538

Int. 1389

IN ASSEMBLY

March 3 1924

Introduced by Mr. T. C. Moore—read once and referred to the Committee on Social Welfare

AN ACT

To amend the poor law in relation to the medical or surgical care of children under sixteen years of age.

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1. Chapter forty-six of the laws of nineteen hundred and nine, entitled "An act in relation to the poor constituting chapter forty-two of the consolidated laws," is hereby amended by inserting therein a new section, to be section fifty-six a, to read as follows:

§ 56-a. Medical or surgical care of children under sixteen years of age. Whenever it shall



appear to a superintendent of the poor, overseer of the poor, board of charities, commissioner of charities or other public officer or board, charged with the relief of the poor, that a child under sixteen years of age is in need of medical or surgical care, an order may be made for the treatment of such child in its home, a hospital or other institution, and the expense thereof, when approved by the officer or board issuing such order, shall be a charge upon the county or the proper subdivision thereof, but persons legally responsible for the support of such child shall be liable to pay a part of all of the expenses of such treatment

§ 2 This act shall take effect immediately  
See concurrent Senate Int No 967 for comment

For Appointment of Industrial Council to Advise Industrial Commissioner — Assembly Int No 1423 (Print No A 1572), by Assemblyman C P Miller of Genesee County, concurrent Senate Int No 882 (Print No S 952), by Senator Michael E Reburn of New York, would add new section 10-a, Labor Law, for appointment by Governor of an industrial council of 10 members to advise industrial commissioner, five members to represent employees and five employers, the commissioner to act as chairman. Referred to Labor and Industries Committee in each house

*Comment* If such an advisory council is to be appointed it would seem wise that one or two physicians were added thereto

The Chiropractic Bill—Assembly Int No 1434 (Print No A 1583), by Assemblyman W J Snyder of Albany County, which would add new article 8-b, Public Health Law, creating a board of chiropractic examiners and regulating practice of chiropractic, which is defined to be science of palpating and adjusting the articulation of the human spinal column by hand only

Referred to Assembly Public Health Committee

STATE OF NEW YORK

No 1583

Int 1434

IN ASSEMBLY,

March 4, 1924

Introduced by Mr Snyder—read once and referred to the Committee on Public Health

#### AN ACT

To amend the public health law, creating a board of chiropractic examiners and regulating the practice of chiropractic and prohibiting the practice of any other mode or system under the name of chiropractic.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Chapter forty-nine of the laws of

nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein a new article, to follow article eight-a, to be article eight-b, to read as follows

#### ARTICLE 8-B

§ 189 Creation of a board There is hereby created a board of chiropractic examiners, to be known as the state board of chiropractic examiners

The board of chiropractic examiners shall consist of three members who shall be appointed by the governor within thirty days after this article takes effect

The appointees shall meet within ten days after their appointment and organize by electing a president, secretary and treasurer, and adopting reasonable rules and regulations for the transaction of business

The appointees shall have the qualifications set forth in section one hundred and eighty-nine-h of this article. Subsequent appointees shall be graduates of chiropractic schools or colleges giving a course of at least three years of six months each, in anatomy, physiology, symptomatology, hygiene, sanitation, chiropractic analysis and the principles and practice of chiropractic and requiring actual attendance upon the classes. No one may be appointed who practices anything but chiropractic as hereinafter defined

The term of office of the first member shall be one year, the second, two years, the third, three years. Appointees after the first shall serve for three years, and until their successors shall have been duly appointed and qualified. Vacancies shall be filled by the governor within thirty days

§ 189-a Meetings The board shall hold regular meetings to examine applicants and the transaction of business, commencing on the first Monday of March, August and November, in each year. Special meetings may be called by the president and secretary upon thirty days' notice printed in a newspaper of general circulation in the state

§ 189-b Offices The superintendent of public buildings shall, at the request of the board, provide an office where meetings may be held. Special meetings may be called anywhere in the state

§ 189-c Eligibility Any person of good moral character, who is a graduate of a chiropractic school or college teaching chiropractic, and giving a course of at least three years of six months each in the subjects enumerated in section one hundred and eighty-nine hereof, and requiring actual attendance upon the classes, shall be eligible to examination, provided he possesses preliminary education or experience equivalent to a high school education, and provided further, that he practices nothing but chiropractic, as hereinafter defined



§ 189 d Chiropractic defined Chiropractic is defined to be the science of palpating and adjusting the articulations of the human spinal column by hand only This definition is inclusive and any and all other methods are hereby declared not to be chiropractic

§ 189-e Practitioners No person shall practice chiropractic without a license, which license shall not entitle him to practice anything else. And no one may hold himself out as a chiropractor without having a license

§ 189-f Examinations Anyone desiring an examination, shall, at least fifteen days prior to the meeting of the board, make written application to the secretary Such application shall be accompanied by an examination fee of fifteen dollars The application shall state the name, age, sex, and place of residence of the applicant, the name and location of the school or college from which he graduated the length of time devoted to the study of chiropractic, the date of graduation, together with such other data as the applicant may desire to give In case an applicant fails in the first examination, he shall be entitled to a second one, without further fee. Application shall be signed and sworn to by the applicant

The board shall prepare reasonable questions, and fairly mark and grade the answers thereto, all of which shall be done solely for the purpose of determining whether the applicant is reasonably qualified to practice chiropractic All applicants reasonably qualified to practice chiropractic shall be granted a license

§ 189 g Licenses All licenses shall be signed by the president and secretary of the board, and shall be attested by the official seal of the board The licensee shall pay to the secretary of the board before the license is issued a fee of five dollars Every license to practice chiropractic shall, before the licensee begins practice thereunder, be registered in a book kept in the clerk's office of the county where such practice is to be carried on, with name, residence place and date of birth, and source, number and date of license to practice.

Every licensee shall be required to pay to the secretary of board an annual renewal license fee of two dollars

§ 189 h Licenses without examination Any person of good moral character who has been continuously engaged in the practice of chiropractic in the state for two years prior to the passage of this article shall be licensed without examination, upon payment to the secretary of the board a fee of twenty dollars if he applies for a license within twenty days after the organization of the board

§ 189 i Reciprocity Any person of good moral character, licensed by a chiropractic board of any other state or territory or holding a certificate from the national board of chiropractic

examiners, shall be licensed without examination, upon payment to the secretary of the board of a fee of twenty dollars

§ 189-j Revocation Upon complaint to the board after twenty days' notice of time and place of trial has been given to any licensee, if it shall be found that he practices anything other than chiropractic to cure or relieve disease or to remove the cause thereof without having a separate license therefor, or, if it be found that he no longer possesses a good moral character or is addicted to the use of narcotic drugs or in any way is guilty of deception or fraud in the practice of chiropractic his license shall be revoked

The action of the board shall be reviewable by certiorari proceedings

§ 189 k Finances Within ten days after the close of every meeting of the board, the treasurer of the board shall turn over to the state treasurer all fees and money received by the board and take his receipt therefor

The state treasurer shall keep the same in a separate fund to be used in paying running expenses of the board and a per diem compensation of fifteen dollars to the members thereof for such time as they may actually spend in the discharge of their official duties and traveling expenses

Payments from such fund shall be made by the state treasurer on the warrant of the comptroller and the vouchers of the president of the board

If, at the close of any fiscal year, there remains in the hands of the state treasurer from moneys received from the board one thousand dollars in excess of all indebtedness of the board, the same shall be turned over to the public school fund

§ 189 l Penalties Any person violating any of the provisions of this article shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed three hundred dollars or by imprisonment for a term not to exceed three months, or by both such fine and imprisonment

§ 2 Repeal All acts or parts of acts in conflict with this article are hereby repealed

§ 3 When act to take effect This act shall take effect immediately

Your Legislative Bureau invites comment thereon

In Regard to Crippled Children.—Assembly Int No 1443 (Print No A 1592), by Assemblyman J Boyle of Albany County, concurrent Senate Int No 1010 (Print No S 1105), by Senator Wm Byrne of Albany County Referred to Assembly Ways and Means Committee and to Senate Finance Committee

See concurrent Senate Int No 1010



appear to a superintendent of the poor, overseer of the poor, board of charities, commissioner of charities or other public officer or board, charged with the relief of the poor, that a child under sixteen years of age is in need of medical or surgical care, an order may be made for the treatment of such child in its home, a hospital or other institution, and the expense thereof, when approved by the officer or board issuing such order, shall be a charge upon the county or the proper subdivision thereof, but persons legally responsible for the support of such child shall be liable to pay a part of all of the expenses of such treatment

§ 2 This act shall take effect immediately  
See concurrent Senate Int No 967 for comment

**For Appointment of Industrial Council to Advise Industrial Commissioner** — Assembly Int No 1423 (Print No A 1572), by Assemblyman C P Miller of Genesee County, concurrent Senate Int No 882 (Print No S 952), by Senator Michael E Reiburn of New York, would add new section 10-a, Labor Law, for appointment by Governor of an industrial council of 10 members to advise industrial commissioner, five members to represent employees and five employers, the commissioner to act as chairman. Referred to Labor and Industries Committee in each house

*Comment* If such an advisory council is to be appointed it would seem wise that one or two physicians were added thereto

**The Chiropractic Bill** — Assembly Int No 1434 (Print No A 1583), by Assemblyman W J Snyder of Albany County, which would add new article 8-b, Public Health Law, creating a board of chiropractic examiners and regulating practice of chiropractic, which is defined to be science of palpating and adjusting the articulation of the human spinal column by hand only

Referred to Assembly Public Health Committee

STATE OF NEW YORK

No 1583

Int 1434

IN ASSEMBLY,

March 4, 1924

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nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein a new article, to follow article eight-a, to be article eight-b, to read as follows

#### ARTICLE 8-B

§ 189 Creation of a board There is hereby created a board of chiropractic examiners, to be known as the state board of chiropractic examiners

The board of chiropractic examiners shall consist of three members who shall be appointed by the governor within thirty days after this article takes effect

The appointees shall meet within ten days after their appointment and organize by electing a president, secretary and treasurer, and adopting reasonable rules and regulations for the transaction of business

The appointees shall have the qualifications set forth in section one hundred and eighty-nine-h of this article. Subsequent appointees shall be graduates of chiropractic schools or colleges giving a course of at least three years of six months each, in anatomy, physiology, symptomatology, hygiene, sanitation, chiropractic analysis and the principles and practice of chiropractic and requiring actual attendance upon the classes. No one may be appointed who practices anything but chiropractic as hereinafter defined

The term of office of the first member shall be one year, the second, two years, the third, three years. Appointees after the first shall serve for three years, and until their successors shall have been duly appointed and qualified. Vacancies shall be filled by the governor within thirty days

§ 189-a Meetings The board shall hold regular meetings to examine applicants and the transaction of business, commencing on the first Monday of March, August and November, in each year. Special meetings may be called by the president and secretary upon thirty days' notice printed in a newspaper of general circulation in the state

§ 189-b Offices The superintendent of public buildings shall, at the request of the board, provide an office where meetings may be held. Special meetings may be called anywhere in the state

§ 189-c Eligibility Any person of good moral character, who is a graduate of a chiropractic school or college teaching chiropractic, and giving a course of at least three years of six months each in the subjects enumerated in section one hundred and eighty-nine hereof, and requiring actual attendance upon the classes, shall be eligible to examination, provided he possesses preliminary education or experience equivalent to a high school education, and provided further, that he practices nothing but chiropractic, as hereinafter defined



may be assigned to perform such duties under the direct control of the district director of school hygiene of such school hygiene district. Such district director of school hygiene shall be subject to supervision by the state medical inspector of schools.

(4) The board of supervisors after determining the amount of the appropriation necessary for the salary and expenses of such district director of school hygiene, shall levy one half of such amount by tax on the towns, union free school districts and cities, if any, included within such school hygiene district and shall apportion such amount so levied, among such towns, union free school districts, and cities according to the assessed valuation of the taxable property therein. Whenever a board of supervisors shall make such an appropriation and levy such a tax the commissioner of education shall apportion to each such town, union free school district, and city, an amount equal to that so levied upon each such respective town, union free school district and city. The sums collected from the taxes so levied and the amount apportioned by the commissioner of education shall be paid to the county treasurer of such county who shall expend such moneys for the purposes hereinabove provided and in the same manner as other county charges are paid.

§ 2. This act shall take effect immediately.  
No comment as yet

**In Re Amending Insanity Law**—Assembly Int No 1495 (Print No A 1684) by Assemblyman Joseph A McGinnies of Chautauqua County concurrent Senate Int No 1135 (Print No S 1255), by Senator Bernard Downing of New York, would amend the Insanity Law generally, by providing among other things State Hospital Commission may employ deputy medical inspectors to make rules governing management of and investigate any institution for care of insane public or private and may make reciprocal agreements with other States for prompt and humane return of insane residents. Referred to Judiciary Committee in each house.

No comment

## ACTION ON BILLS

Senate Int No 128 (conc A Int 232)—State aid in public health work to counties of 50,000 and more, etc, rept Feb 14, committed to Finance Committee.

Senate Int No 175 (conc A Int 195)—In re State Institute for Study of Malignant Disease at Buffalo March 6 rept.

Senate Int No 176 (conc A Int 234)—Hospital for crippled children at West Haverstraw Rept March 6.

Senate Int No 430 (conc A Int 565)—Reporting vaccinations Passed Became Chapter 25, Laws of 1924.

Assembly Int 513 (conc Sen 455)—In re violations of local health orders March 5, rept, amended.

Assembly Int 542 (conc Sen 459)—Willfully violating orders of local health boards March 6, 3rd reading.

## HEARINGS

Codes Committee (joint), March 11, 2 p m—A Int 890, by Lattin, amend Penal Law in relation to sale of wood alcohol.

Education Committee (S) March 11, 2 p m—S Int 317, by Antin, in re eye and ear specialist to assist medical inspector of schools.

Labor and Industries Committee, March 11 2 p m—All bills amending the Workmen's Compensation Law.

Health Committee (A) March 12 10 a m—A Int 1021, Lattin, in re practice of pharmacy, A Int 730, McCleary in re sanitary head covering to be used by hatters and milliners.

Codes Committee (A), March 18, 1 p m—A 1158, Lsmond, Criminal Code, in re drug addicts.

Codes Committee (A) March 25 1 p m—A 1070, Cuvillier in re birth control, A 1094, Mandelbaum in re experiments on dogs.

Health Committee (S), Ways and Means Committee (A) March 26 2 p m—S Int 637, Carroll, in re practice of medicine, A Int 888, Lattin, in re practice of medicine.



## ASSEMBLYMEN BY COUNTIES

## ALBANY COUNTY

1st Dist, William J Snyder, Dem, 248 Madison Ave, Albany  
 2nd Dist, John A Boyle, Dem, 48 Bassett St, Albany  
 3rd Dist, Frank Wilson, Dem, 108 Hudson Ave, Green Island

## ALLEGANY COUNTY

Cassius Congdon, Rep, West Clarksville

## BRONX COUNTY

1st Dist, Nicholas J Eberhard, Dem, 300 E 162nd St, Bronx.  
 2nd Dist, Lester W Patterson, Dem, 201 Alexander Ave, Bronx.  
 3rd Dist, Julius S Berg, Dem, 887 Forest Ave, Bronx  
 4th Dist, Louis A. Schoffel, Dem, 1387 Crotona Ave, Bronx  
 5th Dist, Harry A. Samberg, Dem, 927 Fox St, Bronx  
 6th Dist, Thos J McDonald, Dem, 876 E 224th St, Bronx  
 7th Dist, John F Reidy, Dem, 636 E 183rd St, Bronx.  
 8th Dist, Joseph E Kinsley, Dem, 63 E 190th St, Bronx

## BROOME COUNTY

1st Dist, Edmund B Jenks, Rep, Whitney Point  
 2nd Dist, Forman E. Whitcomb, Rep, Endicott.

## CATARAUGUS COUNTY

Leigh G Kirkland, Rep, Randolph

## CAYUGA COUNTY

Sanford G Lyon, Rep, Aurora

## CHAUTAUQUA COUNTY

1st Dist, Adolf F Johnson, Rep, Jamestown  
 2nd Dist, Jos A McGinnies, Rep, Ripley

## CHEMUNG COUNTY

Hovey E Copley, Rep, R D No 2, Elmira.

## CHENANGO COUNTY

Bert Lord, Rep, Afton

## CLINTON COUNTY

Geo W Gilbert, Rep, Ellenburg Depot

## COLUMBIA COUNTY

Lewis F Harder, Rep, Philmont

## CORTLAND COUNTY

Irving F Rice, Rep, Cortland

## DELAWARE COUNTY

Ralph H Loomis, Rep, Sidney

## DUTCHESS COUNTY

1st Dist, Howard N Allen, Rep, Pawling  
 2nd Dist, John M Hackett, Rep, Poughkeepsie

## ERIE COUNTY

1st Dist, Wm J Hickey, Rep, 121 Albany St, Buffalo  
 2nd Dist, Henry W Hutt, Rep, 761 Tonawanda St, Buffalo  
 3rd Dist, Chas D Stickney, Rep, 773 Ellicott St, Buffalo  
 4th Dist, John J Meegan, Dem, 41 South St, Buffalo  
 5th Dist, Ansley B Borkowski, Rep, 72 Woltz Ave, Buffalo  
 6th Dist, Chas A Freiberg, Rep, 714 Northampton St, Buffalo  
 7th Dist, Edmund F Cooke, Rep, Alden  
 8th Dist, Nelson W Cheney, Rep, Eden.

## ESSEX COUNTY

Fred L Porter, Rep, Crown Point.

## FRANKLIN COUNTY

Geo J Moore, Rep, Malone.

## FULTON AND HAMILTON COUNTIES

Eberly Hutchinson, Rep, Green Lake

## GENESEE COUNTY

Chas P Miller, Rep, So Byron

## GREENE COUNTY

Ellis W Bentley, Rep, Windham

## HERKIMER COUNTY

Frederic S Cole, Rep, Little Falls

## JEFFERSON COUNTY

H A Machold, Rep, Ellisburg

## KINGS COUNTY

1st Dist, Chas F Chne, Dem, 87 Warren St, Brooklyn  
 2nd Dist, Murray Hearn, Dem, 2114 Ave. K, Brooklyn.  
 3rd Dist, Frank J Taylor, Dem, 47 Walcott St, Brooklyn  
 4th Dist, Peter A McArdle, Dem., 136 Hooper St, Brooklyn.  
 5th Dist, Jos C. H Flynn, Rep, 833 Herkimer St, Brooklyn  
 6th Dist, Jos Reich, Dem, 808 DeKalb Ave, Brooklyn.  
 7th Dist, John J Howard, Dem, 453 55th St, Brooklyn.  
 8th Dist, Michael J Reilly, Dem, 452 Baltic St, Brooklyn  
 9th Dist, Richard J Tonry, Dem, 468 83rd St, Brooklyn  
 10th Dist, Bernard F Gray, Dem, 984 Pacific St, Brooklyn  
 11th Dist, Edw J Coughlin, Dem, 217 Clermont Ave, Brooklyn  
 12th Dist, Marcellus H Evans, Dem, 305 E 4th St, Brooklyn  
 13th Dist, Wm Donnelly, Dem, 918 Metropolitan Ave, Brooklyn.  
 14th Dist, Jos R. Blake, Dem, 185 North 5th St, Brooklyn.  
 15th Dist, John E McCarthy, Dem, 124 Oak St, Brooklyn.  
 16th Dist, Maurice Z Bungard, Dem, Manhattan Ave, Seagate, Brooklyn  
 17th Dist, Julius Ruger, Dem, 35 Troy Ave, Brooklyn.  
 18th Dist, Irwin Steingut, Dem, 1357 Eastern Parkway, Brooklyn  
 19th Dist, Anthony L. Palma, Dem, 238 Knickerbocker Ave, Brooklyn.  
 20th Dist, Frank A Miller, Dem, 1277 Hancock St, Brooklyn  
 21st Dist, Walter F Clayton, Rep, 212 E. 17th St, Brooklyn  
 22nd Dist, Howard C Franklin, Dem, 251 Crescent St, Brooklyn  
 23rd Dist, Jos F Ricca, Rep, 26 Gunther Place, Brooklyn.

## LEWIS COUNTY

Miller B Moran, Rep, Lowville

## LIVINGSTON COUNTY

Lewis G Stapley, Rep, Geneseo

## MADISON COUNTY

J Arthur Brooks, Rep, Cazenovia

## MONROE COUNTY

1st Dist, Russell B Griffith, Rep, Pittsford  
 2nd Dist, Simon L Adler, Rep, 17 Argyle St, Rochester  
 3rd Dist, Vincent B Murphy, Rep, 541 University Ave, Rochester  
 4th Dist, Gilbert L Lewis, Rep, Dewey Ave Sta, Rochester  
 5th Dist, Wallace R Austin, Rep, Spencerport

## MONTGOMERY COUNTY

Samuel W McCleary, Rep, Amsterdam.



NASSAU COUNTY

1st Dist., Edwin W. Wallace, Rep., Rockville Center  
2nd Dist., F. Trubee Davison, Rep., Locust Valley

NEW YORK COUNTY

1st Dist. Peter J. Hamill, Dem., 585 Broome St., N Y  
2nd Dist. Frank R. Galgano, Dem., 57 Kenmare St., N Y  
3rd Dist. Thos. F. Burchill, Dem., 347 West 21st St., N Y  
4th Dist. Samuel Mandelbaum, Dem., 1 Sheriff St., N Y  
5th Dist. Frank A. Carlin, Dem., 639 10th Ave., N Y  
6th Dist. Morris Weinfeld, Dem., 231 E. 3rd St., N Y  
7th Dist. Victor R. Kaufman, Rep., 176 West 87th St., N Y  
8th Dist. Henry O. Kahan, Dem., 236 5th St., N Y  
9th Dist. John H. Conroy, Dem., 66 W 91st St., N Y  
10th Dist. Phelps Phelps, Rep., 70 West 49th St., N Y  
11th Dist. Samuel I. Rosenman, Dem., 226 W 113th St., N Y  
12th Dist. Paul T. Kammerer, Jr., Dem., 157 E. 46th St., N Y  
13th Dist. John P. Nugent, Dem., 10 St. Nicholas Ave., N Y  
14th Dist. Frederick L. Hackenburg, Dem., 336 E. 69th St., N Y  
15th Dist. Jos. Steinburg, Rep., 24 E. 97th St., N Y  
16th Dist. Maurice Bloch, Dem., 305 E. 87th St., N Y  
17th Dist. Meyer Alterman, Dem., 60 E. 118th St., N Y  
18th Dist. Owen M. Kiernan, Dem., 163 E. 89th St., N Y  
19th Dist. James Male, Dem., 540 Manhattan Ave., N Y  
20th Dist. Louis A. Cuvillier, Dem., 172 E. 122nd St., N Y  
21st Dist. Henri W. Shields, Dem., 208 W 141st St., N Y  
22nd Dist. Joseph Gavegan, Dem., 557 W 114th St., N Y  
23rd Dist. Nelson Ruttenberg, Dem., 286 Ft. Washington Ave., N Y

NIAGARA COUNTY

1st Dist. Mark T. Lambert, Rep., Lockport  
2nd Dist. Frank S. Hall, Rep., Lewiston.

ONEIDA COUNTY

1st Dist. John C. Devereux, Rep., 1699 Genesee St., Utica.  
2nd Dist. Russell G. Dunmore, Rep., New Hartford.  
3rd Dist. George J. Skinner, Rep., Camden.

ONONDAGA COUNTY

1st Dist. Horace M. Stone, Rep. Marcellus.  
2nd Dist. Geo. M. Haight, Dem., 152 W Seneca St., Onondaga Valley.  
3rd Dist. Richard B. Smith, Rep., 411 Elm St., Syracuse.

ONTARIO COUNTY

Chas. C. Sackett, Rep., Canandaigua.

ORANGE COUNTY

1st Dist. Clemence C. Smith, Rep., Meadowbrook.  
2nd Dist. Chas. L. Mead, Rep., 24 Mulberry St., Middletown.

ORLEANS COUNTY

Frank H. Lattin, Rep., Albion, R. D. No 7

OSWEGO COUNTY

Victor C. Lewis, Rep., Lewis Honse, Fulton.

OTSEGO COUNTY

Julian C. Smith, Rep., 21 Ford Ave., Oneonta.

PUTNAM COUNTY

John R. Yale, Rep., Brewster

QUEENS COUNTY

1st Dist. Henry M. Dietz, Dem., 385 9th Ave., Astoria.  
2nd Dist. Owen J. Dever, Dem., 2552 Gates Ave., Ridge wood

3rd Dist. Alfred J. Kennedy, Dem., 51 S 8th Ave., Whitestone.  
4th Dist. D. Lacy Dayton, Rep., Ashburton Ave., Bay-side.  
5th Dist. Wm. F. Brunner, Dem., 214 Beach 116th St., Rockaway Park.  
6th Dist. Paul P. Gallagher, Dem., 2385 Van Courtland Ave., Ridgewood.

RENSSELAER COUNTY

1st Dist. John H. Westbrook, Dem., 171 Congress St., Troy  
2nd Dist. Henry Meurs, Rep., Rensselaer

RICHMOND COUNTY

1st Dist. Wm. S. Hart, Dem., 475 Oakland Ave., W New Brighton.  
2nd Dist. Wm. L. Vaughan, Dem., 229 Fisher Ave., Tottenville.

ROCKLAND COUNTY

Walter S. Gedney, Rep., Nyack.

ST. LAWRENCE COUNTY

1st Dist. William A. Laidlaw, Rep., Hammond.  
2nd Dist. Chas. L. Pratt, Rep., Massena.

SARATOGA COUNTY

Burton D. Esmond, Rep. Ballston.

SCHENECTADY COUNTY

1st Dist. Chas. W. Merriam, Rep., 20 Parkwood Blvd., Schenectady.  
2nd Dist. Wm. M. Nicoll, Rep., Scotia.

SCHORLIE COUNTY

Kenneth H. Fake, Rep., Cobleskill.

SCHUYLER COUNTY

William Wickham, Rep., Hector

SENECA COUNTY

Wm. H. Van Cleef, Rep. Seneca Falls.

STUYVESANT COUNTY

Wilson Messer, Rep. 334 W Pulleney St., Corning

SUFFOLK COUNTY

1st Dist. James G. Peck, Rep., Southampton.  
2nd Dist. John Boyle, Jr., Rep., Huntington.

SULLIVAN COUNTY

Guernsey T. Cross, Dem., Callicoon.

TIOGA COUNTY

Daniel P. Witter, Rep., Berkshire.

TOMPKINS COUNTY

Jas. R. Robinson, Rep., 313 E. Mill St., Ithaca.

ULSTER COUNTY

Simon B. Van Wagenen, Rep., Sloatsburg.

WARREN COUNTY

Milton N. Eldridge, Rep., Warrensburg

WASHINGTON COUNTY

Herbert A. Bartholomew, Rep., Whitehall.

WAYNE COUNTY

George S. Johnson, Rep., Palmyra.

WESTCHESTER COUNTY

1st Dist. T. Channlug Moore, Rep., Bronxville.  
2nd Dist. Herbert B. Shonk, Rep., Scarsdale.  
3rd Dist. Milao E. Goodrich, Rep., Ossining.  
4th Dist. Alexander H. Carnjost, Rep., Yonkers.  
5th Dist. Arthur I. Miller, Dem., Yonkers.

WYOMING COUNTY

Webber A. Joiner, Rep., Attica.

YATES COUNTY

James H. Underwood, Rep., Middlesex.





# State Department of Health



## DIPHTHERIA IMMUNIZATION GOES ON

In spite of the accidents which recently occurred in Concord, Mass., immunization with toxin-antitoxin is proceeding in Auburn and in Syracuse. The value of such immunization has been so clearly demonstrated in and about Auburn that the work is demanded.

## POUGHKEEPSIE WANTS COMMUNICABLE DISEASE HOSPITAL

The lack of hospital facilities for cases of contagious diseases in Poughkeepsie has aroused considerable local demand for such an institution.

## STERILE CORD DRESSINGS TO BE SUPPLIED TO MIDWIVES

The Division of Maternity, Infancy and Child Hygiene has made arrangements to supply midwives with sterile umbilical dressings. These are put up in cartons containing seven dressings and the use of them is now being demonstrated in many communities.

## CHILD HEALTH STATIONS IN LIVINGSTON COUNTY.

Five new child health stations are to be located in Livingston County in the following communities: Avon, Dansville, Geneseo, Retsof and Mount Morris. The county board of supervisors has applied for an allotment from Sheppard-Towner funds to help defray the expenses of these stations.

## JEFFERSON COUNTY ACCEPTS SHEPPARD-TOWNER AID

The Board of Supervisors of Jefferson County has requested aid in a program of child welfare for that county. Eight thousand dollars has been appropriated locally for nursing service.

## ANOTHER TYPHOID CARRIER FOUND

A typhoid carrier with a history of the disease 46 years ago has been discovered on a dairy farm. The actual carrier history of this individual covers a period of fifteen years, the most recent cases being three fatalities in one family. Incidentally, the one member of this family who received typhoid vaccine sufficiently early did not acquire the disease.

## COUNTY LABORATORIES RECEIVE STATE AID

The following counties have been granted State aid for local laboratories under Chapter 638, Laws of 1923:

Wyoming County, budget	\$6,900
Madison County, budget	4,650
Ontario County, budget	11,200

## ADULTS NOT TO BE QUARANTINED IN CERTAIN CASES

Frequent complaints are received by the Department regarding non-isolation of adults when the children of the household are afflicted with communicable diseases. Evidently there is a general misapprehension concerning the provisions of the sanitary code covering this point. Under regulation 12 of Chapter II of the code the quarantining of adults under certain conditions is not required. Except for smallpox, when a person is afflicted with a communicable disease adult members of the family who do not come in contact with the patient or with his secretions may continue their usual vocations unless forbidden by the health officer, provided that such vocations do not bring them into close contact with children. There are certain exceptions to this, however (regulations 37 and 39 of Chapter II), when the "usual vocation" includes the handling of milk or other food liable to convey infective material.

## CASES OF TUBERCULOSIS DURING 1923

Exclusive of Greater New York, there were reported in New York State 9,278 cases of tuberculosis last year. Eight thousand six hundred of these were pulmonary, and 678 were other forms of the disease. The total and the number of pulmonary cases reported are slightly greater than for the previous year, when of 9,009 reported cases 8,294 were pulmonary and 715 were other forms.

## FIRST PRENATAL CONSULTATION HELD IN SCHENECTADY

On February 1st the Division of Maternity, Infancy and Child Hygiene in co-operation with the Schenectady Health Department, held the first prenatal consultation in that city. The attendance was gratifying, especially because almost half the midwives of the city were present.





## CORRESPONDENCE



The Council at a meeting held in Albany April 20, 1922 moved, seconded and carried That the JOURNAL be not used to in any way suppress any expression of opinion, and that its correspondence columns be open for all proper communications and that "proper" communications will be deemed those which are not slanderous or libelous in their nature.

### RIGHT AND WRONG IN REGISTRATION

New York, March 6, 1924

MY DEAR EDITOR

In so far as I am acquainted with the proposed new medical practice act, I am in favor of all of its provisions excepting the re-registration of physicians and the payment of a tax in connection therewith. I shall direct my argument against these two features only, and particularly wish to avoid giving offense to anyone who holds an opinion differing from my own.

From a medical standpoint, the crying evil today in the State of New York is the unmodified, illegal practice of medicine by so-called chiropractors. The cure for this evil offered to the people of this State is a law which would require the annual re-registration of physicians—for at least five years—and the physician is to be taxed with a fee upon each re-registration. The actual cost of re-registration would evidently be merely nominal. The real purpose of the fee is to provide a fund to be used for the enforcement of the law. This seems to me to constitute class legislation. It is proposed to tax physicians only, in order to raise a fund to be spent for the benefit of the people at large.

How will re-registration make any other difference in relation to law enforcement? Today physicians are all registered to practice medicine legally, or they are not registered. What difference can there be in the status of a physician who is registered—and every member of County and State Societies is registered—what difference can there be when he is re-registered? If we are not registered at all we cannot practice medicine legally. If we are re-registered once or twenty times, what difference can it make except to make re-registration the occasion to milket us out of a fee?

But we are told the fee will be so small, we should not mind it. With this I beg to disagree. Our position should be based upon principle. Is this thing right or is it wrong? If it is wrong, let us follow the example of the patriots of the past and assert with all the vigor of our manhood and in a full consciousness of the fundamental principles of American liberty, "Millions for defense but not one cent for tribute."

There is a lot of talk about constructive legislation and about doctors always opposing everything. Once before I have pointed out that the representatives of our State Society within my memory had agreed to certain legislation, which

I named, and my statement was suppressed (after conference on the advisability of publishing what I then said). So tonight I will not mention the particular legislation referred to—But in my opinion the State Society made a mistake. It is hard enough for good citizens to submit to undesirable conditions imposed by a law already on the statute books—and I believe in submission to law until we can get it revoked—but I have no sympathy with politicians or medical politicians, who are willing to bargain, or trade, or compromise in regard to a proposed measure, not yet a law, to please anyone whomsoever, no matter how much we may be honored or flattered by representation on a Governor's Advisory Committee, or by any other consideration except the best interests of the people of the State of New York and of our great country, including the best interest of the medical profession.

Some twenty years ago our counsel, Mr. Clappe S. Andrews, was instrumental in convicting a notorious abortionist on a charge of "Attempting to commit an abortion." It is actually a crime to attempt to commit a crime. Hundreds of persons display signs bearing the word "Chiropractor." Last week, from the window of a car on the Culver Line in Brooklyn, I saw such a sign painted on the side of the third story of a house. Can there be any doubt in anyone's mind but that the person displaying that sign was holding himself (or herself) out to practice chiropractic? And our legal advisers assure us that such practice constitutes the practice of medicine. If that chiropractor is registered,—not one chance in a million,—but if he is, what is to prevent his re-registration?

Right now and first of all the people practicing medicine who should be suppressed, are those who are not and never have been registered. They are holding themselves out to practice medicine. Make them remove their signs. Don't tell me that the Governor the Mayor the Police Commissioner and the Health Commissioner, all combined, or any one of them have not the power or the means of suppressing this open offer to break the law and that a paltry assessment upon legally qualified physicians of the State is therefore necessary in order to pay the expense of getting the evidence to convict these people and put them out of business. They are guilty of a misdemeanor under the present law. Let anyone of the State and city officers



named serve notice on them to take down their signs, and note the effect. I believe this could be done tomorrow. It should have been done long ago. The evil of chiropractic and the "cults" should have been nipped in the bud. Instead of this, it has been allowed to grow big and powerful, while we were engaged in unnecessary, expensive, and fruitless "investigation."

J MILTON MABBOTT

[EDITOR'S NOTE In answer to Dr Mabbott's question, "How will re-registration assist law enforcement?" see page 396 of this issue. For comment on his question, "Is it right, or is it wrong?" see page 399 of this issue. In illustration of his suggestion regarding greater activity in investigating illegal practitioners, see page 378 of the March 14th issue.]

## MORE DELIBERATION SUGGESTED

Brooklyn, N Y, March 13, 1924

MY DEAR EDITOR

Under the terms of the Carroll-Lattin bill it is sought to amend the public health law in relation to the practice of medicine by requiring practising physicians throughout the State to register for a period of five consecutive years. The Medical Society of Bay Ridge is opposed to the passage of the Carroll-Lattin bill in its present form, for the following reasons:

1 Under the present law, Section 170, which is one of the sections sought to be amended, and under other laws prevailing in our State, physicians before they may practice must be licensed by the State Board of Regents, must register with the County Clerk of the county in which they reside or intend to practice, and with the local department of health, and are, therefore, already registered. If, as is claimed, the present records are not complete or up to date, or have been improperly kept, the power exists under the present law to enable those in authority to revise the same, and if funds are lacking in order to accomplish this, additional moneys can and should be appropriated therefor by the State. The physicians should not be burdened with this expense since it inures to the benefit of the general public.

2 We know of no good reasons why subdivision D of Section 170 of the present law, which gives the right to Regents to revoke the license or annul the registration, or do both, of a physician "who offers or undertakes by any manner or means to violate any of the provisions of Section 1142 of the Penal Law" should be eliminated in the present bill, particularly in view of the well-known fact that it was under this section of the penal law that a birth controllist was convicted and the conviction subsequently affirmed upon appeal.

3 From a careful reading of paragraphs 1, 2, 3 and 4 on pages 5, 6 and 7 of the proposed bill, it will be seen that no provision, mandatory or otherwise, is contained therein requiring the Board of Regents to issue a certificate of registration for the first year after a duly licensed physician has applied for the same. Paragraph 4 does state that a certificate of registration shall be issued, but reading that paragraph in

connection with paragraph 3, it will be found that such certificate must be furnished only after the first registration. In other words, there is no provision contained in paragraphs 1 and 2 requiring the Board of Regents to issue a certificate of registration for the first year.

4 The enactment of this bill into law will not prevent cultists from practising or attempting to practise medicine, and the provision therein making it a misdemeanor for physicians to practise without having obtained a license and being duly registered, applies also under this bill to those who are not physicians, namely, cultists, quacks and fakers, and should be changed as follows. Any person who is not a physician and after due trial is convicted of practising or attempting to practise medicine, should be punished as for a felony, and in the case of those who actually are physicians but are practising, or attempting to practise without a license or without being duly registered, they should, upon conviction, be punished as for a misdemeanor.

We also call your attention to the following important facts:

a In the issue of *NEW YORK STATE JOURNAL OF MEDICINE*, under date of February 29, 1924, at page 257, paragraph 2 thereof, in an editorial by Orrin S. Wightman, President of the State Medical Society, it is stated that the Carroll-Lattin bill has the endorsement of the said Society. This is not the fact, for the reason that no meeting of that Society or its delegates has been held since May, 1923, and therefore no such action could have been taken on this bill.

b According to the letter of Harold Rypins, M.D., Secretary of the Board of Medical Examiners of the University of the State of New York, published in the *NEW YORK STATE JOURNAL OF MEDICINE*, in the issue of March 7, 1924, on page 325, he states that there is in the Examination Division of the State Department of Education a complete alphabetical list of all physicians who have been licensed during the past 33 years.

c We know that the physicians throughout our State are interested individually and collectively in ferreting out those who are illegally practising medicine, and our Society and the Kings County Medical Society are making a



thorough canvass throughout Brooklyn, particularly we in the Bry Ridge section of that borough, for the purpose of definitely ascertaining the names of all those who are legally as well as illegally practising medicine. We expect very soon to have compiled and ready for submission to the proper authorities a complete list of the same. The result of this work, we believe, will be most effective and go a long way toward putting out of business all persons who are illegally practising medicine in our borough.

In conclusion, it is evident to us that this bill has been hastily drawn, that this being the physicians' busiest season, the medical profession at large has not had time or opportunity to give it that careful study which, because of its great importance to them, it deserves. We, therefore, suggest that action thereon be deferred in order that there may be an opportunity to submit and take up the entire subject at the annual meeting of the Medical Society of the State of New York, to be held in April of this year, at Rochester, and that a committee be then appointed which shall after diligent study of the present situa-

tion and thought as to the future of the public health, draft a bill which shall be submitted to the members of that Society and to the State Board of Regents not later than October 1 1924, when the subject can be thoroughly studied, discussed and digested, and put into proper shape for introduction at the session of the legislature in 1925.

Respectfully submitted,  
F C ELLIOTT M.D.,  
Secretary

[EDITOR'S NOTE: Dr Elliott raises the point whether or not the proposed Practice of Medicine Act has the endorsement of the Medical Society of the State of New York. It has the endorsements of the Council of the Medical Society of the Assistant Commissioner of Education who is also Director of Professional Education and of the Commissioner of Health of New York State. It is therefore correct to state that the bill has the endorsement of the Medical Society of the State of New York, of the Department of Education, and of the Department of Health.]

### SUGGESTS A CAMPAIGN OF EDUCATION

Lasalle, N. Y., March 10 1924

MY DEAR EDITOR

The idea of paying three dollars to re-register every year has irritated a large body of the profession into an attitude of skepticism toward any move which features such a proposal.

One of the main objections to the Annual Re-registration provision of the Amended Medical Practice Act is that the State is barking up the wrong tree.

It doesn't seem reasonable that the State Department of Education in answer to our complaint about the widespread activities of illegal practitioners, should suggest any further regulation of legal practitioners. Most doctors compare annual re-registration with reporting a series of crimes to the local police and having them direct all honest men to register every year. The average physician is opposed to any more restrictions. He feels that he has been sufficiently regulated as things are, and he certainly cannot be blamed for expecting that the State's efforts to regulate illegal practitioners won't center on him.

Furthermore he knows that the evil of fake-diploma mills is a proverbial drop in the bucket as compared with the number of chiropractors infesting every community. In Niagara County there is not one doctor practicing on a dead man's diploma or with one acquired from a mill. But there is a host of other illegal practitioners who won't be affected by re-registration, because they are able to do all sorts of damage without registering at all. If the State is going to do

anything about it, let the authorities move against the culprits instead of the complainants.

There is plenty of reason to believe that re-registration won't accomplish anything in any event. We all have had experience with its application to narcotic control by the Federal Government. Instead of regulating "dope," the Treasury Department has succeeded only in regulating doctors and druggists. In the meantime, a distinct impression prevails among informed people that the total amount of narcotics used by physicians the year around is but a small percentage of what smugglers bring across our borders every month.

Why must the State or Federal Government in its endeavor to regulate vice, always proceed against the respectable citizen? The answer is simple enough. It's easy to regulate doctors. Let him forget to dot an "i" on a narcotic requisition-form or let a druggist fail to put so much camphor in the paregoric that the baby is actually able to swallow a dose of it instead of half strangling to death, and you have two more "convictions" with which to pad up the annual report of what has been accomplished. We register every year, but the only effect of it is that the doctors of this country receive from the Treasury Department reams of regulations which succeed only in making them feel apprehensive of a long jail-sentence whenever they feel like prescribing a little morphine.

Why do we need any more laws? The present act is plain enough. There isn't a chiropractor who doesn't violate it every day. Doctors dis-



like the idea of paying three dollars a year to prosecute people when it's the State's duty, and clearly within its police powers to suppress all illegal practitioners

If our prosecutors are unable to secure convictions under present laws, the fault lies in the medical profession's policy of hiding its light under a bushel while the cults pack the juries. When the local District Attorney prosecuted two recent cases, the juries saw fit to disregard the facts because some of the jurymen "knew that chiropractors had helped friends of theirs"

No Medical Practice Act will educate the public. The man on the street is confronted with cultist propaganda which he doesn't forget when called for jury duty.

Having prosecutors sent from Albany won't affect the juries. If they choose to ignore the evidence of county prosecutors, is there any reason to believe that they will regard differently the same evidence presented by a man from Albany? If the cultists can bring pressure to bear on local prosecutors, why can't their lobbyists do the same to a State prosecutor?

As long as public opinion continues to favor violators of laws, which in most cases cannot be enforced, and have no teeth when they are enforced, it seems useless to continue attempted solution of the problem along the same lines. Energetic prosecution of more stringent laws will simply enhance the popular idea that irregular practitioners are merely being persecuted by a sore-headed medical profession, while giving them further opportunity to pose as martyrs will defeat the very purposes we hope to accomplish.

Since these matters boil right down to what the public thinks about them as expressed in jury verdicts, far better to lay emphasis on a campaign of education, increase State Society dues, revise the section dealing with medical advertising, and lay the proposition squarely before the people.

There isn't one doctor in a hundred who doesn't feel that the medical profession is fifty years behind the times in the matter of publicity, that we have been going backwards, that the time has come, not for any "I Cure Men" appeals by individuals, but for truthful and dignified group advertising by State and County Societies.

R. H. SHERWOOD, M. D.

[EDITOR'S NOTE For some of the effects of the Federal Narcotic Law, to which Dr. Sherwood refers, see the article beginning on page 392 of this issue.]

## FAVORS PRACTICE OF MEDICINE ACT

ONEIDA MEDICAL CLUB

Oneida, N. Y., March 14, 1924

MY DEAR EDITOR

In behalf of the Oneida Medical Club, may I be permitted to correct the impression that Madison County physicians are opposed to the Medical Practice Act? The County Society is listed in the opposed column, although, as the JOURNAL indicates, no vote has been taken to prove this. Our information, we believe, proves the contrary. We have fourteen Madison County members in the Oneida Club, who have voted unanimously in favor of the proposed Medical Practice Act, and certain other physicians in the county are known by us to be in favor of the Act.

From these two facts, we have no doubt that in reality there is a fair-sized majority of the County Society in favor of the bill. The Oneida members alone, it may be added, constitute a majority at most County Society meetings. It is not, in other words, a question of "opposed" or "in favor," but rather how large the majority in favor would prove to be.

Very truly yours,

ROGER R. LOUGH, M. D.,  
Secretary of Oneida Medical Club





# THE DAILY PRESS



**EDITOR'S NOTE** We are trying to make the Department of Daily Press a reflection of the medical news articles that appear in the daily newspapers. We subscribe to a clipping service and doubtless miss many articles, especially those in the smaller villages. But yet those which we receive are probably fair samples of those which are used in the newspapers.

We are struck with the fact that seldom do we find any mention of meetings of Medical Societies. This omission is probably due to the failure of the societies to make proper publicity of the records of the meetings. The acts of medical societies of both counties and sections of counties, are of great civic importance and are well worthy of space in the local newspapers.

In contrast with the reticence of physicians regarding their organizations is the wide publicity that is given to the doings of public health organizations. The societies for promoting public health depend on the education of the public, and so they maintain publicity bureaus in order to obtain space in the newspapers at an early date while the matter is fresh and timely. These organizations appear in the daily newspapers fifty times to the medical organizations once. This accounts for the apparent excess of items regarding public health organizations that appear in the Department of Daily Press.

The meeting called by the Governor to discuss the medical needs of rural communities resulted in the decision that snowed in roads during winter months constituted the principal element in the lack of medical attention that is given to rural residents. The Rome Sentinel of March 3rd and 4th contains a description of the way in which the problem of transportation over deep snow has been solved by Dr. G. Lewis, of Vernon, President of the Medical Society of the County of Oneida. The article describes the 'Snowmobile' which Dr. Lewis had built. Its driving apparatus consisted of a caterpillar tractor fitted to the rear end of a Ford coupé while its front axles are supported on skis, which are attached in place of the front wheels. The article states that Dr. Lewis had made the trip from Vernon to Rome, a distance of over ten miles, in 48 minutes over a road full of snowdrifts that are usually considered impassable. The Sentinel comments:

Such a machine ought to prove invaluable for years to come on back country roads even should a workable system be developed for keeping the main highways open throughout the winter for wheeled automobiles of similar type. City phy-

sicians who have been withdrawing from winter practice in the country, to the consternation of the rural population may well follow Dr. Lewis' example and ambulances can be similarly rigged for transporting patients to the town hospitals.

But is it not possible that it may prove more practicable for automobile owners to stock up with winter and summer cars, just as horse owners used to have sleighs and wheeled vehicles, than for the community, whether state, county or town to maintain open roads for wheeled cars throughout the prolonged period of snow? That a type of truck and passenger car can be developed permitting the substitution of winter equipment for the summer's wheels is also among the possibilities.

It would seem that Dr. Lewis has made a definite contribution toward solving the problem of rural medical attendance and that the State of New York might provide rural health officers with Dr. Lewis' tractors provided they will attend sick persons whom physicians could not ordinarily reach.

The newspapers give an abundance of publicity to the children's Health Consultations which are being held throughout the State under the auspices of the State Department of Health and the local health officers. The *Batavia News*, March 1st, gives nearly a column to a description of the preparations for a two-day consultation in the City Hall. A local committee will secure the attendance of children needing examinations, and will see that the children who are found defective are given proper treatment. This treatment is always to be given by the family physician if possible.

These consultations are great feeders of cases to family physicians. The methods of conducting the consultations have been perfected, and great care is always taken to send word to the family physician when any defect is found. The consultations reach a class of persons who do not patronize any physician regularly, and when they are asked who is their family doctor, they say they have none. They are always urged to advise a doctor and to take their defective children to him for further examination and for treatment. No treatments are ever given in the consultations.

The *Times* and the *Standard* of Watertown, both contain an account of a talk given before a mothers' Health Club that had been organized by one of the public health nurses that work in the county. The two articles are identical, and



claimed that the action of the Board of Supervisors in appointing three public health nurses for Jefferson County was the result of the work of the public health nurse. Our previous information was that the nurses were appointed as the result of the initiation taken by the Jefferson County Medical Society (see page 427) of this Journal. This seems to be an example of one-sided publicity carried on by organizations of the kind which are mentioned in our editorial note at the beginning of the Daily Press pages

The Jamestown Post March 5th, contains the pointed remarks made by Health Officer John J. Mahoney regarding the scarlet fever situation which Dr. Mahoney says is becoming a menace to the city. About a dozen cases a day are reported and this means another dozen or two go unreported. Dr. Mahoney calls attention to the inadequate facilities which he has for handling the situation. He calls attention to the sore throats of the children and of the custom of allowing the children to return to school if a culture shows no diphtheria germs. The article explained the signs and symptoms of scarlet fever and urged that children with the symptoms be excluded from the schools.

Dr. Mahoney may well be worried over the problem of stopping a scarlet fever epidemic that affects school children. A fundamental requirement is that of *accounting for every school child every day* in order to discover and isolate the cases. To do this requires a considerable staff of nurses, but the expense is minimized when it is done at the outset.

The Buffalo News, March 6th, has a heading "cure for scarlet fever promised." This is an account of the experiments done at Yale Medical School, the Rockefeller Institute, and the McCormick Institute of Infectious Diseases, and other investigators. It mentions the method of diagnosis by the injection of a drop of serum from a recently recovered case into the reddened skin,—a blanching of the injected area is supposed to indicate scarlet fever. The article also mentions the use of a curative serum. Articles on this same subject have been appearing in other daily newspapers.

The Middletown Times, February 20th, contains a column and a half account of an address by District State Health Officer Laidlaw on Diphtheria Prevention. It was given before the Central Council of the Parent Teachers' Association. Dr. Laidlaw described the excellent results of the toxin antitoxin immunizations which

have been given in Orange and Ulster counties during the last two years. Two Middletown physicians spoke of the unanimous endorsement which the doctors of the city had given to the immunization campaign.

The Troy Record, February 28th, contains a news item stating that the State Department of Health had approved the application of the Watervliet city officials for an appropriation of funds under the Shephard-Towner Act in order to establish a maternity and child hygiene clinic. The physician who attends at the clinic will be paid out of the funds. The article states that the funds had been intended for places having high infant mortality rates, and it continues "Watervliet was not one of the municipalities eligible to benefit by this fund until recently, and its chance came when some of the eighteen or twenty eligible cities failed to make the application." Watervliet doubtless can make good use of the funds even though a high infant mortality is not admitted.

The Olean Times, February 23rd, contains an editorial commenting on the fact that the people of the United States pay \$3.08 per capita annually for medicines, and 56 cents for all forms of public health work—Federal, State, and Municipal. The editorial concludes "Health is manifested not merely by dodging disease, but by the enjoyment of living. Increasing the 56-cent item would mean increasing that enjoyment."

The subject of protection against whooping cough is presented clearly and sanely in the February 28th issue of the White Plains Reporter. It gives the arguments for the exclusion from schools of every child with mild symptoms of whooping cough, but it goes much further and says that merely keeping a child out of school is not enough. It does no good to keep Johnnie out of the classroom and then march him to the barber shop to get his hair cut. The most effective co-operation will be possible only when mothers agree to completely subordinate their own feelings for the good of the community. The article suggests "ticketing" the patient in order to warn other children. Every health officer is painfully aware of the selfishness and callousness that are frequently shown by parents of children with whooping cough, measles, and other so-called "mild" diseases—and major ones, too.





## NEWS NOTES



### PUBLIC HEALTH ACTIVITIES OF THE JEFFERSON COUNTY MEDICAL SOCIETY

**EDITOR'S NOTE** In our Daily Press Department of February 29th, we mentioned a newspaper report about the action of the Jefferson County Medical Society in securing three public health nurses for the county. This action was so original and indicated such progressive action that we wrote for further information, and have received the following reply, which may stimulate some other societies to take the initiative in community medicine.

Watertown, N. Y., March 15 1924

MY DEAR EDITOR About a year ago the attention of our Society was called to the five year report of Dr. Eichel, which set forth the mortality rates for mothers and infants in New York State. That report disclosed the fact that these rates in our county are among the highest in the state. We were surprised and piqued. We appointed a committee to investigate, and the committee's report corresponded closely with the figures of the State statistician.

At about the same time we were advised of the assistance offered by the Division of Maternity, Infancy, and Child Hygiene, for organizing educational and welfare work for mothers and infants. Their plan stood the test of thorough investigation, nothing unethical could be found in it, and we concluded that, with our co-operation with the State Department, and with the continued guidance of local work by our Medical Society, much good might be gained to the community.

We therefore passed a resolution, addressed to the board of supervisors urging them to provide funds for public health nurses. With the aid of representatives of the Department of Health, we have pressed this program. Work on a county-wide basis is partially organized, and an appropriation sufficient to employ three nurses with conveyances, has been made. The program calls for a supervising nurse to take the responsibility of the work as a whole, and a zoning of the county, according to the nurses employed, to prevent over-lapping and unnecessary travel. Each nurse is to do general public health nursing.

A special committee of supervisors will employ and maintain the nurses. The Board of Supervisors also decided to give their committee the supervision of the nurses' work. They will do this with the assistance of a medical advisory

committee consisting of three members of our County Society, appointed by the Chairman of the Board. This medical advisory committee will pass upon the qualifications of the nurses employed, see that proper ethics is maintained and that the work is done in a manner agreeable to the physicians. The supervisors have shown us splendid courtesy and deference.

A canvass of all physicians practising in the county was made. Response was obtained from about seventy per cent, and, of these, about ninety-five per cent were in favor of the work. We intend to lower our mortality rates for mothers and infants.

Why did we take the initiative?

1 Because it is a medical problem, and therefore needs our interest and guidance.

2 Because the program seems to offer a desirable kind of nursing assistance, which is especially needed in rural sections where doctors are few.

3 Because it will lead to improvement in our own obstetrical and pediatric work, along the lines suggested in "Standards of Maternity Care," which was issued to physicians by the Department of Health.

4 Because we recognize that the trend of medicine is steadily toward PREVENTION. In order to take advantage of newly discovered truths and keep up with the general progress, certain things must be done a bit differently, even in medicine, and new measures may need to be employed. However, we believe that with care and supervision these changes and innovations can be safely made. In this particular instance, we saw the movement coming and preferred to attempt leadership, rather than have the program forced upon us. And

5 Last, but not least, our membership saw in this field an opportunity for community service. Should any further information be desired, we will gladly supply it.

We thank you for this interest in our effort.

Very truly yours,

Publicity Committee of Jefferson County Medical Society,

PAGE E. THORNHILL, Chairman,  
NORMAN L. HAWKINS,  
ELMER E. EDDY



## MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The regular meeting of the Medical Society of the County of Albany held on March 11, 1924, at the auditorium of the Municipal Gas Company, 124 State Street, Albany, N. Y., was opened by Dr. Edgar A. Vander Veer, President. Forty-three members of the society were present.

Dr. Lyle A. Sutton, Albany, N. Y., was elected a member.

Dr. George S. Amsden of White Plains, N. Y., was transferred from the Westchester County Medical Society to this society.

### Scientific Program

"Acute Generalizing Peritonitis," Walter Gray Crump, M.D., New York City.

Discussion opened by A. S. Van Loon, M.D., Albany, N. Y., and F. MacD. Stanton, M.D., Schenectady, N. Y.

"Some Legislative Problems," Senator William Lathrop Love, M.D., Brooklyn, N. Y.

Discussion by Dr. James N. Vander Veer, Dr. Thomas Jenkins and Dr. Harold Rypins, of Albany, N. Y.

A rising vote of thanks was given to Doctors Crump and Love for presenting their excellent papers.

## SCHUYLER COUNTY MEDICAL SOCIETY

A meeting of the Schuyler County Medical Society was held at The Glen Springs, Watkins, on January 8, 1924, Dr. Albert Warren Ferris presiding.

The members voted to approve the resolution to register physicians in the State, endorsing the principle involved. Dr. Rollin O. Baker of Montour Falls was elected president, Dr. F. B. Bond of Burdett, secretary, and Dr. J. M. Quirk of Watkins, treasurer. Dr. Allen W. Holmes of Watkins was chosen delegate, and Dr. Albert Warren Ferris of Watkins, alternate, to the an-

nual meeting of the State Medical Society. The censors continue to be Drs. Ferris, Quirk and King of Watkins, and the committee on legislation continues as follows: Drs. Quirk and Ferris of Watkins, and Dr. Baker of Montour Falls. The paper of the evening was delivered by Dr. William S. Alsever of Syracuse, and its title was "Treatment of Heart Disease," which was discussed by several, including visitors from Elmira and Ithaca.

A collation was served by The Glen Springs.

## MEDICAL SOCIETY OF THE COUNTY OF CATTARAUGUS

At the last regular meeting of the Medical Society of Cattaraugus County, the society voted unanimously to go on record as opposing re-

registration, but it also went on record as favoring action by the Attorney-General against illegal practitioners.





## BOOK REVIEWS



**PHYSIOTHERAPY TECHNIC A MANUAL OF APPLIED PHYSICS** By C. M. SAMPTON, M.D. formerly of the Physiotherapy Service, Walter Reed U. S. Army General Hospital, Washington, D. C., formerly Chief of Physiotherapy Service, U. S. Army General Hospitals No. 9 Lakewood, N. J., and No. 41 Fox Hills Staten Island N. Y. With 85 illustrations. C. V. Mosby Company St. Louis, 1923. Price \$6.50.

Physiotherapy is a branch of therapeutics which has rapidly advanced to a foremost place in medical practice in the past few years. The World War with its vast numbers of disabled men requiring rehabilitation or reconstruction quite naturally was the most important factor in bringing it to the front. The author had unusually good opportunity to acquire experience and work out problems in this field through his work at the Walter Reed U. S. Army General Hospital at Washington and in several other army hospitals, so his views and methods must carry great weight.

He groups the various physical remedies under four general heads namely Thermal Chemical Mechanical and Electronic. As might be expected the last of these four received the most attention in the text—High Frequency Diathermy, Autocondensation, Static Modalities, Actinotherapy, Smusoidal Currents, X ray Therapy, Faradic and Galvanic Currents etc.

There are important chapters on Massage, Hydrotherapy, Arthritis and Locomotor Ataxia. The illustrations both diagrammatic and photographic, are both numerous and valuable in explaining the reading matter.

Publications of this nature and merit will do much to instruct the medical profession in a very important field of treatment.

WILLIAM H. BAYLES

**DISEASES OF THE SKIN** by RICHARD L. SUTTON, M.D. LL.D., Professor Diseases of the Skin University Kansas School Medicine Dermatologist, Christian Church Hospital. One thousand sixty nine illustrations eleven colored plates. Fifth Edition Revised and enlarged. C. V. Mosby Co., St. Louis 1923. Price, \$10.00.

This is the fifth edition of Sutton's monumental treatise on dermatology since its first presentation in 1916. As the work of one of the leading dermatologists of this country its review can be little else than an enumeration of its many wonderful contents. With the possible exception of the colored plates the illustrations are most excellent—they are well chosen and typical of the lesions described. It is possible that there is no other branch of medicine in which photography is so valuable an adjunct as in dermatology and Dr. Sutton is to be congratulated on the selection of splendid illustrations which in many instances show every phase and type of the lesion described. The colored plates are mainly from watercolor sketches well done no doubt in the original but poorly colored in the printing. The microphotographs which are many and beautifully executed, add much to the value of the book to the student. The publishers are to be thanked for the physical excellence of the work. The printing is superb on heavy stock and the difficult task of halftone reproduction has been well executed. Dr. Sutton's book is a necessity with every dermatologist, and to the general practitioner its possession means that he has at hand the latest the best and the fullest information on this subject.

NATHAN T. BEERS

**EXERCISE FOR HEALTH AND CORRECTION** By FRANK D. DICKSON M.D., and REX L. DIVLEY, M.D. J. B. Lippincott Company Philadelphia and London, 1923. \$2.00.

The writers have produced a condensed manual which really consists of a series of photographs with just enough text or reading matter to explain the photographs.

The exercises have been divided into five groups, namely Bed Exercises, Settling up Exercises, Postural Exercises in the Recumbent Position, Postural Exercises (Standing) and Foot Exercises. To avoid complexity the number of exercises in each group has been reduced to a minimum furthermore, those exercises which are used in the treatment of scoliosis or curvature of the spine have been purposely omitted as they require the supervision of a trained instructor and this work is really intended mainly as a guide for self instruction.

Points worthy of commendation are the excellence and clarity of the photographs and the brevity and practical nature of the text.

WM. HENRY DONNELLY

**A MANUAL OF HISTOLOGY**, by V. H. MOTTRAM, M.A. Professor Physiology University of London. 224 Diagrams. E. P. Dutton & Co. New York, 1923. Price \$6.00.

This book is somewhat of a departure from the usual text book on Histology. The author has employed uniform line-drawings of high and low magnification, in order that the work may be used both as a text and laboratory manual. The essentials of General Histology are covered briefly and lucidly. The more difficult and controversial subjects are left to the demonstrator. The subject matter has been arranged according to the functional unit of the organ, physiological and anatomical relationship being emphasized. We can recommend it as an excellent up-to-date work for students upon Histology.

HENRY A. SUSSMAN

**LES PROCESSUS DE DÉSINTÉGRATION NERVEUSE.** DR. IVAN BERTRAND, Chef de Laboratoire à la Faculté de Médecine de Paris. Préface du Professeur Pierre Marie. Masson et Cie, Éditeurs, Libraires de l'Académie de Médecine, 120 Boulevard Saint Germain, Paris. 1923. This work deals in rather a new and philosophic manner with the normal and pathologic histology of the nervous system. It should be of considerable value to the laboratory worker in that field, as the description of the technical procedures is very complete.

I. FREDERIC DANRAU

**AN INTRODUCTION TO THE STUDY OF MENTAL DISORDERS** by FRANK M. BARNES JR. M.A., M.D. Associate Professor Nervous and Mental Diseases St. Louis University Medical School Neurologist to St. Mary's Hospital Consultant Psychiatrist to the St. Louis City Sanatorium. Second Edition. C. V. Mosby Co., St. Louis 1923. Price, \$3.75.

As the author states "Psychiatry is and has been always the least understood of all the medical sciences."

This book promises much for a better understanding by the general medical practitioner, the psychiatric social worker and the medical student as to the part mental disorder plays in medicine and in our social life and structure.

The contents are divided into two parts the first being devoted to an outline of psychiatric fundamentals.



The second part of the book is devoted to a discussion of the various clinical groups and varieties of mental disorders

Special chapters include mental hygiene and social psychiatry and a consideration of mental states with endocrine disorders

Logically, the psychoneuroses based as they are upon mental disorder or maladjustment, are included and adequately discussed. The author in writing of these conditions uses the term "diseases" which he apparently uses interchangeably with "disorders." Terminology leading to a conception of the psychoneuroses being considered and spoken of as mental diseases would be apt to react unfortunately upon the patient in particular and the laity in general, and subscribing to the theory that in the psychoneuroses, the nervous system remains intact, not being attacked by disease, but being out of order, the exclusive use of the term disorder may be considered preferable.

One already familiar with the fundamentals and field of psychiatry may find more amplified and diverse information in other text-books and scattered through the literature, but it is usually highly technical in character and presentation, however we know of no more instructive or entertaining volume for the neophyte in psychiatry than Dr Barnes' book

LAURENT FEINIER.

DIAGNOSTIC METHODS, A GUIDE FOR HISTORY TAKING, MAKING OF ROUTINE PHYSICAL EXAMINATIONS AND THE USUAL LABORATORY TESTS NECESSARY FOR STUDENTS IN CLINICAL PATHOLOGY, HOSPITAL INTERNES, AND PRACTICING PHYSICIANS, by HERBERT THOMAS BROOKS, A.B., M.D., F.A.C.P., Professor Clinical Medicine, College Medical Evangelists, Los Angeles, Cal. Fourth Edition, with Fifty-two Illustrations. C V Mosby Co., St. Louis, 1923. Price, \$1.75

The reviewer endorses the author's statement in his preface to this fourth edition, in that each chapter is clearly written, well defined, and the technic of the tests are simple

The first chapter gives a complete outline of how to take a history from a patient, and the second chapter is confined to the physical examination of the patient. If these outlines were followed as given, fewer errors in diagnosis would be made.

The rest of the chapters deal with the examination of sputum, urine, blood, gastric contents, feces, serous fluids, etc. These chapters are described briefly but very comprehensively

The chapters on the Wassermann reaction and complement fixation for gonorrhea are well and simply written

The reviewer feels that this little book of only 108 pages and its few illustrations may be of more value to the general practitioner than similar books ten times its size

S J COHEN

PARKES & KENWOOD'S HYGIENE AND PUBLIC HEALTH, by LEWIS C PARKES, M.D., D.P.H., the Consulting Sanitary Adviser to H. M. Office of Works, and HENRY R. KENWOOD, C.M.G., M.B., Professor of Hygiene, University of London. 7th edition, 90 illustrations. XI, 783 pages. P. Blakiston's Son & Co., Phila. 1923. Cloth, \$7.00

This seventh edition has been revised and enlarged and brought up to date. It contains 783 pages, including an index. The fourteen chapters cover in relatively brief fashion the following subjects: Water, The Collection, Removal and Disposal of Excretal and other Refuse, Air and Ventilation, Warming and Lighting, Soils and Building Sites, Climate and Meteorology, Exercise, Clothing, Personal Hygiene, Food, Beverages, Condiments, Infection, Communicable Diseases and their Prevention, Hospitals, Maternity and Child Welfare, School Hygiene, Disinfection, Statistics

The general style of the book is good and it is to be recommended as a useful treatise for medical men who do not desire so exhaustive a work as that of Victor Vaughan. The authors have condensed a great deal of material into a relatively small space, which bears evidence of accuracy and is typically English. The chapter on Statistics is particularly interesting. It should be found very useful as a text book and compact work of reference for field workers

J M V C.

PHYSICAL EXAMINATION AND DIAGNOSTIC ANATOMY, by CHARLES B. SLADE, M.D. Third edition, thoroughly revised. 12mo of 179 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$2.00

This book contains the elements of physical diagnosis of the normal individual with an occasional reference to an abnormal condition to keep the interest of the student.

The purpose of the book is to aid the teacher of Physical Diagnoses with a "minimum of text book study"

S A S

CLINICAL DIAGNOSIS BY LABORATORY METHODS. A Working Manual of Clinical Pathology, by JAMES CAMPBELL TODD, M.D. Fifth edition, revised, enlarged and reset. Octavo volume of 762 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1923. Cloth, \$6.00

Every physician is undoubtedly acquainted with Todd's work on this subject. The fifth edition of this book is a boon to the medical profession. The reviewer feels that neither the busy practitioner, the laboratory worker, nor the medical student can afford not to have this book. It contains chapters on Blood, Urine, Gastric and Duodenal content, Feces, Animal parasites, Serodiagnostic methods, Bacteriology, Vaccines etc. All the chapters are well described, and contain everything one may want to know about laboratory examinations

The best laboratory methods have been carefully selected by the author, and all are up to date

It is surprising that such a little book contains such a vast amount of information essential to the daily routine of the busy doctor, and such great help to the medical student

S J COHEN

THE BIRTH OF PSYCHE. By L. CHARLES-BAUDOUIN. Translated by FRED ROTHWELL. George Routledge & Sons, Ltd., London, E. P. Dutton & Co., New York, 1923

To assign this little volume of poetic inspirations to the present reviewer was to cast pearls before swine. Being unfamiliar with the standing of the author as a poet, the reviewer cannot tell whether the poetry is good or bad. The only thing that he has to go by is the fact that the author himself admits that it is good, but still he may be mistaken

"With the precision of the scientist, and with the esthetic certainty of the poet, M. Charles-Baudouin draws for us in twenty-four touching and curious sketches of child-life his own childhood—life as experienced by an imaginative and sensitive child just awakening to the reality and nature of things outside himself." To one the birth of whose psyche centered about episodes of stealing fruit and smashing windows, the psychic loveliness depicted in these sketches appears incomprehensible. The suspicion arises that perhaps the "noble sentiments" expressed are the illusory investiture with which the poet clothes things mundane. Who knows but that Penrod himself, writing his autobiography in his later years, may remember himself as he will then remember a good boy should have been, and depict his boyhood as that of a young gentleman

FREDERICK DAMRAU



**IMPOTENCY, STERILITY AND ARTIFICIAL IMPREGNATION** By FRANK P. DAVIS, Ph.D., M.D., Fellow American Biological Association. Second Edition, Revised and Enlarged. C. V. Mosby Co., St. Louis, 1923. Price \$2.25.

This small book of 150 pages contains a small amount of well known information, pleasantly told for those who do not care for more profound works. It is a very useful primer on the subject.

J. STURDIVANT READ

**PRACTICAL DIETETICS WITH REFERENCE TO DIET IN HEALTH AND DISEASE.** By ALIDA FRANCES PATTEE. Graduate Department of Household Arts, State Normal School, Framingham Mass. Fourteenth Edition completely revised. A. F. Pattee, Publisher Mount Vernon, New York, 1923.

**TEACHER'S DIETETIC GUIDE.** To accompany Pattee's Practical Dietetics. Given gratis with each copy of Pattee's Practical Dietetics.

This newly revised edition is a most valuable and instructive book for any physician.

In a concise manner it details all of the standard diets in use in certain pathological conditions.

It also contains chapters detailing the percentage composition of all foods and specially prepared recipes that one will find useful.

It is a splendid small reference book on dietetics containing a wealth of practical information.

CHARLES EDWARD HAMILTON

**A MANUAL OF ARTIFICIAL RESPIRATION** By Capt G. R. G. FISHER, Director Bureau of First Aid Northern Division American Red Cross. The Stratford Co., Boston Mass., 1923. 75c.

In this small volume the author presents in a very clear and readable style, the classical methods of resuscitating those who have stopped breathing and are "apparently dead." Actual photographs are freely used to indicate the different steps on the Sylvester and Schaefer methods of artificial respiration while in the text the author presents a number of important points to be kept in mind by those who are supervising the resuscitation.

Above all the reader is urged not to become discouraged too soon in his efforts to revive victims of asphyxia. The author records several cases that were pronounced "dead" by physicians but were revived by laymen who used artificial respiration for a long period of time.

FRANK E. MALLON

**THE VENTILATION OF PUBLIC BUILDINGS** By ROBERT BOYLE. Published by Robert Boyle & Son London 1923. 12 mo. of 51 pages, illustrated. Price, 6 shillings.

This is a very brief collection of quotations from various sources dealing with the problem of ventilation.

E. H. M.

**THE TREATMENT OF DIABETES MELLITUS WITH OBSERVATIONS BASED UPON THREE THOUSAND CASES** by ELLIOTT P. JOSLIN, M.D. Third edition enlarged, revised and rewritten. Octavo of 784 pages illustrated. Philadelphia and New York. Lea & Febiger 1923. Cloth, \$8.00.

In his latest volume Doctor Joslin, presents in a most careful and masterly manner, a complete summary of the subject. He includes not only the rich fund of clinical

data of his previous volume, but all of the recent data and re-reads his old experiences in the terms of the new. A comprehensive history of insulin and its discovery is given, and in addition the details, directions and indications for its use are minutely outlined. Throughout the author gives not only his own evidence but cites the observations of other workers. He does this without prejudice and records his own judgements in the same instances.

The charts and tables are the best and most comprehensive of any that we know and render the volume invaluable on account of these working details. If one wishes to care for a diabetic, following him in every detail, the way is indicated and at the same time, for those who do not have access to means for such detailed study the directions for the best possible treatment of a diabetic, mild or acute in any emergency are there, presented simply but in full detail. Whoever wishes the last word in diabetes, as a matter of information or the latest advances in caring for diabetics should have this volume. It is certainly the peer of any single volume on the subject in any language.

LOUIS C. JOHNSON

**GYNECOLOGY** by WILLIAM P. GRAVES, A.B. M.D. F.A.C.S. Third edition, thoroughly revised. Octavo volume of 936 pages with 388 illustrations and 146 microscopic drawings. Philadelphia and London. W. B. Saunders Co., 1923. Cloth \$9.00.

A review of this book leaves but the happiest of impressions with the reviewer.

The arrangement of the book is logical and each subject has received its just apportionment of space and consideration. The book is printed on excellent paper the type large and clear and no small value can be given to the numerous and excellent illustrations, for the most part drawn by the author.

Part one deals with the physiology of the pelvic organs and with the relationship of gynecology to the general organism. This section to the reviewer's opinion is very well balanced. Little or no guess work is found here but only those points that tend to show the relationship of the endocrines are brought out, and for the most part the statements made are backed by experimental evidence. This section can well be reviewed by all as the author has at no time allowed himself to deal with speculation, but rather has tried to correlate those facts that time and experiment have proved of value.

Part two is designed for the undergraduate. This section is of greatest value for its clarity not only on the clinical side but for the clear cut definitions and well worded descriptions of the pathology offered.

Part three is devoted exclusively to the technique of gynecologic surgery. Let it be said that the technique of dozens of operations designed to correct the same abnormality or pathological condition has not been given, but only those that the author feels of greatest value. As is well known, the seque of an operation is of much greater value than simply reading about it and in this respect the excellent illustrations afford one a very graphic method of studying such procedures.

There are points where one is inclined to differ but a book of this size would lack individuality, to say the least if we could all agree with it in all things.

In closing the reviewer feels that the book is of value to the teacher for the first section alone to the student for the clear cut and rational treatment of the subject matter and for the general practitioner as an excellent source of reference.

G. W. P.





# PRUNES



Contributions Solicited

## INFERIOR COMPLEX BASIS FOR 'KNOCKER'

### Blustering Manner and Arrogance Are Used to Smother Psychic Makeup, Analyst Finds

They say that the scorpion would be a dear little fellow and a most interesting pet, if it would only cure itself of one deplorable habit. But unfortunately, like certain otherwise admirable people, it is angry with the universe. From the moment it hatches out, the baby scorpion cocks its tail over its head and rushes hither and thither looking for some one to sting.

That's the kind of a bird Blathers is. Blathers can keep a group of fellows entertained a whole afternoon by the fluency, the deadly persistence and the corrosive skill with which he will sting one reputation to death after another.

At a dinner party or the opera Blathers carries on in exactly the same way, and as he almost always manages to be amusing about it—they say that it's quite amusing also to watch a scorpion going about its business—he has come to be looked upon as a licensed common scold. There is something almost automatic in the way he responds to a cue, and callow youths sometimes prick him on by some such stimulus as

"Oh, Blathers, what do you think of So and So?"

Then you will see Blathers' mouth fly open, and with the precision of a nickel in the slot machine he will reel off a scaring characterization of the personage mentioned. And if he doesn't get a laugh he feels he has failed and shivers a little at the thought that he is growing old.

Not long ago he found himself being studied with great interest by a physician who had known him as a young fellow and who had recently returned from Europe after some years of post graduate study in the newer branches of soul exploration.

"Blathers, it's wonderful how you have kept it up all these years, but it's beginning to tell on you now," said the doctor one day, catching Blathers alone after one of his regular performances.

"How do you mean, Jim?" asked Blathers, turning away about the gills.

"I don't want to alarm you, old chap," said the doctor kindly, "but I would like to cure you."

"Cure me of what?" demanded Blathers hoarsely.

"Do you mean that my heart—my kidneys—"

### Trying to Overcome Complex

"Not at all," said the doctor. "I'm not interested in your organs, only in your psyche. A fellow can't go on knocking the human race for half a lifetime without having something injurious pressing upon his soul, or his subconsciousness or whatever you choose to call it. I'd like to analyze you for old time's sake and to verify the conclusions I've been forming about you. I'll help you to get rid of that inferiority complex."

"Inferiority what?" blustered Blathers. "That's about the last thing you'll find in me!"

"On the contrary," said the doctor, "it's probably one of the most salient things about you. Most of the other kids could lick you—do you remember?—and that was enough to give you an inferiority complex that you have tried to smother beneath a blustering manner and an arrogant habit of whacking at every head that raised itself above the level of the crowd."

And now Blathers is thinking about it very deeply, trying to make up his mind to be analyzed, but dreadfully afraid of what he may find out about himself.

—Sun

## Village Stuff

"Say, how come old Robinson got well so consarned quick?" Thought he was gonna kick the bucket last week."

Well, you see, it was this way. He got wind that young wife of his'n was gittin' too daw-gone friendly with the undertaker"—*American Legion Weekly*

## Dangerous Handicap

Tommy had sprained his wrist and didn't want to go to school.

"But your wrist is nicely bandaged," urged his mother. "It won't prevent you from attending classes."

Still the boy held back. Dad took a hand at this point.

"Now speak up, son," commanded his father. "Let's have the real reason. Why don't you want to go to school with a sprained wrist?"

"Too many boys owe me a licking"—*Louisville Courier-Journal*

## Already Had 'Em

A negro woman of mammoth proportions and inky complexion was in an automobile accident. She was transported to the hospital, where she soon regained consciousness. The doctor, seeking to comfort her a bit, said to her:

"You will undoubtedly be able to obtain a considerable amount of damages, Mrs. Johnson."

"Damages," said Mrs. Johnson. "What Ah want wit damages? Ah got enough damages now. What Ah wants is repairs."—*Everybody's Magazine*

## Disgruntled

"What's the matter now, Grumps?"

"My daughter is wearing knickerbockers and my son is taking a girl's part in the college play."—*Louisville Courier-Journal*

## Burning Words

*Lady Visitor at Hospital*—And what were your first words on recovering consciousness after the auto hit you?

*Victim*—Oh, they wouldn't stand for me sayin' any thing like that here, Lady!

## A Correct Diagnosis

The Universe and the Philosopher sat and studied each other for eighty years, and then both remarked in the same breath: "I'm damned if I can make anything of you!"—*Don Marguis (New York Tribune)*

## Now Do You See?

Holding her close to him, he gazed into the unfathomable depths of her wonderful eyes. Acute anxiety was expressed in every line of her fair face. Ever and anon a sigh seemed to rend her being with its intensity and she gazed into his face as though she would read his very soul. For many minutes thus they stood, neither speaking, each gazing—intently gazing—into the other's eyes.

"Yes," said the oculist, "one eye is seriously affected, and if not treated immediately, will develop a decided squint."—*St. Louis Star*



# NEW YORK STATE JOURNAL of MEDICINE

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## INFANT MORTALITY IN RELATION TO BREAST FEEDING\*

By FLORENCE L. McKAY, M.D.

ALBANY N Y

### INTRODUCTION

*There is a belief in the superiority of breast feeding over artificial feeding, which is generally admitted by the medical profession as a whole. The interest in successful artificial feeding particularly among pediatricians, has tended to overshadow the advantages of breast feeding, although in recent years this has been to some extent counteracted by breast feeding propaganda. It is now generally conceded by all concerned that breast feeding reduces the mortality in infancy and lessens the morbidity by increased resistance to disease and an unimpaired general condition. What findings have we to substantiate these beliefs? What evidence has been brought forward to show that such conditions do result from breast feeding? The evidence available is not extensive and relates chiefly to breast feeding in relation to infant mortality.*

*Infant Mortality Reduction by Breast Feeding*—As long ago as the siege of Paris a report was written on the results of breast feeding. During this period, in Paris, mother's milk was the only sustenance available for infants. In spite of the distressing conditions under which mothers and children lived at that time the infant mortality rate was appreciably reduced, and this was apparently due to the fact that all infants were breastfed.

The incident of the little town of Villiers le Duc in France is an example of universal breast feeding in a limited area. The Mayor of this town, also a physician, evolved a system of universal breast feeding and from 1894 to 1903 the infant mortality figure was zero, and every child born during ten years was at the end of that period living and well.

It is stated that breast feeding has increased

during the past ten years in our country. The infant mortality rate has decreased from 124 to 86. It seems probable that there may be a direct relationship, although other factors resulting from child health activities along other lines should not be discounted.

Numerous studies have been made in other countries and certain investigations in infant mortality in relation to breast feeding have been made in the United States. Only the latter will be cited in this account.

In Boston in 1911 Dr W. A. Davis made a study of some two thousand infant deaths. In the period from 1910 to 1918 the Federal Children's Bureau made infant mortality investigations which included its relation to breast feeding. A report of the Minneapolis breast feeding demonstration includes its influence on the mortality rate. A resume of the results of artificial versus breast feeding in relation to infant mortality in our own country follows:

*First—Boston Study*—This study, made in 1911, included 2,248 babies who died between the ages of two weeks and one year. Of these babies who died 413 were breastfed and nearly three times that many, or 1,189, were bottlefed. It is estimated that if all had been breastfed there would have been a saving in that year of 995 lives and a reduction of the infant mortality rate from 127 to 71.

*Federal Children's Bureau Studies*—For most of our information concerning infant mortality rates in the United States we are indebted to the studies made by the Federal Children's Bureau in the following eight American cities: Johnstown, Pa., Manchester, N. H., Sagamore, Mich., New Bedford, Mass., Rockland, Mass., Waterbury, Conn., Akron, O., and Baltimore, Md., as reported in a monograph by Robert Woodbury. A total of 22,422 infants were studied according to type of feeding during each month of life in the first year as related to the infant mortality



(A more recent report in *Infant Mortality in Gary, Ind.*, shows similar statistics)

The feeding was divided into three types

First—Breastfed exclusively

Second—Partly breastfed

Third—Artificially fed exclusively

These studies show that the relative advantage of breast feeding is greater in the first nine months of life and when limited to this period that the mortality rate among the artificially fed is nearly five times as high as breastfed, and that the rate among the partially breastfed is nearly twice as high as among the breastfed. A table giving mortality and feeding by months (Woodbury Table No. 2) shows similarly that the mortality rate by each month of the artificially fed is from three to six times that of the breastfed, while that of the partially breastfed by months is two to three times that of the breastfed up to the eighth month.

Woodbury also makes a comparison between those who are exclusively breastfed to the end of the first year and those whose breast feeding ceased or was supplemented beginning with a specified month. The following paragraph is quoted from his report:

"The average monthly death rates from the second, third, fourth, fifth and sixth months to the end of the first year among infants whose breast feeding ceased or was supplemented beginning with these months were higher than the corresponding rates among infants who were exclusively breastfed to the end of the year. When the change from breast to partially or exclusively artificial feeding took place in the seventh month or after, however, the average monthly death rates were slightly less than the corresponding rates among infants who were breastfed up to the end of the year."

His studies also show that artificial feeding in the early months has a cumulative effect which appears in an excessively high mortality in the later months and that in each month of life the mortality rate was higher the longer the period of previous artificial feeding and lower the longer the period of previous breast feeding.

**Minneapolis Study**—Preceding the Minneapolis breast feeding demonstration the infant mortality rate had been 84 in 1911-1915, about 72 in 1915-1918 and during 1919, the first year of the demonstration, it dropped to 65.

The New York City Department of Health reports that in 1,065 infant deaths in three months of the summer of 1919, about 17 per cent occurred among the breastfed and about 27 per cent among the artificially fed.

**New York State**—In our Division of Maternity, Infancy and Child Hygiene we have recently made a survey of an upstate city with an infant mortality rate for a five-year period of 143.4. The infant deaths for 1921 were individ-

ually investigated and it was found that nearly 58 per cent of infants who died after the first week were artificially fed. Of these more than half were given proprietary foods. (In only 27 per cent of the artificially fed was the feeding prescribed by a physician.)

#### RELATION OF BREAST AND ARTIFICIAL FEEDING TO VARIOUS CAUSES OF DEATH

These studies above cited give us also some information concerning the relation of breast versus artificial feeding to the various causes of death. It would naturally be expected that the highest mortality rates among the artificially fed would be from gastro-intestinal causes. The Boston study shows that during July and August (the summer peak of infant deaths) while the death rate among the breastfed was slightly increased, that among the artificially fed was trebled. For this cause, that is, gastro-enteritis, the Children's Bureau study shows a mortality rate in the second to the ninth month in the artificially fed more than eleven times as great as among those breastfed over this period. Similarly in all causes of death the rates among the artificially fed are decidedly in excess of the breastfed. Respiratory diseases, for example, are 80 per cent higher among the artificially fed.

**Infant Mortality in Relation to Morbidity**—With these facts as to mortality before us, what of morbidity? A breastfed infant is generally supposed to make a better gain in weight than the artificially fed and we have clinical evidence that there is a greater resistance to infection and usually a better recovery, and that breast milk is practically necessary to the survival of feeble infants. Figures supporting these suppositions are meagre. The preceding statistics showing a much higher respiratory disease death rate among the artificially fed indicate that breast feeding may afford protection against or a resistance to respiratory infections. We have also the St. Louis report by Dr. Adrien Blyer on the "Normal Deterioration of Infants of the Poor as Related to Breast Feeding." These figures relate to children in infant welfare stations studied in the year 1910 when 67 per cent were breastfed, and again in 1920 when 93 per cent were breastfed. The deviation from the normal weight curve is taken as an indication of deterioration and the study shows that when there was only 67 per cent breast feeding there is a marked deviation below normal beginning in the first month and continuing throughout the first year. In the 93 per cent group there is no deviation from normal in the first two months and only a comparatively small degree through the remainder of the year.

The Indiana Department of Health which conducts child health examinations reports that 65 per cent of children in the underweight class had



not been breastfed, and that "the percentage of breast feeding in any community seemed to depend upon the advice given by the physician as to its advisability"

In all of these above reports, the question of breast versus artificial feeding was considered without regard to the type of artificial feeding. McClanahan reports a series of cases from private practice including breast feeding versus well supervised artificial feeding. He concludes that breast milk may contain natural antibodies, that breastfed infants resist infection more quickly with less injury and are less susceptible to infections (except influenza and tuberculosis), and that there is less morbidity among breastfed than among the well supervised artificially fed.

#### PREVALENCE AND DURATION OF BREAST FEEDING

Granting the superiority of breast feeding over artificial feeding, why should it not be made a universal method as far as possible? Surely that is the logical outcome. How universal is breast feeding, that is, what is the general prevalence of breast feeding today? And, bearing in mind that the longer the period of breast feeding the lower the infant mortality rate, what is the duration of the breast feeding period? Here again we are dependent upon the studies above mentioned—and in addition we have evidence from Manning's Study of 1,000 cases in Seattle and Mitchell's 2,819 cases in Children's Hospital Philadelphia. The following table of the prevalence and duration of breast feeding according to months is made from these various studies.

TABLE I

Place	1 mo	3 mo	6 mo	9 mo	12 mo.
Boston 1911	80	70	73	63	70
8 American Cities 1910-18 Children's Bureau Study	86	71	51	28	13
St. Louis, 1920		9	68	60	41
Minneapolis, 1919	96	93	84	72	
Seattle (Manning) 1909-19		64	41	26	
Philadelphia (Mitchell) 1916		55	43	34	27

It is evident that Minneapolis by intensive individual work has established a standard.

Recently in twenty-one counties in New York State 2,728 children were examined by our unit physician. These are well children from 6 months to 6 years of age from rural areas and villages mostly under 5,000 population and represent an average cross section of rural pre school children. In each case the history of early feeding is taken, but as the child grows older accurate information is increasingly difficult to obtain from the mother, particularly if her family is large. Realizing this possibility of error, the following figures are presented only because they may give some indication as to the prevalence

and duration in these twenty one counties. See Table II.

In an effort to secure more reliable data and as a check for this first table the histories of the children under two years of age were tabulated by themselves with the following results. See Table III.

It is readily seen that there is comparatively little variation between these tables to the percentages—either in the total which varies only 14 per cent or in the individual counties. Where the county rates are most varied (i.e., Cayuga reduced to 8 and Onondaga to 2) the reduction in number is so great that the percentage rate means little. We can, therefore, accept the first table.

Some general conclusions to be drawn from these tables are:

1 That the percentage of breast feeding exclusively over any period of time is about six points less than it might be, but this percentage includes breast feeding of only two or three days' duration and really means little.

2 That the low percentages in the total of breast feeding exclusively over any period are more telling than the high, indicating that in the counties of Cortland, Erie, Oneida, Onondaga, Ontario and Oswego from 12-20 per cent of infants have no breast milk, indicating that breast feeding was not even tried.

3 That the percentages breastfed for periods of 4 to 6 and 7 to 9 months are very low in comparison with the Minneapolis figures (87 per cent and 72 per cent). In New York State the highest percentage for these months is 40.6 per cent for Wyoming and the lowest 7.4 per cent for Essex.

There appears to be room for increase in the amount of breast feeding in New York State. The Division of Maternity, Infancy and Child Hygiene is working to increase this prevalence. Last year as an initial step in a breast feeding campaign the Children's Bureau Breast Feeding Pamphlet was sent to all health officers and public health nurses in the State. This year a breast feeding demonstration has been undertaken on Long Island in co-operation with the Brooklyn Pediatric Society, which is conducting a similar demonstration in Brooklyn. It was hoped originally to make a geographic unit of the Island, but Suffolk County was found to be impracticable except by mail. We are, therefore, concentrating on Nassau County as our rural area to see if in a rural district results similar to those obtained in Minneapolis can be accomplished, and primarily to work out methods for making breast feeding universal, which can be followed by any rural area in any part of the state.



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This demonstration is conducted more or less on the lines of the Minneapolis demonstration.

Each 1923 baby is followed throughout the year and records kept of his types of feeding. Nursing visits are made upon each mother (in co-operation with the physician in each case) and she is taught the technique of breast feeding and is assisted by manual expression and other methods in maintaining a sufficient supply when the breast milk becomes scanty. It is too soon to quote figures, as the demonstration started January 1st, but there are indications that there may be an approximation to the standard fixed by Minneapolis.

**Reasons for Weaning**—If breast feeding should be universal and can be made nearly so, why is it discontinued, i. e., what are the reasons for premature weaning? Dr. Dietrich of Los Angeles has made a study of 1,000 cases under the care of physicians, showing that 37 per cent were breastfed three months or less and that in almost every instance where breast feeding was discontinued the physician was consulted. He found many reasons for weaning. He says "50 different reasons were considered by these physicians valid excuses for depriving these children of breast milk. Of these 50 we cannot possibly consider more than 9 as justifying such a serious step. These 9 reasons are death of mother, pregnancy, adoption of child, some cases of abscess of breast, tuberculosis, certain acute illness of mother, severe operation on mother, mother had to work, and toxemia of mother."

Among the many unjustifiable reasons were insufficient milk, insufficient gain, blue or watery milk, weakness of mother, bad stools, salty milk, poison milk, milk dried up, child preferred bottle, milk too rich, milk ran out and kept mother wet, social duties, cracked nipples. These reasons are so inadequate as to be almost ludicrous. Nearly all of the 50 reasons have been met in our Long Island demonstration.

The Federal Publication *Infant Care*, vouched for by an advisory committee representing the three leading American pediatric groups, states the following legitimate reasons: pregnancy and protracted maternal illness of an infectious nature. The most common reasons given, i. e., insufficient milk, poor milk or poor gain can all be overcome.

Dr. Dietrich remarks "Undoubtedly, a large number of these mothers if they had had the proper medical and moral support on the part of the physician could have nursed their offspring. The mother requires advice and often encouragement from her medical adviser to overcome temporary difficulties. The physician must practice both the science and the art of medicine, must give of his time and patience, and must be alert to counteract ill advice from outside sources."

Five essentials for successful breast feeding (quoted from the Minneapolis demonstration) are the following:

- 1 Conviction on the part of the physician that the mother can nurse her baby.
- 2 Conviction on the part of the mother that she can nurse her baby.
- 3 Stimulation of the breasts at regular intervals.
- 4 Complete emptying of the breasts—if necessary by manual manipulation after each nursing.
- 5 Patience and perseverance.

#### SUMMARY

1 The mortality rate among artificially fed infants is in all instances at least three to five times as high as among breastfed.

2 The mortality rates among artificially fed are also higher than those partially breastfed.

3 Mortality rates among the partially breastfed are higher than among the breastfed up to the eighth month.

4 The longer the period of breast feeding the lower the infant mortality, and the longer the period of artificial feeding the higher the infant mortality rate.

5 Mortality rates are higher for all causes of death among the artificially fed than among the breastfed and much higher for gastro-enteritis and respiratory diseases.

6 A few findings indicate a lessened morbidity among breastfed babies.

7 The prevalence and duration of breast feeding varies from 96 per cent in the first month to 72 per cent in the ninth month, where intensive effort was made.

8 The many reasons for weaning given indicate that in a large number of cases it is unnecessary.

#### CONCLUSIONS

1 There is ample proof that the mortality rate among the artificially fed babies is higher than among the breastfed.

2 There is evidence of a decided decrease in morbidity among the breastfed. It is a field worthy of more intensive investigation.

3 The prevalence of breast feeding is still too limited, in New York State.

4 The prevalence and duration of breast feeding and the reduction of the infant mortality and morbidity rate rests primarily with the practicing physician. Remembering that "breast feeding is



of vital importance to every human being at least once in his life," every physician should be stimulated to make breast feeding universal in his own practice

#### REFERENCES

- Davis, Wm. H. Statistical Comparison of the Mortality of Breastfed and Bottled Infants *American Journal, Diseases of Children*, 1913 Vol V, pp 234-247
- Woodbury, Robert M. Relation Between Breast and Artificial Feeding and Infant Mortality *American Journal Hygiene*, Vol II, November, 1922
- Sedgwick & Fleischer Breast Feeding in the Reduction of Infant Mortality *American Journal Public Health*, February, 1921
- Smith & Little Significance of Colostrum to the New Born Calf *Journal Experimental Medicine*, August, 1922
- Bleyer, A. Normal Deterioration of Infants of the Poor as Related to Breast Feeding *Mother and Child*, November, 1921
- Dietrich, H. An Analysis of a Series of Case Records Relative to Certain Phases of Breast Feeding *Journal American Medical Association*, July 22, 1922, Vol 79, No 4
- Oppenheimer, E. Breast Feeding—Children's Bureau, Publication No 83
- McClanahan, H. M. Morbidity of Breast and Bottled Infants *Archives of Pediatrics*, November, 1918
- Manning, J. B. Duration of Breast Feeding in 1,000 Cases from Private Practice *Archives of Pediatrics*, April, 1920

#### DISCUSSION

DR FRANK HOWARD RICHARDSON Dr McKay's paper is a most timely one. Those of you who have not had the opportunity that I have enjoyed of studying it in greater detail will not realize from a first reading the wealth of material that she has digested here. It confirms on the very best of evidence what a number of us have been claiming on the basis of clinical experience and personal impression alone—namely, the vast superiority of breast over bottle feeding for babies, as regards both life and health.

Dr McKay was too modest to tell how she is making statistics, as well as compiling them. In the Breast Feeding Demonstration in Nassau County, the suburban portion of Long Island, she has been staging a piece of community conservation work for babies, the importance of which it is hard to overestimate. Acting in accordance with the advice and desires of the Brooklyn Pediatric Society, the Bureau of which she is chief has made it possible for the mother of every baby born in the county during the calendar year to be visited by a specially instructed nurse, who explains to the mother not only the overwhelming advantages of having her baby breast-fed, but as well the ease and simplicity of the procedure, as compared with the difficulty and

cumbersomeness of artificial feeding. This differs from the Minneapolis experiment to which Dr McKay referred, however, in one most important particular. In the Nassau County Demonstration, there is erected no new machinery or instrumentality to come between the physician and his patient, like a breast-feeding clinic or infant welfare station. Before one of these mothers is ever seen by a nurse, that nurse must interview the physician who signed the baby's birth certificate, and get from him not only his permission to visit, but as well any instructions that he may desire to have carried out. In this way, she appears to the mother, not as an official of the State, but as an assistant of the family doctor who brought the baby into the world. The figures are not yet ready for analysis, but so far there seems to be little doubt that of those mothers seen within four weeks of the birth of their babies, well over ninety per cent (it cannot yet be said just how much greater the percentage may be) are nursing their babies. The demonstration is to be judged not only by such figures, however, for every day brings reports of doctors, nurses, and mothers who have completely changed in their attitude toward natural, as compared with unnatural, nursing. And the Demonstration still has eight more months to run, of the twelve that the state funds are to finance. It is to be hoped that long before the year is up, some private beneficence may be found ready to underwrite the expense of keeping an office assistant and four nurses (which is all the staff that would be needed to make the work a permanent force in the community), so that the great saving in mortality and morbidity of this year may be made perennial.

It is expected that this Demonstration (which it is believed is the most carefully systematized and hence the most readily to be duplicated, of anything of the sort yet done) will serve as a model for similar work to be done the country over. It will be carefully digested, and the results written up, in such form that anyone wishing to put on a similar bit of child-saving work in his own community can easily get the benefit of the experience gained in the course of this year's pioneering.

It is only fair to mention that this work, which seems so monumental to those of us who are privileged to watch its workings, is but a tiny fraction of the manifold activities of the child-saving bureau of which Dr McKay is the Chief. Her tactful way of administering this department has already been the means of carrying its activities far beyond the bounds of accomplishment expected of it by its most hearty well-wishers.



## SOLVING THE PROBLEM OF PREVENTIVE DENTISTRY \*

By ALFRED C FONES, D.D.S.

BRIDGEPORT CONN.

**M**OUTH hygiene, when reduced to its simplest terms, means sound teeth, clean mouths and healthy gums. It would not seem a difficult matter to establish these conditions, and in fact it is not infrequently done for the children and adult patients of many practitioners who practice dentistry with an understanding of prophylactic measures. Nearly every operation, if scientifically performed, constitutes a part of preventive dentistry and it is possible for a skillful dentist to establish clean mouths, sound teeth and healthy gums for his patients by all those operations which tend to normal restoration of the teeth and preparation of the tooth surfaces to facilitate removal of food debris, by the removal of any gingival irritation or traumatic occlusion and by requiring of the patient a daily routine care of the mouth as well as frequent prophylactic treatments and examinations. These are, briefly, the methods by which conscientious dentists secure and maintain mouth hygiene for those who are financially able and have the intelligence to procure the services of private practitioners. But this should not be the highest ideal of true preventive dentistry, for a filled tooth, although wholesome and useful for all practical purposes in the mouth, cannot truly be termed a sound tooth. Reporative and curative methods will always be in demand, but real preventive dentistry must come through definite means of prevention of dental caries and the establishment of immunity to diseased mouth conditions which are so prevalent today.

The great problem confronting us is, how may we establish and maintain mouth hygiene for that great mass of people to whom dentistry is a luxury? Our responsibility as a profession extends beyond the comparatively few who can avail themselves of the scientific operations of private practitioners. There is the problem of 20,000,000 school children with unwholesome and deplorable mouth conditions,—children who yearly grow to swell the ranks of the millions of adults suffering from diseased teeth and unsanitary mouths. A most discouraging problem to face because of its enormity, but not nearly so hopeless when we consider this one fact,—the prevention of all disease including dental disease, is not a matter of involved or expensive operation; it is chiefly a matter of health education. At once it is apparent that the public schools present not only our problem but also our solution. Health education can never be spread farther or more rapidly than through these institutions of

our democracy where practically every home is represented.

I should like to show how mouth hygiene may be secured through this educational agency, and will analyze the essentials to be incorporated in a broad movement to establish sound teeth, clean mouths and healthy gums for large numbers of children.

*Relation of Diet to Sound Teeth.* If we consider the first requisite,—that of sound teeth, we find that they are dependent to a great degree upon the structure of the enamel—the teeth, like all other parts of the human organism represent the food materials that nature has utilized in their formation. Correct dietetics must be considered the fundamental principle of sound teeth and, therefore, the primary requisite. What do the cells require from the food supply for the formation of a dense enamel structure? Before answering this question it is necessary to know what the body, as a whole, must have to maintain the processes of life and health.

*Elements of the Human Body.* Scientists have told us that in all nature they are able to discover between eighty and ninety elements, and that all of the substances of the earth are composed of some of these elements in various combinations. The perfect diamond is but one element,—carbon. The water, so essential to all existence comprises two elements, hydrogen and oxygen. The human body is composed of sixteen, and they should be termed the elements essential to life, for they enter into the composition of the entire plant and animal kingdom. So marvelous is this provision of nature in selecting these sixteen elements that they occur without exception in man in all animals in our vegetables fruit and other plant life, and consequently in the very soil itself from which plants spring to become the food of animals. "Dust thou art, to dust returneth" explains so perfectly the cycle through which all life must travel, beginning and ending with the same sixteen elements of the soil.

What are these sixteen elements so essential to life, without which we cannot exist in health? Four of them, oxygen, hydrogen, carbon and nitrogen form in the main, the protein or nitrogenous foods which are utilized in the body by the cells to repair waste and to build new cells and intercellular structures. Other combinations of carbon, hydrogen and oxygen form the starches and sugars, known as carbohydrates, which are utilized for heat and energy. The fats, or hydrocarbons, are formed from the same elements, except that there is a larger per-



centage of carbon, and they are utilized in much the same manner. In the human body, with its hundreds of millions of cells, these same elements are found in practically every tissue, and we are quite apt to make the error of believing that they are the all-important elements essential to life. The remaining twelve are so necessary, however, that without any one of them it is impossible to retain health, or, finally, to sustain life. These elements may be classed as mineral elements and are calcium, chlorine, flourine, iron, iodine, magnesium, manganese, phosphorus, potassium, silicon, sulphur and sodium. The mineral elements occur in varying proportions—but a trace of some, while others are needed in larger proportions, as for instance, calcium and phosphorus. From the dental standpoint, these two elements are of the utmost importance, since the teeth are chiefly composed of calcium phosphate, and it is of serious concern to us that they are present in the diet in sufficient quantities during the formation of the teeth.

The amount of calcium phosphate available for tooth formation regulates, to a great degree, the hardness and density of enamel. Clinically we know that immunity to caries is usually coincident with dense tooth structure, and this also applies to the observations of research workers who have studied the skulls of immune primitive races. The valuable and exhaustive research of Pickerell shows conclusively that natural or uncivilized races are relatively immune to caries, and he relates their dietaries which, in every instance, includes the use of natural whole grains, fruits and vegetables native to their various climates. Pickerell states that their food was cooked by steaming or baking, the food being wrapped in large leaves to retain its natural juices. In comparison, he relates the dietaries of modern civilized peoples in whom dental caries is a most serious malady. One may see at a glance that their dietaries are notably high in all the demineralized and refined foods with which our civilization is cursed, namely, white sugar and white flour in the form of bread and pastries, refined cereals, peeled and boiled vegetables and an excess of meat. The deduction which he draws from these comparisons is that the foods of our civilized diet are salivary depressants, and of high acid potential, while uncivilized diet, with a special emphasis on acid fruits and berries, is a salivary excitant, producing copious and alkaline saliva.

It is to be deplored that a research worker so near the truth as Pickerell should fail to grasp it. In concluding a discussion of the diet of the Maori he says "It is, therefore, clear that the relative immunity of the Maori was due, not to an excessive protein diet nor to a great excess of hard, fibrous inert matter in their carbohydrates, but to the habitual and constant mastication of salivary stimulants, thus producing a con-

stant flow of alkaline and diastatic saliva, the beneficial effect of which has been previously considered."

There is another conclusion which is far more evident than the one he has drawn, and that is that the relative immunity of the Maori, or any other race with a similar immunity, is due to unrefined and native foods which supply an abundance of mineral salts for building strong, hard teeth and for producing an alkaline saliva, foods which have not been robbed of the most essential elements for maintaining immunity to caries.

The only logical deduction from the interesting research of Pickerell is that in tribes or races where dental caries is the great exception and not the rule, the diet consists of unrefined or natural foods, while the people in whom dental caries is most prevalent are consumers of refined or civilized food.

With a divine intelligence, far beyond our comprehension, the roots from the seeds of edible plants select from the earth the elements which are indigenous to that plant and elaborate them in physiological balance to form food for man. If our vegetables, fruits and grains follow this immutable law of nature, is it not pitiful that man, who is subject to the same natural law, has deemed himself wiser than his Creator? He has so perverted his normal food supply by refining processes that all civilized peoples must pay the heavy penalty of defective bodies from early childhood throughout adult life. How can the body secure its twelve mineral elements essential for growth, or how can good teeth be built when all of our cereal foods, such as wheat, rice, corn and oats are subjected to the refining process and robbed of more than three-quarters of these mineral salts? How can the body secure its twelve mineral elements when our vegetables are first peeled and then boiled in water which extracts the juices and mineral salts and which is invariably poured down the sink? The physiological balance of natural foods is destroyed in this way and their utilization in the body is rendered imperfect. All natural foods are designed chemically to maintain the normal neutrality or slight alkalinity of body secretions. This perfect arrangement of acid and base-forming elements results in an alkaline residue when oxidized during body processes. The refined foods have had many of their alkaline forming elements removed and our daily diet, therefore, contains a majority of acid forming foods. An excess of these foods produces acidosis—a condition which indicates that the tissues are unable to secure enough base-forming elements to maintain their normal alkalinity. These tissues are lowered in resistance and are most susceptible to infection. There is no doubt, to my mind, that the demineralized cereals and refined sugar, in addition to ignorance in the preparation and



cooking of vegetables is the cause, not only of caries, but of many other physical defects

White bread, which many have considered the staff of life, has, through the refining of the wheat, been greatly demineralized and reduced to almost a pure starch with a little proteim—a broken "staff of life" The same thing is done with regard to sugar cane. If sugar could be crushed out with molasses and all its juices and minerals left in, it would be a natural food, but these are removed to produce what we know as white sugar. Its chemical balance has been destroyed and it is reduced to a pure disaccharid in which state it can build no tissue and is of no value to the body except as a heat producer. In fact it can be, and is, a menace when consumed in such quantities as one hundred pounds per person per year, which is what we average in this country, in addition to the normal sugar supply found in milk, vegetables and fruit. Few people realize the amount of sugar that is utilized for cooking purposes alone in the average home, aside from the consumption of candy, ice cream, sodas, etc. The deleterious effect upon the teeth is well known, whereas I doubt if the teeth were harmed by unrefined sweets, such as honey, pure maple syrup and dark brown sugar.

For years the nutrition research workers have been making studies of foods in terms of proteins, carbohydrates, calories, fat, soluble A, water soluble B and C, which are valuable to the scientist but beyond the comprehension of the mass of people. The layman is safer in disregarding these confusing terms for the key to correct diet is so simple and remains the same in spite of scientific probing into the unchanging laws of nature. The simple fact is—the nearer the food, when consumed, resembles the form in which it was originally produced, the more perfect is its utilization by the body. Applied practically, this truth means the consumption of large quantities of dairy products, clean raw milk, fresh butter and cheese, eggs, every vegetable or fruit young and fresh and raw if possible, but unpeeled and served in its own juices if cooked, all the whole grain bread and cereals with the bran and mineral elements retained. Teeth will not decay with such a diet even under unusual conditions, such as pregnancy.

Let us consider the development of the embryo. Knowing the elements essential to a human organism, we can now comprehend some of the factors involved in our civilization that are conducive to poorly formed tissues and to the development of physical defects.

**Prenatal Feeding.** During the prenatal period the growth and development of the embryo is dependent entirely upon the contents of the blood of the prospective mother. The contents of the mother's blood are dependent upon what she

eats. Not only is she required during this period to keep her own body in physiological balance, but there must be sufficient additional intake of the essential elements to form a perfect body for the child. Especially important is the calcium and phosphorus intake, since her normal needs must be supplied as well as the high calcium and phosphorus requirement of infancy.

The average heavy meal in American homes is represented chiefly by meat, boiled potatoes, white bread, white sugar, pastries, tea or coffee, and none of these foods contain an appreciable amount of calcium or phosphorus. They are practically mineral free, and are acid forming, as are all the so-called foods which are refined for commercial reasons, or prepared incorrectly in the home. Where is the prospective mother to obtain these precious mineral salts? Not, as we have shown, from white rice, degerminated corn meal, refined cereals and sugar, nor from peeled boiled vegetables and not from meat. With a dietary in which these articles occupy a prominent place, her blood has a struggle to maintain its integrity and to supply the insistent demands for the mineral elements. Eventually the cells of the mother are called upon to reorganize her tissues and to surrender some of their precious elements. This, undoubtedly, is done, but much to the detriment of her bones and teeth. The increased susceptibility to caries during pregnancy is significant in this respect. Child bearing becomes a serious process under these conditions almost as unnatural as the food supply upon which the mother and baby are trying to thrive.

There is a saying that you cannot build a brick house without brick, neither can you build good teeth without calcium and phosphorus in physiological balance. The crowns of the deciduous teeth are already formed when the baby is born and the mother's diet is the deciding factor as to whether or not these teeth are dense and perfect in structure. Even the cusps of the first permanent molars are in process of formation at this early period, so we see that the prenatal diet has its influence upon the permanent teeth as well. How many dentists consider it a routine of dental prophylaxis to urge the consumption of natural foods during this most important period? The soft, carious deciduous teeth of early childhood and the imperfectly formed first permanent molars are proof positive of a prenatal diet lacking the essentials for strong teeth and a healthy body.

**Baby and Pre-school Age Feeding.** Nature intended that all babies should be breast fed, but she also intended that all mothers should be taking adequate amounts of raw milk, eggs, whole grain cereals and breads, fresh fruits and vegetables and natural sugars. Mother's milk is dependent upon what the glands can secrete from the con-



tents of her blood, and our previous analysis has shown that because of an unnatural diet her resources have been sorely taxed during gestation. It is not to be wondered that so many mothers cannot nurse their children, or that in so many instances mother's milk fails in normal balance and the child does not thrive. Recent investigations have shown that it is not unusual for a breast fed baby to develop rickets. This will be referred to later, but is mentioned now to further emphasize the dietary crimes that make such conditions possible.

The increasing numbers of artificially fed infants present a serious problem from the tooth standpoint as well as the general health. In the large cities the ignorance of milk producers has necessitated the pasteurization of milk so that pasteurized modified cow's milk is widely used as artificial food. It is only possible to touch briefly upon this situation, but there can be no doubt that it will bear serious consideration in regard to the formation of the permanent teeth.

Pasteurization undoubtedly destroys more than the antiscorbutic properties of milk. The process is so unnatural and the chemistry of the changes so involved that it is difficult as yet to determine the actual result. Several clinical facts should cause us to look upon the efficacy of pasteurized milk with skepticism. Calves fed upon it will die. The liability to scurvy is well known. There is apparently a detrimental effect upon the activating agent for the deposition of calcium. Medical investigators report that the X-ray as well as a large number of autopsies show that there are few infants who do not present symptoms of rickets to some degree. Compare this to the immense numbers of poorly constructed teeth among children of school age and a very significant analogy is found. Rickets is a nutritional disease characterized by changes in the bone structure due to imperfect calcification, with subsequent deformity. In addition to this, muscular weakness and nervous disturbances develop. The same metabolic disturbance which prevents the perfect calcification of bones will prevent the perfect calcification of teeth and, conversely, the factor in normal blood which stimulates deposition of calcium in bones will stimulate deposition of calcium in teeth.

Dr. Edward A. Park of Yale Medical School, lists four methods by which deposition of calcium phosphate can be secured, as follows:

- 1 By administration of cod liver oil
- 2 By direct rays of the sun or ultra violet rays
- 3 By starvation
- 4 By correct feeding to preserve the normal relation of salts in the blood.

In respect to the last method he states, "Even when active light and the essential contained in cod liver oil are denied, rickets cannot result if

the optimal salt balance in the diet, in particular as regards calcium and phosphorus, is maintained." And yet the conclusion Dr. Parks draws is that rickets, as well as dental caries, will be eliminated when all babies are exposed to sunlight and fed cod liver oil during the first three years of life. We will soon believe the cod liver oil is a natural food without which babies cannot thrive.

But why does he not enlarge upon his significant fourth statement regarding the immunity produced by a diet which maintains the optimal mineral salt balance? To me this seems of the greatest importance. If mothers taking a natural diet produce normal breast milk, and if after the weaning period the child's diet continues to provide the optimal salt balance, conditions are indeed favorable for the perfect calcification of bones and teeth.

I cannot believe, as a solution to this problem, that nature intended we should be dependent upon the cod fish to raise children with good bone structure and sound teeth, although I do believe that as a prophylactic measure it is justifiable to use cod liver oil to offset the ill effects of our present erroneous diet, yet this great problem can never be solved by any such palliative measure.

Some mention must here be made of the widespread use of proprietary baby foods on the market which mentally indolent physicians or misinformed mothers hail as substitutes for breast milk or cow's milk. An analysis of these foods shows that they frequently do not even attempt to simulate the composition of breast milk, but contain an abnormally high percentage of starch and sugar and incorrect proportions of fats and protein. One of the most popular of the proprietary baby foods shows, under analysis, that it is white flour which has been heated to convert some of the starch into sugar. The carbohydrate of this food will undoubtedly cause a steady gain in the baby's weight and, therefore, seems entirely satisfactory to the mother, but from the standpoint of forming permanent teeth, the food is inadequate. Thus it is that the thunder comes so long after the lightning, and it is difficult to realize that a fat and apparently healthy baby may, in ten years, present defects that can be traced to the deficient food of early life.

If a baby has been so unfortunate as to be artificially fed, it might be reasonable to hope that once the weaning period was reached, a more satisfactory diet would be arranged. This should include a quart daily of clean whole milk, for the recent experiments of Sherman have proven conclusively that children up to twelve years of age depend upon this amount to secure the optimal quantity of calcium required. He has shown that the addition to the diet of all vegetables of high calcium content does not com-



compensate for a reduction in this amount of milk. In addition to milk, gruels from the whole grains, as Scotch or Irish whole oats, natural brown rice or whole barley, vegetable broths and purees, fruit juices, and later, eggs, baked potato, custard or junket might reasonably be given. These foods are well balanced in all respects and provide liberal quantities of mineral salts, so essential to the permanent teeth now in formation.

A perusal of the recognized books on the feeding of young children will help to further clarify our dental problem. The first addition to milk are gruels from patented or pearled barley, commercial oat meal and white rice. This list is later enriched by the additional of cream of wheat farina and hominy—all demineralized, refined and chemically unbalanced cereal products—boiled macaroni, dry white bread toast, soda crackers and pilot biscuits are also included, all white flour products, and therefore acid forming. Several kinds of meat are advised, and although this is beside the point, I cannot refrain from calling attention to the hazardous custom of giving a young child scraped raw beef and beef juices from the practically raw meat and at the same time enforcing the pasteurization of milk to prevent infection from diseased cows. Further, the nutritive value of meat broths is open to question while vegetable broths are far superior and certainly safer. To sensible desserts of raw or cooked fruits are added corn starch or tapioca in pudding—two more examples of "foodless foods." By the third year small amounts of mashed boiled vegetables are given and milk is excluded from the heavy noon meal. Through the entire period the refined cereals form the main dish of the morning and evening meals, and it is quite common to find children seven or eight years of age who are required to follow this custom. During this important formative period the child's body is starved for calcium phosphate, and fattened with starch and sugar.

*The School Child.* The foregoing will give some conception of the dietary handicaps under which the body of the growing child is laboring to produce a perfect structure from imperfect materials. Is it so remarkable then that children in the first and second grades should be starting their school life under such physical handicaps as decayed and abscessed deciduous teeth, and that it is difficult to find one child out of one hundred who is free from physical defects? We find that defective teeth and malnutrition head the list of physical defects noted and that 40 per cent of these children have defects of the nose and throat, 20 per cent defects of the skin, while eyes, ears, chest, back and feet are found defective in smaller percentages. These children are susceptible to colds, constipation, to measles,

mumps, chicken pox, whooping cough, and other so-called mild diseases of childhood.

A reference should here be made to the fact that malocclusion is present in approximately 95 per cent of older children. I believe that there is a strong analogy between the tendency to rickets in babyhood and the underdeveloped and malformed jaws of later childhood. If the growth element is lacking in the diet, rickets, poorly constructed teeth and underdevelopment of the jaws may follow. Orthodontists must seriously consider this phase of malocclusion. The use of refined foods is further important in this connection, in that they are, without exception, soft and pappy. The coarseness has been removed so that little or no mastication is required. With imperfect nutrition of the dental tissues and lack of function, the proper development of the mandible and superior maxillaries is impossible.

If I have seemed to present a very lengthy discussion of the faulty nutrition of the average pre school child, the aim must now be apparent as we consider the various departures from the normal that are to be noted in the youngest school child. I want to emphasize that any departure from the normal does not exist singly, even though the cursory examination may not disclose more than one defect. The interdependence of body tissues and secretions makes such a condition impossible, yet we have concentrated on that most conspicuous defect—dental caries—and ignored its true significance. Decayed teeth must be recognized as a cardinal evidence of graver and more obscure tissue defects, for I do not believe that imperfect tooth structure is ever present as the only abnormality in an otherwise healthy body. Conversely, the immunity from dental caries is an indicator of normal physical development, with corresponding immunity to all disease. In the examination of 6,000 children at the Forsyth Infirmary Pollitt found that the 11 per cent who were free from dental caries and malocclusion had been totally free from disease and showed physical, mental and nutritional balance. The remaining 89 per cent showed the usual amount of caries and malocclusion and all had infectious diseases. I have hoped to show that not only are sound teeth and well developed jaws dependent upon the prenatal and pre school feeding but that a sound body as well is primarily dependent upon correct diet.

Even with this army of defective children coming into the school each year, the problem is not hopeless. The majority of these defects are remediable to a great degree and especially is this true of the teeth.

*School Service for Establishing Mouth Hygiene.* The diet being the principal factor, the next most important factor for mouth hygiene is cleanliness. There is an abundance of data to show the efficacy of cleanliness in reducing dental



caries and raising the resistance of the dental tissues to disease. The cleaning and polishing of all the surfaces of the teeth to remove the stains and accretions, and the examination and charting of the mouth conditions is the first part of the school service to establish mouth hygiene. The second is teaching the use of the tooth brush so that the cleanliness may be lasting. Third the removal of loose or abscessed deciduous teeth by the school dentist. Fourth, filling the fissure cavities to preserve the first permanent molar teeth and at the same time urging that all cavities in the deciduous teeth be filled by the family dentist. The filling of the deciduous teeth can never be part of the school service because of the great expense involved and because the school service cannot be reparative. It must be confined to education and prevention. When the mouth has thus been placed in a hygienic state, the fifth part of the service assumes its true importance, for here the systematic class room education is begun. In the lowest grades story forms and games are used to teach correct dietetics, cleanliness and health habits. The simple truths find fruitful grounds in the minds of young children. The testimony of many parents bears out the fact that the desire to follow the lessons taught in school is very strong. Children who have acquired a dislike for certain foods, as milk or eggs, try to overcome it when it becomes apparent that other children like these foods. Sound permanent teeth may reasonably be hoped for if, through school influence, the correct diet is established since the density of enamel can be greatly improved in this way after the teeth are erupted. As the higher grades are reached the educational features are graded accordingly and, in addition to dietetics and health habits, several special subjects are introduced to cover the simple points of dental anatomy, occlusion and dental pathology. Cleanliness is maintained by prophylactic treatments, tooth brush drills and continual stressing of home care of the mouth through the first five grades, and it is our hope to extend this service shortly on through the eighth grade.

Because the mouth hygiene program is primarily educational it was necessary to establish the work under the Board of Education to secure daily access to the class rooms. When the Board of Education had approved the material taught, it required but a short time to secure the adoption of a health program in which the mouth hygiene program was one of the requisites for promotion. The most effective way to bring parents and children to a realization of the importance of a sound body will be to require a definite physical standard from every child in school, thereby applying retardation to the physically defective (where such defects are remediable) as well as to the mentally deficient child. The Bridgeport Board

of Education has proven that when a child's progress in school is equally dependent upon his physical fitness as upon his mental ability, the reports showing defective ears, eyes, skin or teeth are not disregarded by parents or pupil. Before the school authorities are justified in requiring a definite physical standard, provision must be made in a municipal dispensary to care for the remediable defects of children whose parents cannot afford to employ private practitioners. Since June, 1921, Bridgeport has enforced a physical educational program which requires several health standards for promotion. The dental requirement has been applied as a passing requisite from grade 5 to 6 since the major part of the dental hygiene work is applied to the first five grades. The promotional requirement has been (1) a clean mouth, (2) a satisfactory demonstration of home care of the mouth, and (3) no unfilled cavities in the permanent teeth. It is with considerable pleasure that I state that last fall practically 100% of the children passed from grade 5 to 6 with sound teeth and clean mouths.

Our experience has shown, however, that the present requirement is not ideal in its application, and for the coming June promotions a new plan is under way which will enforce a certain dental as well as other physical requirement for passing in all grades from 1 to 8. The requirement will be a different one for each grade so as to be progressive. By enforcing a requirement each year the accumulation of cavities or other defects is avoided. Under the new plan failure to meet the dental or any other physical requirement counts as a failure in a major subject, and failure in two major subjects prevents promotion. Thus a pupil failing in geography (or any major subject) and also failing to meet the dental requirement (or any one of the other physical requirements) fails of promotion. We believe this to be the fairest basis of requirement and feel that it will accrue greater physical benefit to the pupil throughout his eight years of grammar school.

In any compulsory health movement in the public schools the truly preventive program is centered in systematic education, and this must be the primary aim in an intelligent effort to permanently eliminate physical defects. I have been unable to outline the educational work in detail, but want to mention again the important place we believe it must have in the program. The effect of an educational program, although far reaching and permanent, cannot be realized for a period of many years and it is therefore necessary to compel corrective measures in conjunction with it.

As I have tried to show, the problem of so many physical defects and the structural



quality of teeth is a prenatal and pre-school problem and except for the relatively small numbers that can be reached through various clinical agencies, direct contact during prenatal and pre-school periods is impossible. Here again the public school becomes the only center where every family is represented and through which every family can be approached. It will take a long period before, through education, the teeth of the children entering the first grade will be improved but the permanent value of such education is well worth waiting for. The plan which we believe most practical is outlined as follows. From grades 1 to 7 a continuous progressive course is given by hygienists in correct feeding, cleanliness and other health habits. Although this is especially planned to improve the diet and health of the individual child, we know from nine years' experience that its influence is felt in the home, especially as affecting the pre-school children. Beginning in grade 6 all girls in the school system receive the domestic science cooking course which is compulsory and a promotional requisite. This course has received rather radical revision in the past few years, so that from these domestic science kitchens is carried into the home the lessons in

the preparation of whole grain cereals, breads and cookies, the preparation and cooking of vegetables to retain the mineral salts, and the utilization of raw vegetable salads. In grade 8 it is necessary to give a special course in baby feeding which, in conjunction with the domestic science of the 8th grade is a promotional subject. The general principles of milk modification must be taught, care of bottles and nipples, the preparation and use of cereal dilutants or gruels from whole grains as well as vegetable broths and purees. The practical side of the course is especially necessary to the girls who finish their schooling at this time.

As a logical sequence, the subject of prenatal, infant and preschool feeding forms the basis of a course for junior and senior high school girls, and must be compulsory regardless of the general high school course which these girls have selected. If spread over the last two years of high school education, a more elaborate and detailed treatment of dietetics is permissible. We believe that in a period of ten years the graduates of our schools will be the means of raising the intelligence of the community and thus aid in the permanent solution to the problem of mouth hygiene.

## THE INCIDENCE OF PARANASAL SINUS DISEASE IN CHILDREN\*

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**I**N dealing with the subject of paranasal sinus disease in children, I have laid particular stress upon the antra infections, first, because I believe the antra are the most commonly infected sinuses in children and second, because disease of these cavities is more readily determined by transillumination, X-ray and exploratory puncture.

The one hundred cases herein reported were a group of school children, ranging in age from four to fifteen years. There were fifty-three girls and forty-seven boys—all fairly healthy and not classed as malnutrition cases—who were admitted to the Rochester Dental Dispensary during the months of January, February and March 1923, for the removal of enlarged or infected tonsils and adenoids. I have summarized briefly their history of previous disease, chief complaint on admission, general physical examination and special examination.

### PAST MEDICAL.

Measles	54
Whooping Cough	48
Scarlet Fever	9
Diphtheria	2
Asthma	1
Meningitis	1
Pneumonia	1
Healed (?) Tb.	1

### CHIEF COMPLAINT ON ADMISSION

Mouth Breathing	73
Sore Throat	27
Swollen Glands	27
Fatigue Symptoms	27
Deafness	27
Earache, etc.	27

### GENERAL PHYSICAL EXAMINATION

Enlarged Thyroid	4
Irregular or Rapid Heart	2
Spinal Curvature	1
Evidence of old Rickets	1
Spasticity Legs	1
Evidence of Valvular Disease	1
Habit Spasm	1
Nothing significant in remaining	89

\* Read at the Annual Meeting of the Medical Society of the State of New York at New York City May 22, 1923.



## SPECIAL PHYSICAL EXAMINATION

Bad Tooth Decay	8
Very Large Glands at the angle of the jaw or in the anterior triangle of the neck	28
Tonsils which projected well beyond the pillars, so called 4+ Tonsils	52
Tonsils infected, as determined at operation	42
Pharyngeal Wall showing well marked chronic inflammation with thickening of membrane or follicles	46

## NOSE EXAMINATION

Turbinate with atrophic changes	4
Turbinate with distinct hypertrophic change	20
Turbinate pale and boggy	2
Pus or Mucopus, Nose	28
Pus or Mucopus, Nasopharynx	12
Transillumination of Antra, with large Greer-Jackson bulb	Rt. Lt.
Dark	16 13
Suspicious	9 8
Unsatisfactory, 7, account of age, etc	
X-Ray	
21 showed some degree of blurring of one or both sides	
Antra blurred—Rt., 9, Lt., 8	
Antra suspicious—Rt., 6, Lt., 4	
Ethmoids blurred—Rt., 6, Lt., 3	
Frontals developed and clear—Rt., 12, Lt., 12	
No interpretation made because of poor position, 8	

The antra which seemed cloudy on the X-ray examination were washed out under ether anesthesia. The method of procedure is not new, having been used for several years by Dr. Dean at the State University of Iowa. Before the tonsils and adenoids were removed, a small straight needle was passed through the antral wall under the lower turbinate. About 5 cc of sterile water was introduced into the antrum by means of a specially prepared Luer syringe, then the contents of the antrum were aspirated and macroscopically examined. Results of antra irrigation were as follows:

Evidence of infection in each antrum	7
Infection limited to one antrum	9
Fluid returned clear	4
Right antrum contained mucopus	5
Right antrum contained flakes	6
Left antrum contained mucopus	5
Left antrum contained flakes	7

Thus 16 per cent of the total in this series showed some pathology in the antra washings.

I believe that this group of cases is best classified under the head of "latent sinus infection" and any attempt to subdivide into subacute or chronic, is impossible. We might be better able to make a classification if a bacteriological report of the antra washings, a pathological study of the lining membrane of the antra and repeated washings were feasible. Possibly a great many of the antra infections clear up when better aeration is provided, following removal of tonsils and adenoids. Probably those sinuses containing flakes were already in the process of clearing up and should not be called diseased any

more than a sinus with clear return of fluid should necessarily be called normal. Theoretically, an antrum should be called pathological if there is inflammatory change in the lining membrane, if living organisms can be cultured from the washings or if there are present in the washings any products of inflammation. Practically, the latter is our best guide.

Reviewing the sixteen cases with evidence of infection in one or both antra, in regard to

1 *Sex* There were nine girls and seven boys. If the ratio were reversed, it would more nearly fall in line with current belief, namely that sinus infection is more common in males because of increased exposure to colds.

2 *Previous Illness* Seven of the sixteen had had neither whooping cough nor any of the exanthemata so that no definite etiological factor could be determined (approximately 50 per cent of the one hundred children had had either measles or whooping cough).

3 *Tonsils* Eight of the sixteen had tonsils which could be called 4+. Nine of the sixteen had definite evidence of infection in the tonsils. Thus, the percentage of infected tonsils in this group runs a little higher than in the total group of one hundred while the number of 4+ tonsils is about the same.

4 *Clinical Evidence of Sinus Infection*

Chronic pharyngitis	7
Enlarged turbinates	5
Pus in nose or nasopharynx	11
Transillumination dark or slightly shaded	11
Transillumination unsatisfactory	1
Transillumination clear	2

About all that one can deduct from the comparison of clinical signs and X-ray findings with results of antra washing is that no one finding alone is diagnostic. It is certainly impossible to differentiate the pus of sinus disease from that of obstructive lesions in the nose and throat in the type of cases referred to in this paper. If pus reappeared in the nose after wiping the membrane dry, it would be a significant fact but we could hardly expect such a finding in anything except an active case. The presence of pus in the middle meatus, on one side, with a dark antrum on that side, would very likely be verified by blurring of that side on X-ray and positive findings on washings. But there are many pitfalls in making the diagnosis of sinus disease with insufficient data. Transillumination is one of the signs which often fails in children, besides the variation in thickness of bone, there is the mass of unerupted teeth in the antral floor which may give the same cloudiness as a pus filled antrum. The same cloudiness may appear on X-ray if care is not taken both in regard to the position of the patient and the interpretation of the film. As far as the value of the X-ray in diagnosis of sinus disease is concerned, I believe that it is of most value in determining disease of the maxillary antrum—Skillern places the relative value of X-ray in sinus disease in the following order: (1) maxillary antra, (2) frontal, (3) sphenoids, (4) ethmoids. However, we may wish to place



thus relative value, the fact remains that washing out the sinus is the best proof of the presence of infection. I chose the study of the antra because of the frequency of infection in these cavities, because the antra are the most convenient of the sinuses to enter with an exploratory needle and because, with proper care—bearing in mind the height of the antral floor—there is practically no danger from the procedure. I believe the danger is considerably increased in infants and very young children where the distance between the mesial and orbital wall is short. While in hospital service I saw, following antra puncture, one orbital abscess and one injection of fluid into the cheek (neither resulted seriously) but I have never seen a patient with symptoms of air embolism following puncture—the latter occurs with sufficient frequency that it should be kept in mind.

Since there were no lateral views of the sinuses taken in this series, I have no report to make on the upper posterior sinuses. Most writers are agreed that, in children, the sphenoids and ethmoids are next in clinical significance to the antra, while the frontals play a very minor role. Dean, in his study of the sinuses in children with systemic lesions, has found a higher percentage of antra infection than is reported in this series. Post mortem studies of the sinuses in both children and adults make us wonder if there is a normal sinus in the so-called catarrhal belt. One autopsy report recorded 54 per cent of all adults with infection in one or both sphenoids. The fact that the late winter months were chosen to make this investigation of the antra, when "head colds" are prevalent, probably increased the number of positive findings.

How much significance to attach to the finding of infection in an antrum is a question which is difficult to decide. There are three plausible explanations of infection of the sinuses: (1) mechanical blocking by enlarged tonsils and adenoids, (2) by direction extension, (3) through lymphatic connection with Waldayer's ring. The

theory of blood stream infection does not seem to be more than a possibility. Infection through the alveolus is certainly rare—if not unknown—in children. Dean has found in a large series of cases that about 80 per cent of the antra infections in children clear up following removal of tonsils and adenoids. If this percentage holds true in all cases, we are undoubtedly clearing up a great many antra infections by removal of tonsils and adenoids.

I had the opportunity of examining part of a group of five thousand children who had been operated for tonsils and adenoids at the recent clinic held in Rochester. A careful nose examination was not made at this time but the presence of a badly inflamed pharyngeal wall and glands in the neck, in a considerable number of these cases, seemed to me significant. Most of the children had had good care of their teeth at the Dental Dispensary so that, by exclusion, some nasal or paranasal sinus infection was suggested. Perhaps the removal of the barrier or filter between the oral cavity and the glands of the neck accounts in part for the enlarged glands, but I have judged that the presence of a chronic pharyngitis, with or without enlarged glands, means trouble in the nose. Thus may be a false assumption. Some one has called the membrane of the nose the "show window" of the sinuses, I believe that the membranes of the nasopharynx and pharynx also act as indicators of pathology in the sinuses and that pharyngitis and nasopharyngitis are not in themselves clinical entities but coexist with sinus disease. The difficulty lies in diagnosing the sinus infection.

Kaiser's report on the effect of tonsillectomy in five thousand children, based on a study of the group one year after operation, reveals several interesting facts. His figures show that mouth breathing, frequent colds and sore throats are the symptoms which are most apt to be relieved by tonsillectomy, that cervical adenitis is often unrelieved—that 22 per cent who had been free from this symptom before operation showed definite glandular enlargement at the

## SIGNIFICANT THINGS IN HISTORY OR FINDINGS OF THOSE WITH INFECTED ANTRA

No.	Sex	Age	Measles	Croup	Wh.	Tonsils	Chronic Pharyn	gitis	Turb. + +	1 us	Trans.		Dark	Antra	Washings	
											Rt.	Lt.			Rt.	Lt.
1	F	7	1	0	1	1	1			1	Unsat.	Unsat.			Flakes	Flakes
2	F	7	1	1	1	1			1	1	1	1			Pus	Flakes
3	F	7	0	1	1	1	1			1	1	1			Flakes	Flakes
4	F	8	1	1	1	1				1	1	1			Flakes	Flakes
5	M	15	0	0	1	1	1		1		1	1			0	Pus
6	M	7	0	0	1					1 N P	1 (?)	1 (?)			Pus	0
7	F	8	1	0	1					1 N P	1	1 (?)			Thick pus	Thick pus
8	M	11	1	0		1				1	1	1			Flakes	Flakes
9	F	9	1	1	1	0				1	1	1			Pus	Clear
10	M	5	1	1	1	1	1		1		0	0			Flakes	
11	M	7	0	0	1	1	1		1	1	1 (?)	1 (?)				Thick pus
12	M	6	0	0	1	1				1	1	1			M	Pus
13	F	8	1	1			1				0	0			Flakes	Flakes
14	F	8	0	0	1					1	1	1			Pus	Pus
15	F	6	0	0		1				1 N P	1 (?)	1 (?)			Flakes	Flakes
16	M	14	0	0	1	1			1	1	1				Pus	



time of re-examination. Then there were one hundred and thirty-three children (25 per cent) with middle ear infection after operation, who had never had ear trouble before. There were just enough of these cases with new complaints after operation, or with complaints unrelieved by operation, to cause tonsillectomy to be condemned by some of the medical profession as well as the laity. Needless to say, we can never expect perfect results in any group of operative cases but, with more careful preliminary study of our tonsil cases, we will have a fairer means of making a prognosis and will be better able to determine cause from effect. Confusing cause for effect I believe to be one of our common mistakes. If we see tonsils which are swollen and obtain a history of mouth breathing and frequent colds, we must not forget that the tonsils may not have been primarily at fault, that a marked hypertrophy of the tonsils may exist at the time of one examination and at another time, with the subsidence of nasal obstruction, the tonsils may be well within the pillars.

One of the causes of nasal obstruction with resulting tonsillar swelling has been brought out in this paper. Other, and perhaps more frequent causes of mouth breathing are force of habit, hypertrophic rhinitis, bony obstruction in the nose, anaphylaxis, etc. According to Kaiser's report referred to above, all but nine per cent of the five thousand children examined obtained relief from nasal obstruction by removal of tonsils and adenoids. If we were to limit our study to this nine per cent, we would probably find no higher incidence of sinus infection than in the remainder of the group. In our routine histories we are apt to overlook certain symptoms which to us seem trivial, but which are considered suggestive—if not diagnostic—by certain pediatricians who have devoted much time to the study of sinus disease. Byfield mentions, besides

the common symptoms of discharge, sneezing, etc., headache, irritability, lessening of appetite, unexplained fever and facial appearance of depression. He feels that, in chronic nasal sinus infection, we have a hitherto unappreciated cause of systemic disease, that there is no reason to lessen regard of the influence of tonsillar infection but that the sinuses must be included.

#### SUMMARY

(1) Sixteen per cent of one hundred school children operated during the winter months showed infection in one or both antra.

(2) The X-ray film was relied upon to determine whether or not an antrum should be washed out and if the washings showed pus, muco-pus or flakes, a diagnosis of infection was made.

(3) Clinically, there was nothing to differentiate those with sinus infection from those without infection. The histories were practically the same as those of the ordinary tonsil-adenoid patient.

(4) It has always been assumed that tonsils and adenoids are a casual factor in sinus disease. A study of this same group one year later will help to throw some light on that relationship.

We have been slow to recognize paranasal sinus disease in children. The term "chronic nasal catarrh" and "catarrhal condition associated with adenoids" have been used in the text books but are now displaced by more specific terms. We do not rely on symptoms to make a diagnosis of middle ear infection in children, but have made examination of the ear drum a routine procedure in the presence of any respiratory infection with fever. Examination of the sinuses requires more time and patience than inspection of a drum membrane, but I believe that sufficient clinical significance has been attached to sinus disease in children to warrant more careful study.

### HISTORICAL SKETCH \*

JOHN VAN DUYN, M D

SYRACUSE, N Y

IT is commonly said that we know nothing of the events of life before history, because there is no written record of those events. Today this saying is positively untrue. For, to those who observe and reflect, even the bare rocks tell the plain story of early life, and we ourselves by shape, thought and action make a record that cannot be contradicted. This is true not only as to normal life, but also true with respect to the departures from the normal which we are pleased to call disease. For, as we know,

the sense of discomfort and the appeal for relief come alike to animals of all kinds; they seek seclusion and rest when ill and when wounded, and, more remarkable still, they know the remedies in the proper grasses and plants that secure for them relief from suffering and recovery of health.

The humble bacteria will get accustomed to the poison that easily destroys them and passes this possession on to us so that, for example, with the kind assistance of the cow and the horse, smallpox and diphtheria have almost ceased to annoy man.

\* Read at the Centennial Meeting of the Wayne County Medical Society, July 10, 1923.



The chromosome of the animal cell are faithful by their immortality, to guard not only the existence of their race but also the shapes of individuals and even their acquired powers of intelligence—Bryan to the contrary notwithstanding!

That a lasting memory of the practice of the earliest men grew out of the memory of our earlier germ cells need not concern us. We are happy enough, in our semi-ignorant state—to have handed down to us what we may be satisfied to call the empiricism of the past—that knowledge that the Iroquois Indians used nearly 300 years ago when they saved a crew from destruction by scurvy by the infusion of hemlock, and taught the earliest pioneer the value of sassafras leaves as coverings of open wounds.

This hint, my friends, of the past, and that more comprehensible of facts, as recorded in written history of later times when Hippocrates first told us how to study disease has become themes for enormous books in all tongues in all times. Though much of it is an 'old song' we flatter ourselves it is better sung now than ever, and, better yet, it and all other sciences whose melodies man is getting to hum are growing into great harmonies.

Surely the time here is too short for any even apologetic review of the history of medicine as given me for the subject of my talk today. I believe you will be better pleased if I make a hurried, stumbling run over the medical history of the time that has elapsed since the date of the origin of this society and of my own introduction to the practice of medicine.

For, though this Society whose existence does not cover more than the duration of 100 years, nor my own duration longer than that, yet the apparent inexactness of our start in life is more apparent than real, for within our lives the glory of medicine has bloomed. Though scientific medicine belonged to the genius of Hippocrates and had its birth in the 5th century B.C., soon after its birth it went into its long sleep, which ended only within the last 100 years. We recall the vogues of blood letting and mercury. In 1833 France imported 41,500,000 leeches and exported 9,000,000 and it is only within the last 50 years that the practice of blood-letting in the treatment of disease ceased to be universal. In 1865 the management of a hospital at Chambersburg, Pa., fell to my lot. One day walking the street, I passed before the door of the leading physician of the town. An elderly woman was sitting near the door. Her right arm was bared and bound by a bandage above the elbow and supported over a tin basin, which caught a slow small stream of blood which dripped into it from the arm. During the Civil War and for some time before, this practice was fast waning. For the

doctrine of Broussais, which held that sickness was due to the overstimulus of irritation and heat, to be counteracted by bleeding and opium, was successfully fought by Louis, the then greatest clinical physician at Paris.

The effects of ether were demonstrated in 1847, Virchow proclaimed his cellular pathology in 1858. Laennec showed the value of auscultation in diseases within the wall of the chest, Pinel at Salpêtrière in Paris took the chains of the limbs of the insane and with them at once disappeared the easily imagined inhumanities of all kinds that had accompanied chains, close confinement and restraint, and had made the lives of the mentally sick sad and pitiable to the extreme.

During this time science made immense strides of advancement by the founding of the most substantial laws in physics, chemistry and biology. Helmholtz pronounced the doctrine of the "Conservation of energy", universally it was seen and acted upon that the laboratory was an essential associate of study for the accomplishment of exactness and stabilization of discovered truth in science. And with these, and even greater than these, was Darwin, who wrote the "Origin of Species"—a close companion of the Biologist's Bible, an admitted brother in doctrine of the Bible of the Theologian. And then the great star in the whole constellation of doctors, scientists, humanitarians came into the sky. It was Pasteur, the son of a poor Strasburg tanner. He was a chemist, born December 27, 1823. He had a grand inheritance. With this we know the road he traveled—that of unceasing work by method, with an aim to know, by observation, deduction, experiment, the answer to every question that he proposed to himself. His discoveries have been humanity's greatest blessings. The common belief of his early day was that life appeared *de novo*, or, in the words used by the hosts of investigators in Nature, by "Spontaneous Generation." Pasteur proved that life was preceded by life—he showed that fermentation was due to animal life—hence the old doctrines of pure vitalism and of chemical chance by contact, or farther back than these, the word of a deity, fell before scientific contradiction. Immediately following the establishment of the foundation truth of the origin of life from ancestral life came the flood of dependent truths of the origin of disease in the whole range of living things—from the origin of disease to its remedy—from the yeast cell and its infirmities to hydrophobia, and, farther yet, it includes the spirit and work of the broadest field of human life—its environment, and its susceptibilities to growth in glory and to its decay in disgrace.

The history of medicine is a never ceasing fascination. Its interwoven facts seem to lead



eternally backwards, and its guiding star still brightens the path eternally forwards

But we must keep track of the time allotted to us, and, with your kind permission, we will devote the rest of our historical talk to a reminiscence. Perchance there are some others here who will enjoy the recall, when, in the early sixties, the struggle went merrily on, on to the relative merits of ether and chloroform, when vitality often claimed the floor in an argument over a cause of death, when communities here and there yet assembled in churches and temples in a united effort to change the mind of deity as to drought, famine, or the prevalence of an epidemic. Sixty years ago was not a long time, but these last 60 years measure an enormous progress in every form of knowledge, even to that of the way of getting satisfaction for racial and national hate. Let us confine ourselves to the century of this society and our own experiences. Gerhard, in 1837, wrote a paper, showing the clinical and pathological difference between typhoid and typhus fever. And yet, it fell to my lot during the Civil War to spend weeks in the dead-house in the preparation of specimens of intestinal ulcer and perforations that were incident to typhoid fever. Speaking of typhoid fever, there was considerable discussion over the treatment, as by feeding or by little or no food, and the choice of remedies. In 1862 at David's I'd quinine was greatly favored. On one occasion a patient, with a sure diagnosis of typhoid, procrastinated his end's approach, and the case seemed finally to become complicated by an intra-abdominal tumor. Quinine in one grain doses, in sugar-coated pills had been given during the whole duration of the disease. The autopsy disclosed in the descending colon an accumulation of over a quart of undissolved quinine pills. The result of this treatment brings to mind that at a general hospital in Washington the consensus of opinion favored the use of arsenic in the treatment of typhoid. One hundred and twenty recent typhoid cases, at the front, of typhoid or typhomalarial fever, came under my care. Of this big number under the arsenic treatment only two died, many recovered and the others were convalescent when I was relieved for another duty. The recoveries led to expressions of varying degrees of skepticism as to the validity of any medical treatment. I was among the skeptics.

Of course, before the time of ether, when the reliance was the uncertain and variable effect of opium with other such remedies at the time of capital operations, the surgeon's work was characterized by speed and accuracy of maneuver. In our Army Hospital on David's Island, in 1862, Dr Carnochan, an old time surgeon of New York, was invited to give an exhibition of the old time art of amputation. As to this operation, although ether had been administered, the patient was assumed to be fully conscious, and other-

wise ready as for the ordeal of some 10 to 15 years before. The dress of the operator and of his assistants was wholly informal. Gowns and masks had not yet been thought of. At a given signal the doctor grasped the thigh with his left hand and the knife held by the right hand made seemingly but two swift movements. With the sawing of the bone the operation was finished—all in less time than it has taken me to describe it. Of course the vessels were tied more deliberately, and the wound flaps were held widely separated "until the raw surfaces glazed," so as to ensure a generous after-flow of laudable pus. The long silk ligatures to the vessels came away in little less time than two weeks, the pus discharge, always laudable, ceased and the stump healed.

It was early seen to be true with regard to success and failure following surgical operations that those of the surgeons who were known best for their speed and faultless technique had an enormous percentage of deaths, while those whose operating tables were rarely surrounded by curious visitors, and whose operations were preceded by delay and watchful care as to favorable conditions of strength and hope in the patient, and the after-treatment was in all conscience ruled by constant watchfulness and intelligent direction—these were thought by many to have the charm of some rare luck of success, but to them was conceded the crown of the greater glory. The operations of that day were confined to amputation, resections, the rare trepanizations (always too late after wounds of the head), herniotomy, plastic operations, and, at rare intervals, bold efforts suggested by ambition or fallacious reasoning.

At that hospital, and about the same time, small-pox made its appearance. The cases, of which there were six, were secluded under a most rigid quarantine and every human being on the Island was vaccinated with crust vaccine. This reminds me of the French and German army experiences in the Franco-Prussian War of 1870-71. The Germans were rigid in their enforcement of vaccination and lost only 297 cases of small-pox, but the indifference of the French to vaccination was the cause of a loss in their army of 20,000.

It must not be forgotten that in the 60's a wound of a peritoneum or brain meninges was thought to be necessarily fatal and death almost invariably followed operative procedure on these organs. Amputations above the knee were fatal in about 50% of cases, amputation at the hip was generally without hope, and nearly as much may be said of the same operation at the shoulder. I am giving these figures from memory of the belief of surgeons in the earlier years of Civil War. David's Island, in New York Harbor, was far from the front and the means of communication were ample and, for that time, sanitary. And yet from time to time, here as else-



where, gangrene appeared in wounds. No care was taken by isolation or in other ways, to prevent contamination of others. The ignorance of the day was too profound. But there was a growing feeling that the air of a gangrene wound was not good for a healthy wound. So, if a number of cases should arrive, all more or less gangrenous, they were put in pavilions or tents by themselves. Besides these, here and there a surgeon expressed his belief in some poisonous miasm or germ or chemical what-not, as a cause. On one occasion an associate cadet having become stirred up by a lively argument on this matter, determined to solve the question by an experiment on himself. He inoculated himself by two extensive insertions of slough from a gangrenous wound and covered the wounds by glass. The attempt failed, and the abrasions healed quite as promptly as a wound of unsuccessful vaccination. This was to determine the question also whether the poison of gangrene would attack a healthy wound on a healthy person. Two years after it fell to my lot to serve at Louisville, where Dr. Middleton Goldsmith was in command of a large general hospital on the north bank of the Ohio River. From his observations at Nashville where old tobacco storehouses had been converted into army hospitals, which in turn became hotbeds of hospital gangrene, he was convinced of the value of fresh air in the treatment of gangrene. Also he argued that the ulcer of the disease could be "eaten out" by bromine in the pure state. He proposed the cure of gangrene by fresh air, tonics and bromine. Dr. Goldsmith was given charge of the Hospital at Louisville. There were tonics and bromine, and fresh air in abundance was gained by the use of tents. It seemed to us, who did the work, that it made little difference whether bromine, iodine or a combination of either of these with creosote was used as applicant to the slough except that bromine alone destroyed the living tissue far beyond the border of the wound. To him the poison was purely chemical and bromine was the antidote.

Our experiments with these substances were not interfered with by Dr. Goldsmith. What we saw proved to us that the combined iodine and creosote affected chiefly the slough and promoted its earlier separation. It had the great advantage of leaving a clean and much smaller raw surface. The death rate was small. Only too often were contractions and deformities hideous to look at, and disabling.

Louisville was a war center. From it radiated the roads that led to the front in all directions. And, naturally, it was the haven of refuge to those who would escape from the playground of maneuvering armies. These refugees consisted of the old, the infirm, women and children. At that day sanitation of camps was beginning to be a theory only. Crowding, exhaustion, insufficient

food, exposure—the every curse of ignorance and superstition invited epidemics, one after another, and often in fierce rivalry, as companion scourges. Today when reviewing the efforts of cities and even of the smallest communities to perfect the defences against disease, the scenes of that refuge camp rise with heart-rending horrors.

Reform in medical education began fifty years ago. Before then it consisted of office and bedside observation and acts under the eye and direction of a so-called preceptor. In this school to which great credit has always been given because of the opportunity to learn through the means employed, there was only one teacher. He, as so often happened, was now and then a scholar, often a half informed egotist, a tyrant insisting on blind belief and obedience, a master exacting menial service, a horse trader, often a drug or alcoholic addict—in kinder words, perhaps, a teacher who taught as he was taught, who fixed a stagnancy as to principles of virtue and increased his inherited accumulation of vicious habits. Even now, does not the older doctor and teacher securely resent expressed skepticism of the truth of his word, or suggested innovation, or, and especially, contradiction? I need not review the history of recent changes in medical education. Medical literature is full of what is going on. We may dismiss this subject now, but we shall surely go away with the subject in mind of the trend of schools. My school of graduation in medicine at Louisville in 1865, was, a little later, one of the eleven medical colleges in that little city. Now there is only one College of Medicine, and that one is a department of a University, with a modern hospital and fully equipped laboratories. The law and practice now is the student must have had a preparatory instruction in physics, chemistry and biology. The course is graded with a duration of four years. Now new questions arise. The arguments are similar to those used in the eight hour discussions for a day's labor. Cabot says that in the later hours of a college study day the student "takes little in and gives nothing out." Again, what means the passing of the family doctor? And again, which is the better for the relief of suffering and protection from death, the old fashioned doctor and friend, or the specialized product of laboratories? Surely many of you will find out by the trial, what the answer to this and other questions will be. Prophecy is worthless. History has not recorded life under its present conditions and is, therefore, dumb. You may be trusted to help in the solution of questions that are now pressing—for you will observe, reflect and judge.

Let me extend to you the congratulations and best wishes of your brethren of the County of Onondaga. I thank you.



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But we must keep track of the time allotted to us, and, with your kind permission, we will devote the rest of our historical talk to a reminiscence. Perchance there are some others here who will enjoy the recall, when, in the early sixties, the struggle went merrily on, on to the relative merits of ether and chloroform, when vitality often claimed the floor in an argument over a cause of death, when communities here and there yet assembled in churches and temples in a united effort to change the mind of deity as to drought, famine, or the prevalence of an epidemic. Sixty years ago was not a long time, but these last 60 years measure an enormous progress in every form of knowledge, even to that of the way of getting satisfaction for racial and national hate. Let us confine ourselves to the century of this society and our own experiences. Gerhard, in 1837, wrote a paper, showing the clinical and pathological difference between typhoid and typhus fever. And yet, it fell to my lot during the Civil War to spend weeks in the dead-house in the preparation of specimens of intestinal ulcer and perforations that were incident to typhoid fever. Speaking of typhoid fever, there was considerable discussion over the treatment, as by feeding or by little or no food, and the choice of remedies. In 1862 at David's I'd quinine was greatly favored. On one occasion a patient, with a sure diagnosis of typhoid, procrastinated his end's approach, and the case seemed finally to become complicated by an intra-abdominal tumor. Quinine in one grain doses, in sugar-coated pills had been given during the whole duration of the disease. The autopsy disclosed in the descending colon an accumulation of over a quart of undissolved quinine pills. The result of this treatment brings to mind that at a general hospital in Washington the consensus of opinion favored the use of arsenic in the treatment of typhoid. One hundred and twenty recent typhoid cases, at the front, of typhoid or typhomalarial fever, came under my care. Of this big number under the arsenic treatment only two died, many recovered and the others were convalescent when I was relieved for another duty. The recoveries led to expressions of varying degrees of skepticism as to the validity of any medical treatment. I was among the skeptics.

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many other scientific agencies for diagnosis and for cure have appeared. Statistics show that in this country an average of 15 years have been added to the life of men by means of medical discoveries.

Surgery has been given a new birth. First came the anesthetics, making the operations painless and less dreadful. Of course surgery is not to be compared to medicine in its great benefits to the race. Comparatively few of us ever have our lives saved by a major operation, but typhoid, diphtheria, malaria used to be the common lot from which few escaped without some experience. But surgery, while not preventing so much sickness, and not saving so many lives as medicine, is of great importance in some cases, is speedy, spectacular and popular. Its great impetus came by the application by Lister of the principles discovered by Pasteur. In order to show the progress of the art, let me give you an example of how surgery was done 40 years ago.

I was principal of a village academy and a student of medicine, and had attended one summer term in a medical college. The doctors of the village used to take me to see their cases, as a medical student. One day the richest man in town got a strangulated hernia. They sent for Dr. Hyde, Professor of Surgery in Syracuse University. He arrived at dusk after a 20-mile buggy ride over the hills from Cortland. He decided to operate at once. The kerosene lamps of the farm house gave a poor light and I thought of a large lamp with a reflector in the Academy hall. I went and got it and was ready with it as soon as the man was anesthetized. There was no scrubbing of the patient's skin nor painting with iodine, no boiling of instruments nor scrubbing of the hands of the surgeon. The family tin wash basin with water from the pump was within reach and sea sponges were in it. They were used to sponge up the blood from the wound and keep it clear. Dr. Hyde cut carefully but rapidly, lifting the tissues with a thumb forceps and dividing them as he named the several coverings of inguinal hernia for my benefit as he did so. On reaching the gut it was seen to be dusky but viable. He attempted to reduce it by pushing it through the ring into the abdomen but it would at once return. Then he stuck his finger through the ring at one side of the gut and found a constriction which did not allow the gut to go clear back. The five doctors of the village were all present. He asked each one in turn, beginning with the oldest, to put his finger into the wound and explore the abdominal ring and feel the constrictions. Each one did so. Not one washed his hands before doing it. Then he asked me to set down the lamp and feel the constriction. My hands were covered with a mixture of dust, dead flies, and kerosene oil from the bowl of the lamp and I remember wiping my

forefinger on my pants on the place covered by my coat-tail and sticking it as far through the ring as I could so as to locate the constriction. Then Dr. Hyde with a blunt pointed narrow knife held with the flat against his finger introduced finger and knife together until the constriction was passed when he turned the knife, dividing the stricture and the gut fell back into the abdomen of itself and remained there. He sutured the wound with silk and remarked while doing so that he supposed that if Lister was here he would wash the wound with a solution of carbolic acid. As no one had any carbolic acid there, this was not done. The man recovered all right, the skin healing by "first intention," but about a week or ten days after the operation pus was found beneath the patient in the bed. It had followed down the cord and burrowed through the most dependent part of the scrotum in large quantity. Laudable pus they called it.

Surely surgery as well as medicine has been keeping pace with the progress of the world. From the oxcart to the automobile, the stagecoach and sailing vessel to the railroad and the ocean liner, from the news by slow mail to the telegraph and the wireless, how could we live without these things? But without medical knowledge these things might hasten us to destruction. With these wonderful advances in the manner of living there are additional dangers and responsibilities. The concentration of our peoples in cities, their crowding together and traveling all over the world in such unlimited numbers offer peculiarly easy opportunities for the spread of contagious diseases. The plagues and pestilences which in past history used to spread over communities and countries in spite of their isolation and non-intercourse would sweep over the world today like wildfire and devastate the world as never before, were we not protected by medical science. Let all we know about sanitation and prevention of the spread of such diseases as yellow fever, Asiatic cholera, the plague and smallpox be forgotten or the practice of these things abandoned, and our great and teeming cities might by a succession of disasters become as Nineveh and Tyre, annihilated and deserted because of plagues.

Medical science is appreciated. Its principles will not be forgotten nor its work discarded and displaced by the vagaries of cults. Never before has so much been done for the public health and never have the people been so appreciative of the work of physicians as today. Every city has hospitals and social workers, every county its Red Cross nurses, every town its health board, every school its school nurse, and all under the direction of medical men. Immense sums of money have been given to establish institutions for research and for the endowment of medical colleges.



When I graduated from a literary college over 40 years ago three professions were open to me with their allurements. Theology, Law, and Medicine. I chose the last on the list, the one then held to be the least promising and the least attractive. What has happened to these professions?

Theology has come into conflict with science and has been literally shot to pieces, its old strongholds abandoned, and while there is, I believe, more religion in the world than ever before and of a better kind, the science of theology no longer attracts college students.

Law has lost much of its prestige. The prevalence of lawlessness today seems mostly due to the delays and lack of enforcement because of the loopholes for escape provided by the lawyers, particularly for the rich, and the advantage in civil cases for the man with money is notorious. Lawyers as a class are opposed to the new order of social justice and still hark back to decisions made under conditions long ago outgrown and obsolete. Lawyers seem incapable of keeping up with this progressive and ever changing age.

I repeat, medicine alone of the three professions is fully abreast of the times. However we have enemies. Quackery we always had and always will have, but we have never before seen such an organization of quacks as we have today. Why do they succeed with our legislators in getting recognition? Why are people of supposed intelligence deceived by them? I suppose one reason is that people are afraid they will deprive someone of their liberty if they pass laws to repress quackery. But the principal reason, I believe, is that while we doctors do not follow theories but only thoroughly ascertained facts, the people have not reached that point. They are still fond of theories. It is so much easier to explain things in medicine by a theory than to learn the facts. Perhaps they remember when doctors had theories and that they generally believe we are still theorists. And so whenever any new cult appears they hail it as a new discovery. The latest thing out and so the thing to adopt. We find it hard to combat these delusions because we ourselves have not always been free

from them. It should not be our province to prosecute these charlatans. They indeed are doing much harm to the deluded sick, and it is our duty to expose and denounce them, but we ourselves are not suffering from them in a business way very much. It is the deluded public that suffer. I hope that if another bunch of quacks are ever recognized and licensed to prey upon the sick that they will not be classed together with doctors of medicine in any way whatever. I can conceive nothing so absurd as would be the putting one of these ignoramuses on the State Examining Board to examine and license graduates of our medical colleges for a license to practice medicine, as was done in the case of the osteopaths.

I believe doctors are becoming better organized for self protection and for the protection of the public than they ever have been. With all deference to the faithfulness to their patients of the old time doctors, in their relations to their neighboring practitioners they were like the bull moose, that solitary and jealous animal that will not brook the presence of another of his kind in his neighborhood. I believe this spirit has brought us into great disrespect in many communities. But I believe we are seeing less of it today. In the small village where there are but two doctors the two ought to be bosom friends and if there are four or five they ought to form a club and have regular meetings.

It is one of the good offices of the Wayne County Medical Society for the members to get together, exchange views, learn to respect each other and stand by each other. Defend each other from the petty and vicious criticisms we hear people circulate. In this way by united effort we shall be able to wield more influence in our various communities, and be of some weight in shaping legislation favorable to the general good in medical matters.

To sum up the whole matter, progress in medicine depends upon the pursuit of truth as revealed by scientific research, and as found by experience in actual practice, and upon the solidarity of its devotees in a brotherhood of effort for the common good of the race.





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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## HOUSE OF DELEGATES

March 14 1924

The regular annual meeting of the House of Delegates of the Medical Society of the State of New York will be held on Monday April 21 1924 in the Hotel Seneca Rochester N Y at 2 P M

ORRIN SAGE WIGHTMAN, M.D., President

E. ELIOT HARRIS, M.D. Speaker

EDWARD LIVINGSTON HUNT, M.D., Secretary

## THE MEETING OF THE COUNTY LEGISLATIVE CHAIRMEN, HELD AT ALBANY ON MARCH 19, 1924

It was with some misgivings that the President of your Society attended a joint meeting of all the Legislative Chairmen from the counties of New York State held in Albany on March 19, 1924.

Our Legislative Bureau, under the able leadership of Dr. Vander Veer, has been so active in all departments and we knew that the legislation impending was of so grave a character that we felt more time than an afternoon must of necessity be devoted to the solution of the various questions propounded.

After a delightful lunch, at which Senator Love, Dr. Matthias Nicoll, Commissioner of Health, and Dr. Augustus Downing Assistant

Commissioner of Education, spoke briefly to the assembled delegation the meeting went into executive session and seriously considered the various legislative questions the program offered.

It is much to the credit of your Chairman of the Committee on Legislation Dr. Vander Veer, that the meeting was so well organized and an immense amount of work was accomplished.

Probably paramount in importance was the action of the various counties relative to our amended Medical Practice Act. A few men came to the meeting instructed from their counties with objections of a minor character to the re-registration phase of the bill. Those who came willing to hear the facts as they came up for



discussion properly exercised their prerogatives and came out with the majority in favor of this bill. It was a pleasure to finally place upon record at this meeting of the Legislative Chairmen an unanimous vote in favor of the amended Medical Practice Act as drawn up by our Counsel for the State Society.

One physician who recorded his objections stated that it was the ablest effort he had ever known on the part of the State to correct, through a Medical Practice Act, existing abuses.

Another who came down stated that his Society after a more careful consideration of the advantages to be obtained felt that they far outweighed the minor objections, and he wanted to reverse a previous action of his Society and go on record as in favor of the bill.

This attitude on the part of men who were willing to see the larger motive in our effort to clean the State of illegal practitioners was all the more encouraging because it indicated the most important part of our whole campaign, namely *the Solidification of the Medical Profession on Questions Vital to Their Interest*.

If our meeting on the 19th did nothing more than solidify medical thought, the time was well spent. It did more than this.

After a careful consideration of the methods employed, the lobbies used, the retainers offered, the advertising carried on and the terrific amount of propaganda offered by illegal cults, we were deeply impressed with the facts that the medical profession could never combat any of these abuses by holding its hands and sitting in silence.

We have accomplished stupendous things in education when awakening our men to the needs of medical economics. We believe they are beginning to read the Journal. We believe that the policy of sitting quietly while the tide rolled over them is a thing of the past and we feel the year 1924 has been a very important one in re-establishing the medical determination in the State that Medicine shall be kept clean, that the public health shall be safeguarded. It is going to take money to properly support a Legislative Bureau in the city of Albany. We cannot indefinitely call upon men like Dr. Vander Veer to devote five months of each year to upholding medical standards in the State and safeguarding us from the charlatans, merely for the honor of

his office. When illegal cults can spend from \$100,000 to \$150,000 yearly in pushing and subsidizing legislation, how can the Medical Society of the State of New York hope to cope with it on the pittance we are at the present time devoting to this object. Our Senators and Assemblymen are anxious to be enlightened, not with silence, but with an active request on the part of their medical constituents for such legislation as they think desirable. They must be told what is required of them, not by sulkily looks and objections, but some constructive thought which can be wielded into the law and placed upon the statute books.

We personally regret that the medical profession must take any action toward self-perpetuation, but the commercial inroads, the economic demands, the social uplifters, the welfare worker, the long-haired man and the short-haired women are growing by leaps and bounds and rapidly invading the field which formerly was a dignified profession. We must recognize this fact and be ready and waiting when the storm overtakes us rather than crying out for needed help when we have conducted an indifferent preparation of do-nothingness.

We probably never can be politicians, nor do we want to, but a simple type of propaganda, educational in character, which may tell the people the truth will go a long way toward exposing the faker who lives upon the credulity of the people. The reason today we are helpless, is because our opposition is authorized by law to carry a pistol in the public press and we are denied the privilege of self-defense by meeting publicity with like publicity. The slightest effort on the part of the medical profession to make a clear statement of facts invariably meets with an abuse from every illegal practitioner for miles around. He calls it persecution or bigotry and names unfit to print. He is more fearful of the law of publicity than of any force we might exert in legislative halls, for in the one instance everybody might read it and in the other instance he is able to "find a way." We feel that the meeting of the Legislative Chairmen of the Counties of New York will long be remembered as a milestone in the progress of medical advance in the Society for many years to come.

ORRIN SAGE WIGHTMAN, M.D.

### HOW DO WE STAND?

The meeting of the Chairmen of the Legislative Committees of the several counties which was held in Albany on March 19th afforded the first opportunity for a test vote on the question of the attitude of the physicians toward the Practice of Medicine Act. The sentiment was unanimously favorable toward the general object of the proposed act—that of preventing the prac-

tice of medicine by unqualified persons. It was well known that some groups of physicians objected to the re-registration feature of the act so strongly that they were likely to oppose the entire bill. However, the opposition did not take that attitude, and the almost unanimous sentiment of those present was in favor of the bill as introduced. Those who opposed re-registration were



willing to forego their active opposition in order to support the greater features of the bill. The expected division of the medical profession over the proposed act failed to develop, and the chiropractors were deprived of the aid and comfort which they had expected.

At the present writing it is expected that the following medical organizations will be represented at the hearing on March 26th, and that their representatives will speak in favor of the act.

1 The State Medical Society represented by the President, Dr. Wightman, the Chairman of the Legislative Committee, Dr. Vander Veer, and the Counsel, Mr. George W. Whiteside.

2 The State Department of Health by the Commissioner of Health, Dr. Matthias Neoll Jr.

3 The Department of Health, New York City, through Commissioner of Health, Frank J. Monaghan, or his representative.

4 The State Department of Education through Dr. Augustus S. Downing, Assistant Commissioner of Education.

5 The office of the Attorney General through Mr. Griffin.

6 The Homeopathic State Society, by its President, Dr. W. H. Weeve.

7 The Osteopathic Society through its President, Dr. Williams.

This list includes the official representatives of every school of medicine that is worthy of consideration, and of the official bodies which are directly charged with the protection of the health and safety of the people. This array of organizations in favor of the act makes an impressive showing, and is a most effective answer to the chiropractors and other cultists who had expected division in the ranks of the supporters of the act.

Γ O

## THE MEETING OF THE STATE MEDICAL SOCIETY

Why should you take a deep interest in the coming meeting of the Medical Society of the State of New York to be held in Rochester beginning on the afternoon of Monday, April twenty-first?

Five features of the meeting will appeal to every member of the County Societies:

- 1 The legislative sessions
- 2 The scientific programs
- 3 The social functions
- 4 The exhibits
- 5 The informal features

**The Legislative Sessions**—The legislative body of the State Medical Society is the House of Delegates consisting of 150 members, one from each assembly district, elected by the county societies. In addition, the officers and past presidents of the State Society are members. The sessions will probably continue through all of Monday afternoon and evening, and Tuesday morning, and the business will consist of reports of the officers and committees, the discussion of policies and the election of members. Here medical politics may be seen in full action. There will be speeches, plenty of them—serious, serious and comic—and often most come when the excited speakers are the most serious. But always the speeches will be good natured. Above all the members will have the rare pleasure of seeing a perfect demonstration of parliamentary machinery guided smoothly, harmoniously and happily.

"Why should I care about medical politics?" is a question that is often asked by physicians who never attend the state meeting. One com-

petent answer is that every physician that we have met has asked about the progress of the Practice of Medicine Act, and the less he has known about the methods of securing the passage of a bill by the legislature, the more he has criticized the elected officers of the Medical Society who have borne the burden of arousing interest in the bill. Medical politics as explained by the officers of the State Medical Society and by the members of the House of Delegates consists in disinterested service for the benefit of the great body of physicians and of the public.

**The Scientific Program**—The scientific program is divided into seven sections which hold their meetings on three half days. Four sections will be in operation on Tuesday afternoon, six on Wednesday morning and seven on Wednesday afternoon. Joint sessions of some of the sections accounts for the apparent discrepancy between the numbers of the sections and the sessions. The complete program is printed in the March 14th issue of the JOURNAL.

The number of papers to be presented makes it certain that every doctor in attendance will find something to interest him at every moment. Twenty-two papers will be presented on Tuesday afternoon thirty-one on Wednesday morning, and forty on Wednesday afternoon—a total of ninety three papers.

The number of speakers listed on the program is 136, of whom 38 appear on Tuesday afternoon 45 on Wednesday morning and 53 on Wednesday afternoon—136 in all. Add to this the number of different speakers who will discuss the papers, and there will be over 200 different speakers.



The program committee has secured the usual quota of speakers who are noted for doing new things and blazing new paths in their several specialties, as well as for their ability to present their views simply and clearly. Look over the program and notice the number of names with which you are familiar.

The papers given at the sessions will be published in this JOURNAL during the course of the year. Look for them, for they will give a picture of the year's medical progress as evaluated by the program committee.

*Social Functions*—The social functions of the meeting will be emphasized as usual. The local committee of arrangements will see that the wives of the physicians are entertained. There will be the usual doings ranging from a formal dinner on Wednesday evening, to numerous informal sessions in private rooms all night long.

Last year's experience of having members of the House of Delegates dine together between the sessions proved so successful that it will be repeated, and the delegates will dine together on Monday evening at the Hotel Seneca. Watch for the notice which will be sent to each delegate.

*Exhibits*—There will be an excellent array of exhibits of Medical material made by manufacturers and dealers. About forty exhibitors have already engaged space. These are worthy of the special attention of the physicians who attend the meetings. A dealer who goes to the trouble of demonstrating his product, will be likely to make a special effort to please those with whom he deals.

*Informalities*—Probably the most inspiring part of the three days' session will be the informal contact of one physician with another. Here the doctors will renew old acquaintances and form new ones, will meet the speakers face to face and will ask them questions, and will swap stories about wonderful recoveries, big fish, and low golf scores, and will go home renewed in vigor, inspiration, and determination.

The average attendance at previous meetings of the Medical Society of the State of New York has been around one thousand. The excellent opportunities for education, inspiration, and relaxation should attract over a thousand physicians to the Rochester meeting.

F O.

## PERIODIC MEDICAL EXAMINATIONS

Physicians must recognize a rising movement among the laity demanding that physicians prepare themselves to make intelligent reports on the physical state of adults who are apparently healthy.

The scientific basis on which this demand is founded is the fact that diagnostic methods are refined to a sufficient degree to detect abnormalities in their incipency, while they may be corrected.

The civic basis on which is based the expectation of response by the public is twofold:

- 1 The experience in the army in the detection and correction of defects

- 2 The experience of tuberculosis workers in detecting and correcting defects caused by incipient tuberculosis, since incipient tuberculosis simulates most other diseases, the examiners have had the opportunity to prove the value of the examinations in other conditions besides tuberculosis.

Two of the best demonstrations of the value of periodic physical examinations have been:

- 1 The regular examination of school children
- 2 The demonstration of the health supervision of policyholders by the Metropolitan Life Insurance Company

Two groups of persons are vitally interested in periodic medical examinations:

- 1 The people generally, who are the subjects for examinations

- 2 Physicians generally, who will make the examinations

Civic organizations that are interested in health subjects are rousing the people to go to their physicians to be examined and to have their defects corrected, and Departments of Health are spreading the propaganda in order to reduce the increasing death rates from diseases of adult life. There are now literally thousands of persons ready to pay their good money for scientific examinations.

It is now the privilege of physicians to gather the fruits of the sentiment for examinations which has been rapidly rising ever since the World War. Here and there physicians are preparing themselves to make the examinations. The most conspicuous example is that of the Kings County Medical Society that devoted its 5 o'clock lecture on March 21st to a demonstration of the method by Dr. Haven Emerson, and offers to examine one hundred physicians in order to teach them the methods of the examination.

The time has come when the organized medical profession of New York State should take up the subject of periodic examinations as one of its major activities.

F O





# LEGAL



By GEORGE W. WHITESIDE, Esq.

## TREATMENT BY IMMOBILIZATION OF TUBERCULAR ANKLE RESULTS IN SUIT

In this matter it is charged that there was brought to the office of the defendant, a general practitioner, a male child of about four years of age, who had a swelling of the right foot and ankle, that the defendant examined the same and caused X-rays to be taken and thereafter advised that the child's foot and ankle were tubercular. It was charged that the defendant was negligent and careless in his treatment of the child in that he did not operate upon the foot and ankle so as to drain the abscess that was present but improperly enclosed the foot, ankle and leg of the child in a plaster of paris cast, allowing the same to remain thereon for a period of about six weeks, without inspection or examination that at the end of this period he applied another cast without making a window or opening in said cast so as to permit drainage of the abscess.

When the child was first brought to the defendant a history was given that the father had noticed for several months that the child walked lame, that the lameness progressed to a point where the child would walk as little as possible, that he was losing weight and cried frequently, had some fever and a swelling appeared upon the ankle of the size of a plum, that other physicians who had seen the child prior to the defendant had prescribed iron tonics, fresh air and diet. Thus defendant, upon his examination, found that the parts over the heel bone were hard and a distinct increase of local temperature could be determined, there was diffused induration with a thickening of the tissues, but no fluid and swelling without there being a central core, that the swelling around the ankle was due in part to muscle rigidity and also to inflammatory reaction around the sore joint. At the time of his first examination of the child, the defendant also found that the child had a swollen testicle and the glands of the neck were enlarged. The existence of these latter conditions were denied by the child's father. The defendant had the child kept in a hospital for about five days and X-rays taken and he made a diagnosis of tuberculosis.

The correctness of the diagnosis was not questioned during the trial of the case. The defendant's treatment was the immobilization of the affected limb for a period of six weeks by means of a plaster of paris cast. It was testified that the child's condition improved after the cast had been on for about two weeks, that he slept a

little, ate, walked on the foot a little, that his cheeks became red and that he was getting fat. The child was not seen by the defendant until the end of the six weeks, when he was informed by the father that the child was not doing well. The cast was removed by the father, he claimed that he had been told to do so by the defendant. Upon removal the foot was found to be swollen and bleeding and larger than when the cast had been put on. There was a hole in the ankle and pus running out. When the defendant arrived he found the cast had been removed, the leg and foot apparently had been washed and a dressing placed on the ankle. He found a sinus about large enough to admit a drawing needle and a serous discharge was issuing from the sinus. The father wanted the defendant to operate upon the ankle and clean out the pus. The defendant, however, advised that it was not a condition for operation and advised no washing out of the wound for fear of infecting the same, and that the serous discharge from the wound was sterile, being broken-down tissue, and that it did not contain tubercular bacilli and that it was not proper to introduce any instrument into the wound as such introduction of a foreign substance might cause infection, and that while a condition of tuberculosis was present nature was building up a wall of granular tissue to take care of the tubercular condition, and he further advised the continued immobilization of the limb. Another cast was placed upon the child's foot, the defendant intending to return upon the following day to cut a window or opening in the cast over the site of the sinus. However, before he left the patient's home that day he was discharged from further treatment of the child.

Upon the trial it appeared that the child was taken to another physician and that over a period of almost two years the child was subjected to a number of curetting operations upon the ankle, an incision of the glands of the neck, the removal of a testicle and the removal of the fourth metacarpal bone of the right hand. It was the plaintiff's contention that the defendant's failure to operate and the treatment rendered by him caused the spread of the tubercular bacilli through the body resulting in the subsequent operations which the child was subjected to. The plaintiff's contention was supported by a physician brought by the plaintiff from a foreign colony of a city in the southern end of the state.



several hundred miles from the place of trial. This physician had not been licensed to practice until about fifteen years after he had graduated from medical school, and during that period of time he had been engaged in various parts of the United States as a medical inspector for federal or state departments, interne or house physician at various hospitals, and had remained in these various employments from a period of about six months to a year and a half. He testified, however, that he was familiar with the proper and approved method of the treatment of tubercular condition such as the child was suffering from, that the method of immobilization resorted to by the defendant was not the proper practice, he assumed that at the time the defendant first saw the child there was an abscess in the child's ankle, which abscess should have been operated upon and the pus drained therefrom, that the failure to operate and the immobilization of the limb caused the spread of the tubercular bacilli through the body of the child, resulting in the localization of the infection at the various parts which were subsequently operated upon.

On behalf of the defendant there testified surgeons and orthopedic surgeons of wide and varied experience in the treatment of conditions of this character, who approved of defendant's method of treatment and testified that the same was in accordance with the proper and approved practice for the treatment of tuberculosis of the bone.

The case was submitted for determination to the jury, who resolved the facts in favor of the plaintiff, rendering a verdict against the defendant, which was affirmed by the Appellate Court. The doctor was not insured. This case was tried about two years ago. The defendant subsequently filed a petition in bankruptcy, and this judgment was discharged by the bankruptcy court after the question of the application of the bankruptcy act to such a judgment was decided in the Federal Circuit Court of Appeals. No money was paid upon this judgment. This case furnishes an example of the possibilities of a jury being swayed by sympathy despite best medical evidence and also how little the lack of qualifications of plaintiff's expert was considered.

G W W

#### AMPUTATION OF FINGER—DEFENSE OF WORKMEN'S COMPENSATION

An employee in a lumber yard while working got a splinter in his right index finger on August 15th. On August the 22nd he was first seen by the defendant doctor and at that time the finger was swollen, inflamed and infected, also there was caries of the bone. The defendant incised the finger, properly cleansed the same, placed in a drain and bandaged it. He advised the patient at that time that the infection had spread so far that it might result in the loss of the finger but that he would endeavor to save it. The finger thereafter was daily cleansed and dressed by the defendant but the spread of the infection could not be prevented. On October 9th the defendant, accompanied by an anæsthetist, went to the plaintiff's home to amputate the infected finger. The patient being alone the operation was postponed. On the following day the first and second phalanges of the finger were removed and the necessary instruction was given to the patient and

his wife. After the amputation the patient failed to return to the defendant for the post-operative treatment but went to some other physician. The plaintiff claimed and received compensation for the loss of two phalanges of his index finger under the Workmen's Compensation Law.

The patient subsequently instituted a suit charging that the defendant was careless and negligent in the treatment of the finger resulting in the amputation thereof and sought to recover damages from this defendant. Negligence on the part of the defendant was denied and it was pleaded that the plaintiff under the Workmen's Compensation Law had been fully compensated for any injury that he had sustained and that that compensation was exclusive of all other claims that plaintiff had for his injured finger. The action being another of the nuisance value type of cases the plaintiff's attorney abandoned the same at about the time it was reached for trial.





# LEGISLATION



By James N. Vander Veer, M.D.

## LEGISLATIVE BILLS

### IN SENATE

Senate Int. No. 127 (Pr. S. 127), by Senator William L. Love of Kings County, concurrent Assembly Int. No. 267 (Pr. A. 267), by Assemblyman Simon B. Van Wageningen of Ulster County, which would amend section 12, County Law, by permitting supervisors, except in a general health district, to employ such public health nurses as they may deem proper. To Public Health Committee. Concurrent Assembly Bill Int. 267 (Print A. 267).

Feb. 13 Rept., Feb. 14 3rd rdg., Feb. 20, Passed, Feb. 25 to Senate Internal Affairs Committee, Feb. 27, Rept., Mar. 12, 3rd rdg.

Senate Int. No. 128 (Pr. S. 128), by Senator William L. Love of Kings County, concurrent Assembly Int. 232 (Pr. A. 232), by Assemblyman Frank H. Lattin of Orleans County, which would amend sections 19, 19a, 19b Public Health Law by extending provision for State aid in public health work to counties of population of 50,000 or more and empowering State Health Commissioner to prescribe limitations upon such aid. No single grant shall cover more than one year. To Public Health Committee.

The concurrent Assembly bill was Rept. Feb. 13, Feb. 14 to 3rd rdg., Feb. 19 passed, Feb. 20 Senate. To Public Health Com. March 4, reference changed to Finance Com.

In Re State Institute for Study of Malignant Disease at Buffalo, N. Y.—Senate Int. 175 (Pr. S. 175) by Senator Michael E. Reburn of New York, concurrent Assembly Int. 195 (Pr. A. 195) by Assemblyman Julius Berg of Bronx County, which would amend section 345 Public Health Law by placing fiscal control of State Institute for Study of Malignant Disease with State Department of Health. To Public Health Committee.

Senate Bill Rept. March 6th, March 12, 3rd rdg.

Concurrent Assembly bill still in Ways and Means Committee.

Senate Int. 176 (Pr. S. 176), by Senator Michael E. Reburn of New York, concurrent Assembly Int. 234 (Pr. A. 234) by Assemblyman James T. Male of New York, which would add new article 19a, Public Health Law, giving health commissioner control of hospital, for care

of cripples and deformed children, West Haverstraw. To Public Health Com.

Senate bill Rept. March 6th, March 12, 3rd rdg.

Assembly bill still in Public Health Committee.

The Narcotic Bill—Senate Int. No. 285 (Pr. S. 289), by Senator Martin J. Kennedy of New York, concurrent Assembly Int. No. 342 (Pr. A. 342), by Assemblyman Morris Weinfield of New York, still in Public Health Committee in each house.

While your Committee on Legislation will watch this bill, it will be dropped from the columns of the Journal as the new narcotic bill emanating from the recent conference has appeared in the legislature under Senate Int. 1198 (Pr. S. 1329) by Senator Martin J. Kennedy, concurrent Assembly Int. No. 1549 (Pr. A. 1745), by Assemblyman Morris Weinfield of New York.

See Senate Int. 1198 for comment.

In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools—Senate Int. No. 317 (Pr. S. 321), by Senator Benjamin Antin of New York, concurrent Assembly Int. No. 370 (Pr. A. 372, 1766), by Assemblyman Frederic S. Cole of Herkimer County.

The Senate bill is on order of 3rd reading.

The concurrent Assembly bill has been amended by adding the following new section 2:

'Sec. 2. The sum of four thousand dollars (\$4,000), or so much thereof as may be necessary, hereby is appropriated out of any moneys in the treasury not otherwise appropriated, for the purpose of carrying out the provisions of this act, payable by the treasurer on the warrant of the comptroller to the order of the commissioner of education.'

A hearing was held on this bill March 12th, at which your Chairman presented an objection to the theory of the bill.

In Re Distribution of Information Concerning Results of Scientific Study—Senate Int. 436 (Print S. 445), by Senator Michael E. Reburn of New York, concurrent Assembly Int. 588 (Print A. 592), by Assemblyman Joseph Gavanagh of New York, still in Judiciary Committee in each house.



**In Re Workmen's Compensation Law**—Senate Int No 468 (Print S 477), by Senator Peter J McGarry of Queens County, concurrent Assembly Int No 682 (Print A 693), by Assemblyman A I Miller of Westchester County, would amend section 118, Workmen's Compensation Law, by authorizing physical examinations and practical tests of claimants to determine loss of use and proportionate loss of use of a member, result and test thereof to be made part of record. Referred to Labor and Industry Committee of each house.

*Comment* The same objection is maintained as before.

Still in Labor and Industry Committee in each house.

**The Child Experimentation Bill**—Senate Int 584 (Print S 608), by Senator John P Ryan of Rensselaer County, referred to Senate Codes Committee, no concurrent bill has as yet appeared in the Assembly.

Still in Senate Codes Committee.

**The Anti-Vivisection Bill**—Senate Int 588 (Print S 612), by Senator John P Ryan of Rensselaer County, concurrent Assembly Int No 1094 (Print A 1180), by Assemblyman Samuel Mandelbaum of New York, still in Codes Committee in each house.

A hearing has been called on the Assembly bill (Print 1180), for March 25th before the Assembly Codes Committee at 1 p m.

County Legislative Chairmen are urged to write their individual representatives asking them to oppose the bill.

**The State Department of Education Bill to Amend the Medical Practice Act**—Senate Int 637 (Print 663), by Senator Daniel J Carroll of Kings County, concurrent Assembly Int 888 (Print A 927), by Assemblyman Frank H Lattin of Orleans County, still in Senate Committee on Public Health and in Assembly Committee on Ways and Means.

**SPECIAL NOTICE!!!**—The hearing on this bill has been postponed to Wednesday, March 26th, before the Senate Committee on Public Health and the Assembly Committee on Ways and Means.

*Comment* This change in the date of the hearing changes the program somewhat of the Committee on Legislation, in that it will be necessary for your Committee to call upon the officers of the Society and the Committee on Legislation to speak in favor of the bill, without having present a large number of physicians, rather than trying to impress upon the

legislators of the two committees that members make for right legislation in the presence of the committee.

Total number of County Medical Societies in favor of the bill—33, Niagara County to be added since last week.

Total number of County Medical Societies opposed to bill—14.

Counties not heard from—Cattaraugus, Chenango, Cortland, Delaware, Herkimer, Lewis, New York, Oswego, Steuben, Tioga, Wyoming, Clinton.

**In Re Incorporation, etc, of Hospitals, Infirmarys, Dispensaries, etc**—Senate Int. 892 (Print S 962), by Senator Ellwood M Rabenold of New York, concurrent Assembly Int 1452 (Print A 1622), by Assemblyman E B Jenks of Broome County, would amend sections 4, 40, 41 Membership Corporation Law, relative to incorporation and to extension of corporate purposes for the establishment and maintenance of hospitals, infirmarys, dispensaries and homes for invalids or the aged or indigent. Referred to Judiciary Committee in each house.

*Comment* See comment in previous issue of the Journal.

It is hoped that County Legislative Chairmen have acted thereon to the best of their ability.

**In Re Defining a Drug Addict as a Disorderly Person, Except When Drug is Prescribed by a Physician**—Senate Int 908 (Print 981), by Senator James L Whitley, of Rochester, concurrent Assembly Int No 1158, (Print A 1268, 1274), by Assemblyman Burton D Esmond of Saratoga County, referred to Codes Committee in each house.

*Comment* See comment in previous Journal.

**Providing for Medical and Surgical Care of Children Under 16 Years of Age at Expense of County**—Senate Int 967 (Print S 1063), by Senator Frederick M Davenport of Clinton, N Y, concurrent Assembly Int 1389 (Print A 1538), by Assemblyman T C Moore of Westchester County, would add new section 56-a, Poor Law, by providing for medical or surgical care of children under 16 years of age at expense of county. Referred to Senate Committee on Public Health and to Assembly Committee on Social Welfare.

Still in Committee.

**In Regard to Crippled Children**—Senate Int 1010 (Print S 1105), by Senator William Byrne of Albany County, concurrent Assem-



bly Int. 1443 (Print A 1592), by Assemblyman J. Boyle of Albany County, would create temporary State commission to inquire into and report on number, distribution and condition of crippled children in State, to recommend means to meet their needs and appropriating \$25,000. Referred to Senate Finance Committee, and to Assembly Ways and Means. Will be dropped.

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**Requiring the Licensing of Private Institutions for Treatment of Drug Addicts**—Senate Int. 1024 (Print S 1120), by Senator Morton J. Kennedy of New York, concurrent Assembly Int. No. 1117 (Print A 1203), by Assemblyman Morris Weinfeld of New York still in Public Health Committee in each house.

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**Amending Insanity Law**—Senate Int. 1135 (Print S 1255), by Senator Bernard Downing of New York, concurrent Assembly Int. 1495 (Print A 1684), by Assemblyman Joseph A. McGinnies of Chautauqua County, would amend Insanity Law generally by providing among other things State Hospital Commission may employ deputy medical inspectors to make rules governing management of and investigate any institution for care of insane, public or private, and may make reciprocal agreements with other states for prompt and humane return of insane residents. Referred to Judiciary Committee in each house.

*Comment* Your Committee on Legislation has asked the counsel for the State Society to pass on some of the provisions in the bill. On the whole, it does not seem objectionable.

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Senate Int. 1177 (Print S 1308), by Senator Michael E. Reburn of New York, concurrent Assembly Int. 1504 (Print A. 1693), by Assemblyman C. P. Miller of Genesee County, would add new section 384, Labor Law, by fixing responsibility for enforcement of article 14, relative to sanitation. Referred to Labor and Industries Committee in each house.

This bill will be dropped after simply calling it to the attention of the profession.

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Senate Int. 1186 (Print S 1317), by Senator John P. Ryan of Rensselaer County, concurrent Assembly Int. 1527 (Print A 1716), by Assemblyman Henry Mcurs of Rensselaer County, would amend section 1124, Workmen's Compensation Law, relative to remedy by action and to costs and fees. Referred

to Senate Labor and Industries Committee, and to Assembly Judiciary Committee.

No comment.

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**The New Narcotic Bill**—Senate Int. 1198 (Print S 1329), by Senator Martin J. Kennedy of New York County, concurrent Assembly Int. 1549 (Print A 1745), by Assemblyman Morris Weinfeld of New York, would amend section 4-b, renumber article 22 as article 23, insert new article 22, Public Health Law, repeals section 1766, Penal Law, relative to habit-forming drugs. Referred to Public Health Committee in each house.

*Comment* This is the most sane amendment to the Public Health Law in relation to the habit-forming drugs that has yet been produced, and in view of the fact that the medical profession is interested in curbing drug addiction it would seem wise for the profession to accept this new amendment and then should it be found not to work in a satisfactory manner through abuse which might be perpetrated in the enforcement of the article, to bring it before the Legislature at the next session and attempt to have them correct it.

Under this proposed amendment no added burden is placed upon the physician other than that of the possibility of having his records examined.

It is to be presumed that there will be no annoyance on the part of local or state officials by frequent inspections of physicians' records, save in the case of those whose prescriptions bear out the fact that they have chosen to treat ambulatory patients or who seem to administer narcotic drugs with too free a hand.

**BUT THE THING WHICH INTERESTS THE PHYSICIAN NOW IF HE IS TO ENTER INTO THIS COMPACT, IS TO HAVE THE QUESTION ANSWERED BY THE POLICE AUTHORITIES, LOCAL AND STATE, AS TO HOW THEY INTEND TO DEAL, AND WILL THEY DEAL SEVERELY WITH THE ILLICIT TRAFFICKING OF THE UNDER WORLD.**

WE NOW PUT THIS QUESTION SQUARELY UP TO THE STATE AUTHORITIES TO SHUT OFF THE ILLICIT IMPORTATION AND TRAFFIC NOW EXISTING.

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**In Re Establishing School Hygiene Districts**—Senate Int. 1205 (Print S 1336) by Senator Benjamin Antin of New York, concurrent Assembly Int. 1485 (Print A 1674), by Assemblyman Frederic S. Cole of Herkimer County, which would add new section 578, Education Law, authorizing counties to establish school



hygiene districts with a director in charge to exercise supervision over medical inspectors, dentists and school nurses Referred to Public Education Committee in each house

*Comment* Your Committee is in favor of such a bill and trusts that it may find suitable affirmation among the members of the State Society

Relative to Qualifications and Registration as Registered Nurses and Attendants—Senate Int No 1213 (Print S 1344), by Senator James L Whitley of Monroe County, would amend sections 250, 250-a, 251-a, 252-c, Public Health Law, relative to qualifications and registration as registered nurses and attendants Referred to Senate Public Health Committee

STATE OF NEW YORK

No 1344

Int 1213

IN SENATE,

March 11, 1924

Introduced by Mr Whitley—read twice and ordered printed, and when printed to be committed to the Committee on Public Health

AN ACT\*

To amend the public health law, in relation to the qualification and registration as registered nurses and attendants

*The people of the State of New York, represented in Senate and Assembly do enact as follows*

Section 1 Section two hundred and fifty of article twelve of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," as amended by chapter seven hundred and forty-two of the laws of nineteen hundred and twenty, is hereby amended to read as follows

§ 250 Who may practice as registered nurses Any person being over the age of twenty years and of good moral character, holding a diploma from a training school for nurses connected with a hospital or sanitarium, giving a course of at least two years, [and registered by the regents of the university of the state of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said regents and who shall have received,] *which training school maintains a standard course of study, similar or equivalent to that of the nurses' training school department of the regents of the university of the state of New York, shall be entitled to enter the examination held by the*

*regents of the university of the state of New York for candidates for a trained nurse as to his or her qualification, and upon successfully passing the said examination shall receive from the said regents a certificate of his or her qualifications to practice as a trained, certified, graduate or registered nurse, the fact that such applicant has pursued successfully the two years' course will be certified to by the head of the hospital, or the head of the training school maintained in said hospital Upon successfully passing such examination the said applicant, shall be styled and known and entitled to practice as a trained, registered nurse, and no [other] person shall assume such title, or use the abbreviation R N, or any other words, letters or figures to indicate that the person using the same is a trained, certified, graduate or registered nurse Any applicant successfully passing the examination for a trained nurse, or graduate nurse, may pursue a post-graduate course, and such post-graduate courses may be provided for in any hospital of the state to be attended by such nurses as shall have passed the registered nurses' examination, and who desires to pursue special lines of nurses' work Before beginning to practice nursing every such registered nurse shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence within such county In every year, during the month of January, every registered nurse shall again cause his or her certificate to be recorded in the office of the regents of the university of the state of New York, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such re-registration The registrant shall pay to the regents a fee of one dollar for each such re-registration Nothing contained in this article shall be considered as conferring any authority to practice medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter*

§ 2 Section two hundred and fifty-a of such chapter as added by chapter seven hundred and forty-two of the laws of nineteen hundred and twenty, is hereby amended to read as follows

§ 250-a Who may practice as trained attendants Any person being over the age of nineteen years and of good moral character, holding a certificate from a school for training attendants connected with any institution giving a course of at least nine months including six months' practical experience, [and registered by the regents of the university of the state of New York as maintaining in this and other respects proper standards, all of which shall be determined by

\* EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted



the said regents,] and who, after a practical examination, shall have received from said regents a certificate of his or her qualifications to care for the sick as a trained attendant, shall be styled and known as a trained attendant, and no other person shall assume such title, or use the abbreviation T A, or any other words, letters or figures to indicate that the person using the same is a trained attendant. Before beginning to practice, every such trained attendant shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence. In every year during the month of January every trained attendant shall again cause his or her certificate to be recorded in the office of the regents of the university of the state of New York, with an affidavit of his or her identity as the person to whom the same was issued and of his or her place of residence at the time of such re-registration. The registrants shall pay to the regents a fee of fifty cents for each such registration. Nothing contained in this section shall be considered as conferring any authority to practice nursing as a registered nurse, or to practice medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter.

§ 3 Section two hundred and fifty-one a of such chapter as added by chapter seven hundred and forty two of the laws of nineteen hundred and twenty, is hereby amended to read as follows:

§ 251 a Examinations, licenses, registration

1 The regents shall admit to examination for registration and shall license to practice nursing as a registered nurse, any candidate who shall pay the fee of ten dollars and submit satisfactory evidence, verified by oath if required that he or she

a Is more than twenty years of age and of good moral character,

b Has a preliminary education of not less than one year of high school or its equivalent such educational requirement not to be increased before the year nineteen hundred and thirty

c Holds a diploma showing graduation from a course of at least two years given by a training school for nurses connected with a hospital or sanitarium [approved and registered by the regents of the university of] in the state of New York

2 The regents shall license to practice nursing all registered nurses practicing as such within the state of New York on or before the first day of June nineteen hundred and twenty, who make application therefor prior to the first day of January, nineteen hundred and twenty-one, and who submits herewith satisfactory evidence

that he or she is at the time of the application therefor registered and legally authorized, under section two hundred and fifty of this article to assume the title of registered nurse

3 The regents shall admit to examination for registration and shall license to care for the sick as a trained attendant, any candidate who shall pay the fee of five dollars and submit satisfactory evidence verified by oath if required that he or she

a Is more than nineteen years of age and of good moral character

b Has a preliminary education of at least the completion of the eighth grade in a grammar school or its equivalent

c Holds a certificate showing graduation from a course of at least nine months' training given by a [school, association], hospital or sanitarium [approved and registered by the regents of the university of] in the State of New York

d Passes the examination for trained attendants

4 A candidate may be licensed by the regents as a trained attendant provided application is made before the first day of January, nineteen hundred and twenty-one, who

1 Pays a fee of five dollars,

b Submits satisfactory evidence that he or she is more than nineteen years of age and of good moral character,

c Submits satisfactory evidence that he or she has had two years' experience in the care of the sick,

d Whose qualifications to practice as a trained attendant are certified to by three licensed physicians who have personal knowledge of the applicants' qualifications,

e Passes the examination for trained attendants

5 On receiving from the board of examiners an official report that an applicant has successfully passed the examination, and is recommended for license, the regents shall issue to him or her a license to practice according to the qualifications of the applicant as hereinbefore provided

Every license shall be issued by the regents under seal and shall be signed by the commissioner of education of the state of New York and by the secretary to the board of examiners

Before any license is issued it shall be numbered and properly recorded and its number shall be noted in the license. The regents may revoke any license for sufficient cause after written notice to the holder thereof and hearing thereon

Applicants examined and registered by examining boards of other state [registered by the regents as] maintaining standards not lower than those provided by this article may without fur-



ther examination on payment of ten dollars to the regents and on submitting such evidence as the board of regents may require receive from them an endorsement of their certificates or licenses conferring all rights and privileges of a regents' certificate and license after examination

6 Every licensee to practice as a registered nurse or a trained attendant shall before the licensee begins to practice thereunder, register in the office of the clerk of the county where such practice is to be carried on, in a book kept by the clerk for such purpose, his or her name, residence, place and date of birth, date and number of his or her license and date of such registration, which registration he or she shall be entitled to make only upon exhibiting to the county his or her license, or a duly authenticated copy thereof, and making affidavit stating the above facts and also that he or she is the identical person named in the license and had before receiving the same complied with all the requirements of this article and the rules of the regents preliminary to the conferment of such license, and that no money other than the fees prescribed by this article was paid directly or indirectly for such license, and that no fraud, misrepresentation or mistake in a material regard was employed or incurred in order that such license should be conferred. The county clerk shall preserve such affidavit in a bound volume and shall issue to every licensee duly registered and making such affidavit a certificate of registration in his county, which shall include a transcript of the registration. Such transcript and the license may be offered as presumptive evidence in all courts of the facts stated therein. The county clerk's total fee for such registration, affidavit and certificate shall be one dollar

7 A county clerk having properly issued a certificate of registration to a licensed registered nurse or trained attendant, shall forward a duly attested copy of the same and a copy of the affidavit and evidence upon which said certificate was issued, to the secretary of the board of examiners within thirty days of such initial registration. On or before the first day of May of each year the secretary of the board shall mail to every registered nurse and trained attendant registered in the state of New York a blank application for re-registration, addressing the same in accordance with the post office address given at the last previous registration. Upon receipt of such application blank which shall contain space for the insertion of his or her name, office and post office address, date and number of his or her license, and such other information as the regents deem necessary, and he or she shall sign and swear to the accuracy of the same before a notary public, after which

he or she shall forward such sworn statement and application for a renewal of his or her registration certificate to the secretary of the board, together with the fee of one dollar for registered nurses and fifty cents for trained attendants. Upon receipt of such application and fee and having verified the accuracy of the same by comparison with the applicant's initial registration statements the secretary of the board shall issue a certificate of registration which shall render the holder thereof a legally qualified registered nurse or trained attendant as the case may be for the ensuing year. These certificates of registration shall all bear date of September first of the year of issue and shall expire on the thirty-first day of August in the year following. On the first day of January of each year or within ten days thereafter, the secretary of the board shall publish and mail to every registered nurse and trained attendant in the state of New York, a printed list of the legally registered nurses and trained attendants within the state. Should any registered nurse or trained attendant continue to practice nursing and care of the sick beyond the first day of January despite the fact that his or her name does not appear in the register, he or she shall be counted as an illegal practitioner and his or her license may be suspended or revoked by the regents in accordance with the provisions therefor of this article. All nurses already registered in this state at the time of the passage of this act shall make application to the secretary of the board for the re-registration blank upon receipt of which he or she shall in like manner already described make application for re-registration, forwarding to the secretary of the board the re-registration blank properly filled in and accompanied by the fee of one dollar. Said application and fee must reach the secretary on or before the first day of December following the adoption of this statute, failing which the delinquent shall be dealt with as outlined in section two hundred and fifty-three and in this section in relation to the suspension or revocation of said license

§ 4 Section two hundred and fifty-two-c of such chapter as added by chapter seven hundred and forty-two of the laws of nineteen hundred and twenty, is hereby amended to read as follows

§ 252-c Nurses in state institutions. The regents of the university of the state of New York shall license as trained nurses graduates of training schools for nursing in state institutions, or institutions under the visitation of the state hospital commission, registered with the regents and maintaining a three years' course for such training [under such rules as the regents have prescribed]

§ 5 This act shall take effect immediately



## ASSEMBLY

**Medical Inspection in Schools Bill**—Assembly Int 66 (Print A 66), by Assemblyman Joseph Reich of Kings County, is still in Assembly Public Education Committee, no concurrent bill has as yet appeared in the Senate

**In Re State Institute for Study of Malignant Disease at Buffalo**—Assembly Int 195 (Print A 195), see concurrent Senate Int. 175, for digest and comment and action

Assembly Int 228 (Print A 228) by Assemblyman Henry O Kahan of New York, would amend section 306, Public Health Law, by authorizing regents to revoke certificate to practice optometry held by person guilty of unprofessional conduct or misrepresentation in practice or advertising To Public Health Committee

February 27, rept. amended, March 4 third rdg, March 10, passed, March 11, Senate Public Health Committee

Assembly Int 229 (Print A 229), by Assemblyman Henry O Kahan of New York, would amend section 307, Public Health Law, by increasing penalty for violation of provisions regulating practice of optometry To Public Health Committee

February 27, rept, February 28, third rdg, March 5, passed, March 10, Senate Public Health Committee

Assembly Int 234 (Print A 234), see concurrent Senate Int 176, for digest and action

**In Re Nursing and First Aid Services in Factories, etc**—Assembly Int. 309 (Print A. 309, 1306), by Assemblyman Joseph Reich of Kings County still in Assembly Labor and Industry Committee, no concurrent bill has as yet appeared in the Senate

**The Narcotic Bill**—Assembly Int 342 (Print A 342), see concurrent Senate Int 285 for digest

**In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools**—Assembly Int. No 370 (Print A 372 1766) see concurrent Senate Int 317 for digest and amendment

**In Re Distribution of Information Concerning Results of Scientific Study**—Assembly Int.

No 588 (Print A 592), see concurrent Senate Int 436 for digest

**In Re Workmen's Compensation Law**—Assembly Int 682 (Print A 693), see Senate Int 468 for digest and comment

**The State Department of Education Bill to Amend the Medical Practice Act**—Assembly Int 888 (Print A 927), see concurrent Senate Int 637 for digest and comment

**Making it a Misdemeanor to Print, Sell or Utter Information Relative to Birth Control**—Assembly Int 1070 (Print A 1151), by Assemblyman Louis A Cuvillier of New York, referred to Assembly Codes Committee. Still in committee.

A hearing has been called on this bill for March 25th The attitude of the Committee on Legislation is still maintained in favor of the bill

**The Anti-Vivisection Bill**—Assembly Int 1094 (Print A 1180), see concurrent Senate Int 588 for digest and comment

Hearing on this bill scheduled for March 25th

**Requiring the Licensing of Private Institutions for Treatment of Drug Addicts**—Assembly Int. 1117 (Print A 1203), see concurrent Senate Int 1024 for digest and comment

**In Re Defining a Drug Addict as a Disorderly Person, Except When Drug is Prescribed by a Physician**—Assembly Int 1158 (Print A 1263, 1274), see concurrent Senate Int 908 for digest and comment.

**Relative to County Mosquito Extermination Commission**—Assembly Int. 1313 (Print A 1455), by Assemblyman Julius Ruger of Kings County, which would repeal article 21, Public Health Law, which relates to county mosquito extermination commission Referred to Assembly Public Health Committee Still in committee

Unless further comment is received from members of the Society the bill will be dropped

**Providing for Medical and Surgical Care of Children Under 16 Years of Age at Expense of County**—Assembly Int 1389 (Print A 1538) see concurrent Senate Int 967, for digest and comment



For Appointment of Industrial Council to Advise Industrial Commissioner—Assembly Int 1423 (Print A 1572), by Assemblyman C P Miller of Genesee County, concurrent Senate Int No 882 (Print S 952), by Senator Michael E Reiburn of New York

No further comment

The Assembly bill was rept March 12th, March 13th, third rdg

The Chiropractic Bill—Assembly Int 1434 (Print A 1583), by Assemblyman W J Snyder of Albany County, which would add new article 8-b, Public Health Law, creating a board of chiropractic examiners and regulating practice of chiropractic, which is defined to be science of palpating and adjusting the articulation of the human spinal column by hand only Referred to Assembly Committee on Public Health

Still in Assembly Public Health Committee

In Regard to Crippled Children—Assembly Int 1443 (Print A 1592), see concurrent Senate Int 1010

In Re Incorporation, etc., of Hospitals, Infirmarys, Dispensaries, etc — Assembly Int 1452 (Print A 1622), see concurrent Senate Int 892 for digest and comment

In Re Establishing School Hygiene Districts—Assembly Int 1485 (Print A 1674), see concurrent Senate Int 1205 for digest and comment

Amending Insanity Law—Assembly Int 1495 (Print A 1684), see concurrent Senate Int 1135, for digest and comment

In Re Workmen's Compensation Law—Assembly Int 1508 (Print A 1697), by Assemblyman Frank H Lattin of Orleans County, would amend section 13, Workmen's Compensation Law, by permitting injured employees, at expense of employer, to engage medical or other attendance Referred to Labor and Industries Committee

Comment This bill has been introduced at the request of the Medical Society of the State of New York, and County Legislative Chairmen should write to the Assembly Labor and Industry Committee to act favorably on the bill and have it reported to the house

We are deeply indebted to Dr Lattin for his courtesy in introducing the bill

The New Narcotic Bill—Assembly Int 1549 (Print A 1745), see concurrent Senate Int 1198, for digest and comment

Requiring the Licensing of Private Institutions for Treatment of Narcotic Drug Addiction—Assembly Int 1603 (Print A 1840), by Assemblyman Morris Weinfeld of New York County, adds new section 177, Insanity Law, requiring the licensing of private institutions for the treatment of narcotic drug addiction Referred to Assembly Judiciary Committee

#### STATE OF NEW YORK

No 1840

Int 1602

#### IN ASSEMBLY,

Introduced by Mr Weinfeld—ordered printed, and when printed to be committed to the Committee on Codes Insanity Law to provide for licensing private institutions for the treatment of narcotic drug addiction

Section 1 Chapter thirty-two of the laws of nineteen hundred and nine, entitled "An act relating to the insane, constituting chapter twenty-seven of the consolidated laws," is amended by adding thereto a new section to be known as section one hundred and seventy-seven to read as follows

§ 177 Private institutions for the treatment of narcotic drug addiction No person, association or corporation shall establish or keep an institution for the care, custody or treatment for compensation or otherwise of any person for the habit of taking or using any narcotic drug, including cocaine, opium, morphine, codeine, diacetyl-morphine (heroin), cannabis indica, cannabis sativa, or any compound, manufacture, salt, derivative or preparation of any of them, or any synthetic substitute of any of them identical in chemical composition unless such institution holds a license for such purposes issued by the commission Every application for such a license shall be accompanied by a plan of the premises proposed to be occupied, describing the capacity of the buildings for the use intended, the extent and location of grounds appurtenant thereto, and the number of patients proposed to be received therein, with such other information, and in such form, as the commission may require The commission shall not grant any such license without first having made an examination of the premises proposed to be licensed, and being satisfied that they are substantially as described, and are otherwise fit and suitable for the purpose for which they are designed to be used, and that such license should be granted The commission may, at any and all times, examine and ascertain how far a licensed institution is conducted in compliance with the



license therefor and after due notice to the institution and opportunity for it to be heard, the commission having made a record of the proceeding upon such hearing, may, if the interests of the inmates of the institution so demand, for just and reasonable cause then appearing and to be stated in its order, amend or revoke any such license by an order to take effect within such time after the service thereof upon the licenses, as the commission shall determine. Any determination of the commission in respect to the revocation of a license shall be reviewable under certiorari proceedings by the supreme court or a justice therein instituted in the judicial district in which such institution is located. Violation of the provision of this section shall constitute a misdemeanor, punishable on conviction by a fine of not less than one hundred dollars and not more than five hundred dollars or by imprisonment for not less than sixty days or more than one year or by both such fine and imprisonment. The commission shall have power and authority over all such institutions as provided in this chapter in relation to private institutions for the insane.

§ 2 This act shall go into effect on the first of January, nineteen hundred and twenty-five, except that application for licenses may be made to the commission and the commission may make all necessary examinations and

grant such licenses from the date on which this act becomes law

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Comment This bill retains under the State Hospital Commission the licensing of the private sanatoria, as it should be under the present theory of our government

We are in favor of the bill

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Assembly Int 1619 (Print A. 1858), by Assemblyman Frank H. Lattin of Orleans County, amends section 389, Public Health Law, requiring registrars to report weekly number of births, deaths and other vital statistics to district health officer. Referred to Assembly Public Health Committee

We are in favor of the bill

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Hearings—March 18 (1 p. m.), Codes (A) A. 1158, Esmond, Criminal Code in re drug addicts

March 25 (1 p. m.), Codes (A) A. 1070, Cuvillier, in re birth control, A. 1094, Mandelbaum, in re experiments on dogs

Joint—March 26 (2 p. m.), Senate Public Health, Assembly Ways and Means, S. 637, Carroll, A. 888, Lattin in re practice of medicine



For Appointment of Industrial Council to Advise Industrial Commissioner—Assembly Int 1423 (Print A 1572), by Assemblyman C P Miller of Genesee County, concurrent Senate Int No 882 (Print S 952), by Senator Michael E Reiburn of New York

No further comment

The Assembly bill was rept March 12th, March 13th, third rdg

The Chiropractic Bill—Assembly Int 1434 (Print A 1583), by Assemblyman W J Snyder of Albany County, which would add new article 8-b, Public Health Law, creating a board of chiropractic examiners and regulating practice of chiropractic, which is defined to be science of palpating and adjusting the articulation of the human spinal column by hand only Referred to Assembly Committee on Public Health

Still in Assembly Public Health Committee

In Regard to Crippled Children—Assembly Int 1443 (Print A 1592), see concurrent Senate Int 1010

In Re Incorporation, etc, of Hospitals, Infirmarys, Dispensaries, etc — Assembly Int 1452 (Print A 1622), see concurrent Senate Int 892 for digest and comment

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STATE OF NEW YORK

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NASSAU COUNTY

- 1st Dist., Edwin W. Wallace, Rep., Rockville Center  
2nd Dist., F. Trubee Davison, Rep., Locust Valley

NEW YORK COUNTY

- 1st Dist., Peter J. Hamill, Dem., 585 Broome St., N. Y.  
2nd Dist., Frank R. Galgano, Dem., 57 Kenmare St., N. Y.  
3rd Dist., Thos. F. Burchill, Dem., 347 West 21st St., N. Y.  
4th Dist., Samuel Mandelbaum, Dem., 1 Sheriff St., N. Y.  
5th Dist., Frank A. Carlin, Dem., 639 10th Ave., N. Y.  
6th Dist., Morris Weinfeld, Dem., 231 E. 3rd St., N. Y.  
7th Dist., Victor R. Kaufman, Rep., 176 West 87th St., N. Y.  
8th Dist., Henry O. Kahan, Dem., 236 5th St., N. Y.  
9th Dist., John H. Conroy, Dem., 66 W. 91st St., N. Y.  
10th Dist., Phelps Phelps, Rep., 70 West 49th St., N. Y.  
11th Dist., Samuel I. Rosenman, Dem., 226 W. 113th St., N. Y.  
12th Dist., Paul T. Kammerer, Jr., Dem., 157 E. 46th St., N. Y.  
13th Dist., John P. Nugent, Dem., 10 St. Nicholas Ave., N. Y.  
14th Dist., Frederick L. Hackenburger, Dem., 336 E. 69th St., N. Y.  
15th Dist., Jos. Steinburg, Rep., 24 E. 97th St., N. Y.  
16th Dist., Maurice Bloch, Dem., 305 E. 87th St., N. Y.  
17th Dist., Meyer Alterman, Dem., 60 E. 118th St., N. Y.  
18th Dist., Owen M. Klerman, Dem., 163 E. 89th St., N. Y.  
19th Dist., James Male, Dem., 540 Manhattan Ave., N. Y.  
20th Dist., Louis A. Cuvillier, Dem., 172 E. 122nd St., N. Y.  
21st Dist., Henri W. Shields, Dem., 208 W. 141st St., N. Y.  
22nd Dist., Joseph Gavegan, Dem., 557 W. 114th St., N. Y.  
23rd Dist., Nelson Ruttenberg, Dem., 286 Ft. Washington Ave., N. Y.

NIAGARA COUNTY

- 1st Dist., Mark T. Lambert, Rep., Lockport.  
2nd Dist., Frank S. Hall, Rep., Lewiston.

ONEIDA COUNTY

- 1st Dist., John C. Devereux, Rep., 1609 Genesee St., Utica.  
2nd Dist., Russell G. Dunmore, Rep., New Hartford.  
3rd Dist., George J. Skinner, Rep., Camden.

ONONDAGA COUNTY

- 1st Dist., Horace M. Stone, Rep., Marcellus.  
2nd Dist., Geo. M. Haight, Dem., 152 W. Seneca St. Onondaga Valley.  
3rd Dist., Richard B. Smith, Rep., 411 Elm St., Syracuse.

ONTARIO COUNTY

- Chas. C. Sackett, Rep., Canandaigua.

ORANGE COUNTY

- 1st Dist., Clemence C. Smith, Rep., Meadowbrook.  
2nd Dist., Chas. L. Mead, Rep., 24 Mulberry St., Middletown.

ORLEANS COUNTY

- Frank H. Latin, Rep., Albion, R. D. No. 7

OSWEGO COUNTY

- Victor C. Lewis, Rep., Lewis House, Fulton.

OTSEGO COUNTY

- Julian C. Smith, Rep., 21 Ford Ave., Oneonta.

PUTNAM COUNTY

- John R. Yale, Rep., Brewster

QUEENS COUNTY

- 1st Dist., Henry M. Dietz, Dem., 385 9th Ave., Astoria.  
2nd Dist., Owen J. Dever, Dem., 2552 Gates Ave., Ridgewood.

- 3rd Dist., Alfred J. Kennedy, Dem., 51 S. 8th Ave., Whitestone.

- 4th Dist., D. Lacy Dayton, Rep., Asborton Ave., Bay side

- 5th Dist., Wm. F. Brunner, Dem., 214 Beach 116th St., Rockaway Park.

- 6th Dist., Paul P. Gallagher, Dem., 2385 Van Courtland Ave., Ridgewood.

RENSSELAER COUNTY

- 1st Dist., John H. Westbrook, Dem., 171 Congress St. Troy

- 2nd Dist., Henry Meurs, Rep., Rensselaer

RICHMOND COUNTY

- 1st Dist., Wm. S. Hart, Dem., 475 Oakland Ave., W. New Brighton

- 2nd Dist., Wm. L. Vaughan, Dem., 229 Fisher Ave., Tottenville.

ROCKLAND COUNTY

- Walter S. Geduey, Rep., Nyack.

ST. LAWRENCE COUNTY

- 1st Dist., William A. Laidlaw, Rep., Hammond.  
2nd Dist., Chas. L. Pratt, Rep., Massena.

SARATOGA COUNTY

- Burton D. Esmond, Rep., Ballston.

SCHENECTADY COUNTY

- 1st Dist., Chas. W. Merriam, Rep., 20 Parkwood Blvd., Schenectady

- 2nd Dist., Wm. M. Nicoll, Rep., Scotia.

SCHOHARIE COUNTY

- Kenneth H. Fake, Rep., Cobleskill

SCHUYLER COUNTY

- William Wickham, Rep., Hector

SENECA COUNTY

- Wm. H. Van Cleaf, Rep., Seneca Falls

STEUBEN COUNTY

- Wilson Messer, Rep., 334 W. Pulteney St., Corning

SUFFOLK COUNTY

- 1st Dist., James G. Peck, Rep., Southampton.  
2nd Dist., John Boyle, Jr., Rep., Huntington.

SULLIVAN COUNTY

- Guernsey T. Cross, Dem., Callicoon

TIOGA COUNTY

- Daniel P. Witter, Rep., Berksblire.

TOMPKINS COUNTY

- Jas. R. Robinson, Rep., 313 E. Mill St., Ithaca

ULSTER COUNTY

- Simon B. Van Wageningen, Rep., Sleighsburg.

WARREN COUNTY

- Milton N. Eldridge, Rep., Warrensburg

WASHINGTON COUNTY

- Herbert A. Bartholomew, Rep., Whitehall.

WAYNE COUNTY

- George S. Johnson, Rep., Palmyra.

WESTCHESTER COUNTY

- 1st Dist., T. Channing Moore, Rep., Bronxville.

- 2nd Dist., Herbert B. Shonk, Rep., Scarsdale.

- 3rd Dist., Milan E. Goodrich, Rep., Ossining

- 4th Dist., Alexander H. Carnjost, Rep., Yonkers.

- 5th Dist., Arthur I. Miller, Dem., Yonkers

WYOMING COUNTY

- Webber A. Joiner, Rep., Attica.

YATES COUNTY

- James H. Underwood, Rep., Middlesex.





# State Department of Health



## TULAREMIA

As stated previously there has been a suspicion aroused that tularemia may be becoming epidemic among the rabbits of western New York. Recently the Commissioner of Health received a communication from a Washington County physician who believes that he has had an attack of tularemia. In his letter he says in part "I was bitten the latter part of September in two places, on the upper third of the right thigh by some virus-carrying insect. I suspect the stable fly, *Stomoxys Calcitrans*."

"The lesions were typical of the infection tularemia in humans and ran a typical course, excepting serious involvement of inguinal glands which was aborted by early recognition and persistent treatment. No bacteriological confirmation was sought as I was positive of the case being one of tularemia, and about this time a number of dead mice and rats were found, and as no one around uses any vermin poison I examined several for ocular evidence of disease, and found none save an appearance of emaciation."

## PLEASE RETURN NEEDLES IN WASSERMANN OUTFITS

Petroff needles are now being supplied in the State laboratory outfits for serological purposes. These needles, which are an improvement over the style formerly supplied, may be cleaned, re-pointed, and used again if physicians will return them each time with the specimen forwarded to the laboratory. A small envelope especially designed to contain them will be found in the outfit.

## ELMIRA HEALTH CENTER TO SERVE WHOLE COUNTY

Recently the Elmira Health Center has re-organized its tuberculosis service, and henceforth will serve all of Chemung County. Dr. D. J. Tillon, Superintendent of the County Tuberculosis Hospital, will hold semi-monthly clinics which will be arranged by the city and county tuberculosis nurse.

## MOTHERS' HELPERS BUREAU IN MIDDLETOWN

Already twenty women have applied for membership in the Middletown Mothers' Helpers Bureau. These women voluntarily attend to the household duties of others who may be confined to bed by confinement in illness.

## CONNECTICUT STUDIES OUR VENEREAL DISEASE CLINICS.

The Connecticut State Department of Health has sent a representative to study the methods in use in the New York State Venereal Disease Clinics.

## ANNUAL CONFERENCE OF HEALTH OFFICERS

The Annual Conference of Health Officers will be held as usual at Saratoga Springs, June 24th, 25th and 26th. The program will be published as soon as completed.

## LAMBLIA INTESTINALIS FOUND BY STATE LABORATORY

Recently a physician submitted to the State Laboratory a fecal specimen from a patient who had been suffering with diarrhea for several months. *Lambliia intestinalis* (*Giardia Lamblia*) were found in large numbers. Infection with this organism is said by some observers to be extremely prevalent in the tropics—the only intestinal parasite which is said to be more common being the amœba.

## CONVALESCENT MEASLES SERUM WANTED

In order to secure a sufficient quantity of convalescent measles serum the State Department of Health will pay donors from \$10 to \$15 according to the amount of blood taken, and will compensate the physician who secures the specimen at a rate of from \$10 to \$25 per case. Physicians should note that the blood should be drawn from the donor between the tenth and sixteenth day following the cessation of fever.

## EXAMINATION OF RURAL SCHOOL CHILDREN IN CATTARAUGUS COUNTY

On January 30th it was reported that, with the exception of four small schools, the physical examination of the rural school children in Cattaraugus County had been completed since the beginning of the school year. The children who were found to be suffering from physical defects are now being followed up in their homes by the county public health nurses in an effort to have their defects corrected.





# THE DAILY PRESS



The newspapers, especially those of New York City, delight in publishing stories of attacks made by rats on sleeping babies. The New York *Tribune-Herald* of March 20 contains an account of a rat found gnawing at the fingers of a three months old baby near the water front in Brooklyn. The report was apparently confirmed by the Department of Health. The account stated that there are about 3,000,000 rats in New York City and that only 22,000 were destroyed annually by the Department of Health.

The *Syracuse Herald* of March 14 carries an account of the death of a woman in Onondaga Valley from unrecognized diphtheria. The case was diagnosed as laryngitis, and the cause of death on the report was given as acute heart disease. However, a culture taken a few hours before death was reported positive for diphtheria.

The newspaper account states that State District Health Officer, Dr. F. W. Sears, and the local health officer, Dr. E. H. Oak, had cultured the throats of several of the numerous contacts with the case and fortunately all were found negative. But it is just such cases as this which perpetuate diphtheria and make its big death rate.

The clipping Bureau to which we subscribe has been a trifle slow in supplying us with news. The first item in our last week's *Daily Press* said that reports of County Society meetings seldom found their way into daily newspapers. When the week's clippings came to us the very first item that we picked up was one from the *Schenectady Union Star* of March 12 (nine days before the date of appearance of our comment) giving over a column to an account of the meeting of the Schenectady County Medical Society. The account was in a simple, clear state, and informed the public regarding trichinosis, diphtheria and measles. The report also stated that the Society voted to favor the daylight saving plan on the ground of its benefit to the health of the people.

The city of Middletown seems to be undecided in its attitude toward the toxin-antitoxin immunization against diphtheria, according to the March 12th issue of the *Times Press*. The subject was discussed before the Board of Education by representatives of the City Physicians' Club who urged the Board to give permission for the use of the tests on school children. The Board deferred action.

The *Plattsburg Press* March 13th, carries an account of one of the bi-monthly meetings of the

Mothers' Health Club. The paper also carries a long editorial on the need of such a club, and of its value to promoting the health and vigor of children. It says:

"The state must be given credit for doing much in this campaign for healthy children. Competent nurses are employed for the purpose of teaching the principles of child health to mothers. The schools are giving more and more attention to the health of pupils, even the insurance companies are devoting much activity to child health. But we must come down to the individual, the mother particularly—and see that she has all the aid we can give her. This Mothers' Club of Plattsburgh is a means to that end, and should be given the encouragement of all."

The *Nyack Journal*, March 10th, contains an argument for a favorable vote on the proposition that the three villages of Nyack, Upper Nyack and South Nyack shall promptly support a public health nurse. The article lays special stress on the prenatal and infancy work of the nurse.

We have received clippings from Albany, Jamestown, Gloversville, Yonkers, and Syracuse, commenting on a radio talk broadcasted by the State Department of Health entitled "Fighting Shadows." The radio talk commented on the futility of concentrating the efforts of a local department of health on such things as bad odors and unsightly ash heaps, and at the same time neglecting the far more important matters of infant welfare, diphtheria, immunization and the control of whooping cough. The talk also urged greater interest in the purity of water supplies and of milk. The comments were excellent examples of effective publicity regarding the modern methods of disease prevention.

In contrast with the radio talk the *Poughkeepsie Courier* May 9th, and the *New York Sun* contain articles on the danger of sidewalk dust, especially that swept from stores. The articles mention the danger of spreading tuberculosis by means of the dust.

There is this to be remembered in the discussion of the real value of mere outward cleanliness—if a person is careless regarding outward cleanliness and decency, much more is he likely to be careless regarding the weightier matter of health promotion, and if a board of health will not clean up the streets and garbage heaps much less will it enforce vaccinations. Outward cleanliness is a necessary beginning of effective sanitation.



The Knickerbocker *Press* of Albany, March 10th, gives publicity to a warning which the State Department of Health has sent out regarding the danger to public water supplies by spring floods. The danger is very real. Toilets and cesspools located on hillsides may pour their contents into a stream when floods from melting snows wash all sorts of refuse into the streams and ponds.

The state has an emergency chlorinating outfit for the use of smaller communities who are suddenly confronted with contaminated water supplies.

Poughkeepsie observed a Health Week from March 10th to March 16th. According to the newspaper stories there was a free baby consultation every day conducted under the auspices of the State Department of Health. Every afternoon there was a talk at the Women's City and Country Club by physicians who told of the work of the city health department. A baby exhibit was held in the Club and was open to the public every day. The activities of health week are reported in an interesting way, and should produce practical results in causing people to rely on their physicians for health advice.

The Schenectady *Union Star*, March 10th, states that the city will hold a health week beginning March 24th under the auspices of the Commissioner of Health, Dr. John H. Collins, and a special committee. An exhibition will be held, and noted speakers will address public gatherings in the evening. Among the features the program will be a description of the selective service scheme adopted by the General Electric Company for the proper selection and assignment of its employees. A special exhibit will be prepared in order to show the method of examinations for occupational hazards and diseases. The working of the pension system will be shown, and the work in the woman's section of the plant will be demonstrated. A prize will be given to the most normal woman in the plant.

The program of the exhibits, lectures, and demonstrations is extensive and impressive, and is an indication of the interest that the people of Schenectady are taking in matters pertaining to health.

The Oswego *Times*, March 10th contains a column article by Dr. C. R. Hervey, District State Health Officer, regarding the undue prevalence of chicken-pox, measles, and other communicable diseases in Oswego and its vicinity. Dr. Hervey called attention to the modern conception of the causes of the common communicable diseases, and urged a better co-operation by parents and others in charge of children, especially in conforming to the sanitary code

regulations regarding reporting the diseases. The article contains both information and an appeal, and is an excellent example of the educational publicity which can be accomplished by co-operation between physicians and the daily press.

The Oswego *Palladium* of March 17th carries an account of a sermon by Rev. C. S. Osgood, who took the Oswego Health Center as his text. He described a visit which he had made to the Health Center, and spoke of the crimes of carelessness in the home control of communicable disease, and of defying the laws of heredity in marriage. He said there was a gospel of good health just as there is a gospel of the soul. He commended the work of the local and State Departments of Health.

The co-operation of the church and the press of Oswego in spreading the gospel of good health is to be commended.

The Brooklyn *Eagle*, March 19th, contains over a column account of the meeting of the Kings County Medical Society, which was devoted to the subject "Medical Publicity." The article begins:

Six newspapermen, one doctor with newspaper experience, the District Attorney of Kings County and the members of the Medical Society of Kings County met last night in the auditorium of the Medical Society Building, at 1313 Bedford Avenue, to discuss the need for a greater co-operation between the press and the medical fraternity and to attempt a solution of the question of illegal medical practice that has recently come up.

The meeting made a deep impression on both the physicians and the doctors of the daily newspapers, and doubtless it will result in the adoption of an experimental plan to print medical news that has been edited by doctors. (See page 477 for a report of this meeting.)

The two-column report of the meeting of the Board of Health of Dunkirk, as reported in the *Observer* on March 15th makes interesting reading. There were reports by the district nurse, the child welfare nurse, the health officer, the plumbing inspector, the city bacteriologist, the chief of the venereal clinic, and the city engineer. A quarter of a column was given to a discussion of the purchase of a second hand Ford coupé for the nurse's use. Some members of the Board opposed the purchase, saying, "the purchase of this car is going to create quite a sentiment in the city, as everybody has a car and in this particular case he is opposed to buying an automobile, that there is no question that the officials are going to be held responsible, and the budget should not have anything like that hanging on it." At the final vote the car was ordered purchased.





## NEWS NOTES



### ONEIDA COUNTY REPLIES TO BROOKLYN

Vernon, N Y, March 20, 1924

MY DEAR DR WIGHTMAN

You must have received a copy of the circular letter sent out by the President of the Bay Ridge Medical Society of Brooklyn, which criticises to a shocking degree the Carroll-Lattin Measure

I have only one copy or I should enclose one to you. Evidently he has sent them to the different County Society Presidents soliciting their support or endorsement of the objections contained therein

I am taking the liberty of enclosing to you my answer to his recommendations. I feel that he ought to know our attitude and opinion regarding the mistake of the Bay Ridge Society. I also feel that you are entitled to know of the circumstance of our letter

Yours very truly,

G M LEWIS,  
President of the Medical Society  
of the County of Oneida

The circular to which Dr Lewis alludes was nearly identical with the letter signed by F E Elliott M.D., Secretary, which was published on page 422 of the March 21st issue of this JOURNAL. Dr Lewis' reply is as follows

Vernon, N Y, March 20, 1924

To the President of the Medical Society of Bay Ridge Brooklyn, N Y

As requested, I have read carefully the circular enclosed in your favor of the 18th inst. While some of your criticisms are perhaps well founded and even more criticisms of the Carroll Lattin

Measure might reasonably be made, it seems to me that the paramount question is not in securing an absolutely faultless bill but rather in the passage of a reasonably fair and efficient law which will secure at once the protection of the people from the danger and disgrace of quackery and will secure at the same time the inherent rights belonging to the Medical Profession through scientific study and competent qualifications

As an organization the medical fraternity is not getting anywhere, so to speak, by questioning the honest opinions of the majority and undertaking to dictate and hinder their activities, and I feel that we should overlook some imperfections at this time and put forth the effort of a united organization

May I not ask you, after further deliberation, to hold in abeyance for the present if possible, your activities and await the results of the effort of the majority who seem to be successful, so far, and whose endeavor seems to offer the promise of a satisfactory solution?

Our professional enemies, the cults and their friends are only pleased at the discord among our ranks, which forms a basis of an argument they are putting up to the Legislature. I am pained that we are so short-sighted and show such poor diplomacy that we may accomplish our own defeat in handling this measure. Why can we not be united at this critical time and get the measure through, depending upon future dates to take up its proper refinements?

I wish I could think of your organization as on our side and not as an opponent

G M LEWIS

### RICHMOND COUNTY MEDICAL SOCIETY

A testimonial dinner was tendered Dr David Coleman by the Richmond County Medical Society on Wednesday March 12, 1924, in recognition of the anniversary of his fortieth year of medical practice. Forty members of the Society were present

Dr Coleman graduated in 1884 and has been practicing medicine in Tottenville since that date. Speaking of his early days of practice here, Dr Coleman told of the crudities of medical treatment in those days. He told of bleeding every patient who had fever, and of his difficulties with the local druggist who would not recognize him

as a practitioner and refused therefore to fill prescriptions written by the then 'young fellow'

"At the time I came to Staten Island and started practice on the South end, there was another doctor in the vicinity. He was older than I and did not altogether approve of my intrusion as he called it. He dubbed me the Psalm Singer"

The next speaker, Dr George Mord well known both as a practitioner and as medical examiner of Richmond County was called upon as belonging to the generation following that of Dr Coleman. Dr Mord has practiced medicine on



Staten Island for thirty years. In a short talk, Dr Mord called upon his fellows to abandon any policy of petty jealousy, and to strive to pull together so that the ethics of the profession might not become in any way less rigid than they have always been. Dr Mord contended that it is much easier now to cultivate friendly feelings, and believes that by coming to meetings of the Society we can thrash out all matters that seem to be causing friction, and in that way develop a spirit of co-operation that will be for the good of all the medical men on Staten Island.

Dr Henry Craig and Dr Charles Rieger spoke for the twenty and ten year men, respectively. Dr. Presley, the President of the Society, acted as toastmaster.

Dr Harwood, speaking on behalf of the proposed city hospital for contagious diseases, asked the co-operation of the medical society in the work of gaining such an institution for Staten Island. He said that the proposed hospital would be located near Seaview Hospital and would contain about eighty beds.

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### ULSTER COUNTY MEDICAL SOCIETY

At a special meeting of the Ulster County Medical Society on March 18th, 1924, a previous motion opposing the Medical Practice Act was rescinded and a new motion in favor of the prac-

tice of medicine act was passed. Therefore, Ulster County joins the ranks of those counties in favor of it.

FRFD H VOSS, *Secretary*

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### EASTERN MEDICAL SOCIETY SUPPORTS MEDICAL PRACTICE ACT.

March 18, 1924

221 Second Avenue,  
New York City

Dr Orrin S Wightman,  
President, Medical Society of the State of  
New York,

DEAR DR. WIGHTMAN

It gives me great pleasure to inform you that the action of the Executive Committee of the Eastern Medical Society in sanctioning the pend-

ing Medical Practice Bill has been approved by the general membership of the Society at the last regular meeting held March 14th, at the Academy of Medicine.

This letter is therefore sent you notifying you that the Eastern Medical Society is with you in the matter of this Bill.

With kindest regards, I beg to remain,

Very truly yours,

HARRY COHEN, M D,  
*Secretary*

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### SUGGESTS REFERENDUM

New York, March 22, 1924

MY DEAR EDITOR

As it seems to be difficult to get a complete vote of all the members of the various county medical societies in the State, I suggest that when the notice is sent out by the Secretary for the April meeting of the State Society, he enclose a postal card asking a vote as to whether the member is in favor of a new registration of all duly

qualified physicians in New York State, and, if so, whether he thinks it is necessary to do so more than once, if the Department of Education, or Regents at Albany make and keep an index of the same and then keep it up to date from year to year, as new licenses are given out. I do not see how it makes me any more qualified to register each year, or how it helps to eliminate irregular practitioners by so doing.

A M JACOBUS, M D



## MEDICAL SOCIETY OF THE COUNTY OF KINGS

The regular monthly meeting of the Medical Society of the County of Kings was held on Tuesday evening, March 18th, in the building of the Society, 1313 Bedford Avenue, Brooklyn. The Society had previously adopted the policy of devoting the programs of its meetings to civic subjects of general interest. The program of this meeting was on the general subject of *Press Co-operation*. The speakers were as follows:

Address "The Medical Profession and the Press" By H. Sheridan Baketel, M.D.

Address "Medical Publicity" By Arthur Brisbane, editor of the Hearst newspapers

Discussion opened by Richardson Webster, editor, *Brooklyn*, Arthur G. Dore, managing editor, *The Brooklyn Citizen*, Harris M. Crist, managing editor, *The Brooklyn Daily Eagle*, Joseph J. Early, managing editor, *Brooklyn Standard Union*, John J. Heffernan, associate editor, *The Brooklyn Daily Times*.

Dr. Baketel gave a logical and convincing argument that every newspaper should have a medical editor, just as it has a sport editor, a financial editor, and so on through the various departments of news. He argued that medical news was always sought, but that it was often inadequately and untruthfully presented and that the remedy was co-operation on part of the physicians, and accurate editing on part of the newspapers.

Dr. Baketel discussed some of the handicaps and objections which have hitherto prevented the publication of news items which are acceptable to physicians, and showed that the very fact that the leading newspaper editors of Brooklyn had come to take part in the discussion, and that over four hundred doctors were in attendance, were proofs that both parties desired to solve the problem of proper medical publicity.

Mr. Arthur Brisbane gave the doctors excellent advice on the way to get proper medical ideas before the public. He advocated the method of presenting only one or two ideas at a time, in a very few brief paragraphs, and in simple, clear language. He said that he had tested this method by writing some articles in a more complete and lengthy form, and others briefly and simply, and then he had invariably received very few replies and inquiries about the long articles, and had received many regarding the short ones.

Mr. Brisbane said that few people knew much about their own bodies, and he said that he was deeply interested in the plan suggested by Dr. Baketel, and would be glad to include medical topics among those on which he writes. He gave a glowing tribute to the research workers who had developed antitoxins and methods of operation by operations on lower animals.

All the editors of the Brooklyn dailies who were present endorsed Dr. Baketel's plan of co-operation between the physicians and hospitals on the one hand, and the newspapers on the other. They spoke of the lack of help from doctors whom they had asked for information on medical news topics and hoped that a plan of better co-operation could be devised.

On motion of Dr. Frank A. Jennings, Past President of the Society, it was voted to appoint a Press Reference Committee which should devise plans for close co-operation between physicians and the daily newspapers.

The Society also received a report from Dr. Joseph E. Golding, Chairman of the Committee on Illegal Practice of Medicine. Dr. Golding described the work of his committee in copying the list of 7,000 names of physicians who are registered with the Clerk of Kings County, and spoke of the difficulty of locating those who were now practicing in Brooklyn. One of the difficulties is that less than half of those registered are now practicing in the county. The list will be on file in the headquarters of the County Medical Society and will be corrected monthly.

Dr. Golding described the detailed canvass of every street in the county to discover the doctor's signs that were displayed. The members of the Bay Ridge Medical Society had been especially active in that canvass (see page 370 of the March 14th issue of this Journal). The committee had not merely filed a list of the doctors but had furnished the District Attorney with a list of those who had not registered and he had successfully prosecuted several and had frightened the rest so that they closed up their shops.

District Attorney Charles J. Dodd was present at the meeting and said that he had established a permanent bureau on the illegal practice of medicine and would co-operate to the fullest extent with physicians in ridding the County of illegal practitioners of medicine.

## STATE SANITARY OFFICERS' ASSOCIATION

The New York State Sanitary Officers' Association draws its membership from the local health officers, of whom there are about one thousand in the state. It has a complete organization, with active committees. It holds one meeting and a dinner each year at the time of the annual official conference of health officers, but

its committees meet as occasion requires. A meeting of the executive committee was held in Albany on March 19th to discuss the broad policies of the Association during the year. The principal subject that came up was the Medical Practice Act. The committee unanimously voted to support the bill.



# BOOK REVIEWS

**OPERATIVE SURGERY COVERING THE OPERATIVE TECHNIC INVOLVED IN THE OPERATIONS OF GENERAL AND SPECIAL SURGERY** By WARREN STONE BICKHAM, M.D., F.A.C.S. Six octavo volumes and desk index. Now read.—Vol I, containing 850 pages, 921 illustrations, Vol II, 877 pages, 1,008 illustrations Philadelphia and London, W. B. Saunders Co., 1924 Sold by subscription only, Cloth, \$10.00 per volume

Students recall with pride and affectionate regard text books over which in their enthusiasm with eager receptive minds they burned the midnight oil. Such a book is Bickham's Operative Surgery. To read its pages in its new dress is but to illuminate the past with memories and enlighten the future with new thought. It now appears in six convenient volumes, the first two of which are ready.

The scope which the author has planned for is well set forth in the preface. Like all good authors he attempts to disarm criticism by being extremely modest, warning readers not to be too exacting in the hope that the books cover the *entire* field of operative surgery. His *raison d'être* is to cover the description of the *Chief Operations* of Surgery, involving the principal organs, anatomical regions and tissues. This limits the criticism of the review sufficiently and entails enough burden. His original work of one volume has grown apace. What course to pursue and when to do it are not answered in this volume. It is not the goal for which the author has striven, the *conduct* of operative technic is stressed.

The author has expressed a keen sense of appreciation in his dedicatory note to his wife for beautiful devotion and in the preface of his professional obligation for association with that master-surgeon, Rudolph Matas, of New Orleans. There are 6,300 illustrations from composite drawings made by 46 artists, working over a period of three years, occupying 27,780 actual hours, or 11 months and 24 days. The personality and untiring efforts of the author are reflected in the preface. He has done his work well and "when Earth's last picture is painted," this work will remain a monument. As one would naturally suspect, a portion of the former text and some illustrations found in the previous editions have been used. The work, aside from the artistry of illustrating, is a one-man work—a stupendous task, well conceived and well executed—so all the credit is due to Dr. Bickham. Again we are told modesty forbids acceptance of this honor and forces a painful inherent realization of his deficiencies and omissions! One is impressed at the generosity of this author in crediting those with whom he has worked.

The subject matter is constructed upon three main parts, i. e., General Procedures Employed in Surgical Operations, General Operative Surgery and Special Operative Surgery, and is subdivided into 97 anatomical arranged chapters.

In volume one under general procedures, one finds the following: Preparations for Operation, Surgical Anesthesia and Analgesia, General Technic in the conduct of Operations and the after care of Operative patients. Under the general operations of Surgery are listed the following: Skin-grafting, General Principles of Plastic Surgery, Deformities in General, Transplantations of Organs and Tissues, Hydrocarbon Prosthesis, Amputations and Disarticulations, Cinaplastic, Amputations, Cinematic Prostheses, Artificial limbs, Excisions and Osteoplastic resections. This volume is well indexed.

In volume two, one encounters a continuation of the description of General Operations upon Arteries, Veins, Lymphatics, Nerves, Bones, Joints, Muscles, Tendons, Sheaths, Ligaments, Cartilages, Bursae, and fascia.

Listed under Special Operations, one finds consideration of the Skull, Brain and the Spinal Cord.

R. H. FOWLER.

**A PRACTICAL TEXT-BOOK OF INFECTION, IMMUNITY AND BIOLOGIC THERAPY**, with special reference to immunologic technic, by JOHN A. KOLMER, M.D., Dr. P.H. Third edition, thoroughly revised and mostly rewritten. Octavo of 1210 pages with 202 illustrations. Philadelphia and London W. B. Saunders Co., 1923. Cloth, \$12.00.

As in the previous editions, this volume has its greatest value as a practical reference book and guide to the medical student and general practitioner.

This work is not only unusually rich in historic and theoretical discussions, but has in addition a wealth of practical information so arranged and clearly described as to be available even to the inexperienced. This feature is admirably illustrated wherever biologic therapy and laboratory methods are considered. The preparations of vaccines, sera, etc., with dosage and mode of administration are clearly indicated; laboratory procedures are carefully outlined in detail.

The chapters on Allergy, Anaphylaxis and Hypersensitiveness have been largely rewritten and brought up-to-date. The subject is well discussed and classified. The author considers Coca's classification too rigid and adheres more closely to that of Doerr's and with Doerr accepts Von Pirquet's definition of Allergy.

The interesting rearrangement of the practical biologic therapeutic agents under the different diseases where they apply should prove of great value to the practitioner.

The chapters on vaccine and serum therapy contain a new section on non-specific protein therapy.

The author has included and enlarged on the practical aids in the treatment of disease of the lower animals and should thus prove of interest to veterinarians.

S. D. KRAMER.

**BERGEY'S MANUAL OF DETERMINATIVE BACTERIOLOGY.** A key for the Identification of Organisms of the Class Schizomycetes. Arranged by a Committee of the Society of American Bacteriologists. Octavo of 442 pages. Baltimore: Williams & Wilkins Co., 1923. Cloth, \$5.50.

This manual is the official classification adopted by the Committee of the Society of American Bacteriologists, of which Dr. Bergey is chairman. It was compiled for the use of bacteriologists in identifying and classifying bacteria according to a scheme and nomenclature which should be uniform and official. Due credit has been given to predecessors in an opening chapter. The classification itself is based upon morphological and biological characteristics and includes all known and fully described bacteria. The bacteriologist wishing to identify an unknown organism, having first determined the usual morphological and cultural characteristics, may turn to this manual and quickly locate the organism. The classification is very elaborate and comprehensive and a detailed study of it will reward the reader with some interesting facts.

E. B. SMITH.



**A TREATISE ON ORTHOPEDIC SURGERY** by ROYAL WHITMAN, M.D. M.R.C.S. F.A.C.S. Seventh edition, thoroughly revised. Octavo of 993 pages illustrated with 877 engravings. Philadelphia and New York: Lea & Febiger, 1923. Cloth \$9.00.

In the seventh edition the general character of the book is maintained and the same classification is followed as in former editions. Each division is brought up to date and consideration of the new permanent contributions to the subject is given in detail. The chapter in the sixth edition under the caption of military surgery is now given under the head of collateral surgery and is enlarged.

The book is not only a standard text for the student, but it also a valuable book of reference.

J. C. R.

**DISEASES OF THE SKIN** by FRANK CROZER KNOWLES, M.D. Second edition, thoroughly revised. Octavo of 595 pages with 229 illustrations and 14 plates. Philadelphia and New York: Lea & Febiger, 1923. Cloth \$5.50.

To those of us who have enjoyed an intimate acquaintance with Dr Knowles' first edition over a period of years the second edition comes as a distinct treat. Almost completely rewritten, brought fully to date, excellently illustrated and containing many new sections and helps in diagnosis this book offers itself as a valuable addition to the library of the general practitioner. It cannot be said that the work is in any way abridged; it might better be said that it is condensed since the student will find that nothing of importance is missing and the last word in sensible, effective modern treatment. The newer physical agents—X-ray, radium, quartz light, fulguration, electrolysis and refrigeration—are fully and excellently handled and the chapter on Eczema is one of the best from a therapeutic standpoint that we have ever read.

NATHAN T. BEERS

**MEDICAL CLINICS OF NORTH AMERICA** November 1923. Volume 7, Number 3 (Boston Number). Published Bi-Monthly by the W. B. Saunders Co., Philadelphia and London. Price per year (paper), \$12.00.

The latest Boston number of these familiar Clinics abounds in splendid articles; thirty-one authors present twenty-six special subjects. A few are especially outstanding: Reginald Fitz on the recent "treatments" of diabetes; Fritz Talbot on cyclic vomiting; Joseph H. Pratt on common errors in the diagnosis of heart disease; Donald S. King's remarkably clear dissertation on the Twort-Herelle phenomenon; and Franklin W. White on diseases of the gall bladder.

The Medical Clinics are well conceived and edited and occupy an acknowledged position as a positive factor in the dissemination of medical knowledge.

FRANK BETHEL CROSS

**CLINICAL MEMORANDA FOR GENERAL PRACTITIONERS** By ALEX. THEODORE BRAND, M.D., C.M., V.D., and JOHN ROBERT KEITH, M.A., M.D., C.M. Second edition. William Wood & Co. 1924. Price \$3.00.

This is the second edition of a small book which touches upon a number of subjects of interest to practitioners. Most of the articles are concise and easy to read. As stated in the preface, there is presented a selection of subjects which the authors have found specially interesting and useful. It is a compilation from personal experience and many medical books and journals. A very complete index adds to the value of the book.

W. E. McC.

**GENITO-URINARY DISEASES AND SYPHILIS.** By HENRY H. MORTON, M.D., F.A.C.S. Fifth Edition, Revised and Enlarged. With 328 illustrations and 38 full page colored plates. Physicians and Surgeons Book Company, New York N. Y., 1924.

The fifth edition of this standard work has just appeared. The paper and type are excellent, and the illustrations beautiful. The text is brought up to date but the scheme of the book has happily not been changed. The author's gift for presenting the best clinical knowledge, without degressing into confusing details or unproven theories has for the past twenty years stamped this book as a standard for students. Not only for undergraduates but particularly so for the general practitioner who needs a book in which he can readily find a condensed statement of modern diagnosis and treatment of lesions of the genitourinary tract.

A busy surgeon in another State to whom the reviewer sent a copy of this book writes "I consider that Morton's book contains the most compact and comprehensive amount of material of any book in my library."

STURDIVANT READ.

**PRIMER FOR DIABETIC PATIENTS.** A brief outline of Diabetic Treatment including directions for the use of Insulin, Sample Menus, Recipes and Food Tables. By RUSSELL M. WILDER, Ph.D. M.D., MARY A. TOLE, and DAISY ELLIOTT, Dietitians Mayo Clinic. Second edition, reset. 12mo. 119 pages. Philadelphia and London, W. B. Saunders Co. 1923. Cloth \$1.50.

This book will be found of value not so much to the physician as to the patient.

As its name implies, it is a primer. In this respect it is of definite value to a patient just made aware of the nature of his illness, in helping him to a better understanding of the correct and incorrect things that may occur due to diabetes.

It explains clearly what the disease is, goes into the examination of the urine for sugar, acetone and diacetic acid, the problem of weighing food, and a brief discussion of insulin.

The bulk of the work is taken up with the problem of diet. Many sample diets are given and a great many recipes that will be found useful.

CHARLES EDWARD HAMILTON

**THE DIETARY OF HEALTH AND DISEASE.** For the Use of Dietitians, Nurses and Instructors in the Sciences that Pertain to Nutrition, by GERTRUDE I. THOMAS, Instructor in Dietetics, University of Minnesota. 12mo. of 210 pages, illustrated. Philadelphia and New York: Lea & Febiger, 1923. Cloth \$2.25.

This book is really a splendid book for the instruction of nurses. Without delving too deeply into the chemistry of food and the physiology of digestion it still covers these topics in a very clear fashion.

Chapters are devoted to each of the elements of the food explaining the value of these elements to the human body.

Principles of cookery, care of utensils, methods of serving and an extremely detailed list of recipes are all given in great detail. The chapter on weights and measures of foods has some very splendid tables of food values.

A brief outline of the diet at various periods of life and in disease completes this useful book.

CHARLES EDWARD HAMILTON



**EPIDEMIOLOGY AND PUBLIC HEALTH** A Text and Reference Book for Physicians, Medical Students and Health Workers In three volumes By VICTOR C VAUGHAN, M D, LL D, Emeritus Professor Hygiene, University of Michigan Assisted by HENRY F VAUGHAN, M S, Dr P H, Commissioner of Health, City of Detroit, and GEORGE T PALMER, M S, Dr P H Epidemiologist, Department of Health of the City of Detroit. Vol. II Nutritional Disorders, Alimentary Infections, Percutaneous Infections C V Mosby Co, St Louis, 1923 Price, \$9 00

Like the first volume, the technical work of the publishers leaves nothing to be desired. The typography is fine and the illustrations clear. The arrangement adopted in the first volume has been continued in the second and a fairly successful attempt has been made to "group the diseases according to the avenues through which the virus reaches and infects the body"

In a short review such as this, it is impossible to go much into the details of the many subjects treated, but a careful survey of the text reveals the fact that the authors have not only produced a work of great scientific value, but have also manifested much scholarly knowledge covering the history of their subjects from remote periods of ancient times. There is much in the volume to appeal to the general practitioner, who can readily find in its pages information of a practical nature, bearing upon many, if not most of the diseases with which he has to deal. The surgeon too will find a wealth of material to stabilize his conception of the relation of his art to the inroads of systemic disease. To the health officer and laboratory worker the book is a *sine qua non*.

The general style of the writers, while not neglectful of scientific data, is easy and pleasing, thus avoiding monotony. In fine, the second volume of Dr Vaughan's reflection of his busy life of usefulness seems to the writer to fully meet the expectations created by the first volume.

J M V C.

**INTERFACIAL FORCES AND PHENOMENA IN PHYSIOLOGY**, being the Herter Lectures in New York in March, 1922 By SIR WILLIAM M BAYLISS, M A, D Sc, F R S, LL D, Professor of General Physiology in University College, London With seven diagrams E P Dutton & Company, New York. 1923

In this volume the author discusses the various manifestations of the phenomena which take place at the surface when two substances that do not mix come in contact. It is customary to refer to the common surface as the *interface*. The latter may be looked upon as composed, in a sense, of both substances. In this volume the author discusses from a physico-chemical standpoint many of the phenomena of physiology in which the properties of surfaces come into especial prominence. Such phenomena include the cell membrane, protoplasm, electrical phenomena in living cells, muscle, nerve and gland, enzymes, and hemoglobin. While it is unlikely that the average student of general physiology will have the time to go as deeply into the subject as this volume would carry him, a careful perusal of this book will be of considerable aid in clearing up some of the puzzling "whys and wherefores" of physiology.

FRANK E MALLON

**THE CHEMICAL BASIS OF GROWTH AND SENESCENCE** By T BRAILSFORD ROBERTSON, Ph D, D Sc, Professor of Physiology and Biochemistry, University of Adelaide, South Australia J B Lippincott Co, Phila and London 1923

The author's thesis is practically this growth is but a complex chemical phenomenon analogous in many respects to the purely chemical reactions that occur *in vitro*. The author discusses at great length the physical manifestations of growth in man, plants and animals, and also devotes two chapters to a consideration of the "substrates of growth," viz, inorganic salts, amino-acids and accessory food factors. The latter refer to dietary constituents which are requisite for reasons unconnected with their heat value and are at present chemically undefined. There is also a chapter devoted to the influence on growth of such special agencies as lecithin, cholesterol, the anterior lobe of the pituitary body, tethelin and thyroxin.

The author reviews many of the theories which attempt to explain, on biological grounds, the phenomenon of senescence. The latter, he believes, is the necessary outcome of differentiation, for "a community of cells inhabiting a circumscribed nutrient medium is continually struggling to accomplish the impossible task of adapting itself to conditions which by the very process of adaptation, are automatically rendered more and more unfit for the perpetuation of the community."

FRANK E MALLON

**BLOOD CHEMISTRY COLORIMETRIC METHODS, FOR THE GENERAL PRACTITIONER, WITH CLINICAL COMMENTS AND DIETARY SUGGESTIONS**, by WILLARD J STONE, M D, Pasadena, Calif, Attending Physician, Los Angeles General Hospital Introduction by George Dock, M D Paul B Hoeber, New York, 1923 Price \$2 25

This book is a compilation of common methods used in blood examination. It gives formulae, preparation of reagents and procedures in blood chemical analysis. But this book has faults in common with other published books on the same subject in that the author fails to express the various chemical reactions by molecular equations. The general practitioner as well as the laboratory worker would appreciate a book that illustrates the chemical reactions graphically.

Except for the omission of several rather important methods, such as the microchemical methods of inorganic blood constituents, CO<sub>2</sub> determination, microchemical methods on small quantities of blood, the methods are very well described.

The author does not mention Van Slyke and Dorleavy's method for chloride determination in blood which is easily applied to the Folin-Wu filtrate. Nor does he recommend the Cholesterol standard made from Beta-Naphthol-Green-B, which is permanent in color, time-saving and very accurate.

The chapter on treatment of Diabetes is short, incomplete and incomprehensive, for the author does not discuss metabolism in diabetes and its correction by diet, nor how and when to use Insulin.

These omissions are mentioned here with the hope that they will receive attention in future editions.

S J COHEN



**BIRTH CONTROL FOR WOMANLY BEAUTY MANLY STRENGTH HEALTH AND A LONG LIFE FOR EVERYBODY** By HENRY T. FINCH 12mo of 342 pages Harper & Brothers New York and London 1923 Price \$1.75

The principal modern requirement for writing a book appears to be to know next to nothing about the subject. Then one can write forcefully without being hampered by the facts. Here we have a curious mixture of information and misinformation. The author follows a habit, frequently noted in lay medical writings of quoting opinions as evidence. This is an easy method of proving what you will.

This book is a literary work of the highest excellence. It glows with wit and funny anecdotes. It should be read and enjoyed but not believed. The bulk of the volume is concerned with advice for overweights. How

ever it really will be more useful to underweights on the principle of "laugh and grow fat." It is to be regretted that such a high order of literary merit is not coupled with a greater knowledge of the facts.

FREDERIC DANRAH

**HOW WE RESIST DISEASE, AN INTRODUCTION TO IMMUNITY** By JEAN BROUHAUPT Ph.D., Assistant Professor of Biology, Teachers College, Columbia University 138 illustrations 4 Color Plates J. B. Lippincott Co., Phila. and London. 1923 Price \$2.50.

This book is written in a very simple and understandable manner, handling a subject replete with technical facts in such a way that it can easily be grasped by individuals with limited medical training. It is highly recommendable for nurses and students.

## BOOKS RECEIVED

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from these columns will be made for review as dictated by their merits or in the interest of our readers.

**HIGH BLOOD PRESSURE, ITS VARIATIONS AND CONTROL—A Manual for Practitioners.** By J. F. HALLS DALLY M.A., M.D., B.C. Cantab., M.R.C.P. Lond. Physician to the Mount Vernon Hospital for Tuberculosis and Diseases of the Heart and Lungs, Senior Physician to the St. Marylebone General Dispensary. William Wood and Company New York, 1924 Price \$3.25.

**AIDS TO PRACTICAL PATHOLOGY** By F. W. W. GRIFFIN M.A., M.D., B.C. (Cantab.), M.R.C.S. (Eng.) L.R.C.P. (Lond.) Assistant Virol Pathological Research Laboratories, and W. F. M. THOMSON Chief Technical Assistant Virol Pathological Research Laboratories. William Wood and Company New York 1923 Price \$1.50.

**THE INSULIN TREATMENT OF DIABETES MELLITUS** By P. J. CAMMIDGE, M.D. (Lond.) DPH. (Cantab.) William Wood and Company New York 1924 Price \$2.00.

**SUNLIGHT AND HEALTH** By C. W. SALESBY M.D. Ch.B., F.Z.S., F.R.S.E., Chairman of the National Birthrate Commission, 1918-20. With an introduction by SIR WILLIAM M. BAYLIS M.A., D.Sc. F.R.S., Professor of General Physiology University College, London, and Chairman of the Committee on Light of the Medical Research Council of Great Britain. G. P. Putnam's Sons New York and London, 1924 Price, \$2.00.

**THE ANTI-DIABETIC FUNCTIONS OF THE PANCREAS AND THE SUCCESSFUL ISOLATION OF THE ANTI-DIABETIC HORMONE—INSULIN** By J. J. R. MACLEOD Professor of Physiology University of Toronto and F. G. BANTING, Research Professor University of Toronto. Series Number Two auspices of the Wayne County Medical Society Detroit Mich. 1923 Published by The C. V. Mosby Company St. Louis Mo. Price, \$1.50.

**BLOOD PRESSURE, CAUSE EFFECT AND REMEDY** By LEWELLAS F. BARKER, M.D. and NORMAN B. COLZ M.D. D. Appleton and Company, New York. Price \$1.25.

**METHODS IN MEDICINE. The Manual of the Medical Service of George Dock, M.D., Sc.D., formerly Professor of Medicine, Washington School of Medicine formerly Physician in Chief Robert A. Barnes Hospital St. Louis.** By GEORGE R. HERMANN M.D., Ph.D., Instructor in Medicine, University of Michigan, formerly House Officer, Peter Bent Brigham Hospital Boston formerly Assistant in Medicine, Washington University formerly Resident Physician Robert A. Barnes Hospital St. Louis. Illustrated The C. V. Mosby Company, 1924 St. Louis Price, \$6.50.

**EMERGENCY OPERATIONS FOR GENERAL PRACTITIONERS ON LAND AND SEA AN ILLUSTRATED MANUAL OF PROCEDURE AND TECHNIQUE.** By H. C. ORRIN OBE, F.R.C.S. Ed., Surgeon, Ministry of Pensions Orthopedic Hospital, Newcastle-on-Tyne late Civil Surgeon to the Third London General Hospital. William Wood and Company New York 1924 Price, \$2.75.

**PHYSICAL EXERCISE FOR DAILY USE.** By C. WARD CRAMPTON, M.D., formerly Director of the Department of Physical Education and Hygiene, New York Board of Education. Illustrated G. P. Putnam's Sons New York and London, 1924 Price \$3.50.

**DIE PROPHYLAXE DER GROSSEN SCHILDRÜSE GLEICHZEITIG ZIN STÜCK VERGLEICHENDE KLIMATOLOGIE DER SCHWEIZ UND EIN LEITFADEN FÜR SYSTEMISCHE NATURWISSENSCHAFTLICHE FORSCHUNGEN** Von Dr. med. HEINRICH HUNZIKER Arzt in Adliswil bei Zürich Mit einem Beitrag von Dr. med. Hans Eggenberger Arzt in Herisau (Appenzell) Gr 8° 360 Seiten, mit einer farbigen Tafel 9 Abbildungen und 155 Tabellen Preis Fr 12 Verlag Ernst Birkner, Aktiengesellschaft Bern und Leipzig





# PRUNES



## Contributions Solicited

### No Escape

Shrieks and yells of the most appalling type were issuing from the little cottage, and quite a crowd had collected. Presently, clothed in the full majesty and dignity of the law, a policeman came striding onto the scene.

"Now, then," he cried gruffly, "what is all this about?"

"Please, sir," spoke up a small boy, "that's only my brother. He's crying because mama's eyesight ain't very good and she's deaf, too."

A ghastly series of shrieks interrupted the explanation.

"He must be a very feeling little fellow," remarked the officer, wiping away a furtive tear.

"Yes, sir, he is. You see, ma's mending his trousers, and he's got them on"—*Los Angeles Times*

"You say that this man has a grudge against you?" demanded the judge.

"Yes, your honor," replied Bill the beggar. "When I was blind he usta steal the pennies from my cup, and when I was a cripple he'd run down the street with my box of pencils."

"Anything else?"

"Yes, your honor. Once when I was deaf and dumb he shot off a firecracker underneath me"—*American Legion Weekly*

### Preparedness

Willie was under orders never to go in swimming. And mother meant to see that he obeyed. So one day she became suspicious.

"Willie, your clothes are wet," she said. "You have been in the water again."

"Yes, mother, I went in to save Charlie Jones."

"My noble darling! Did you jump in after him?"

"No, mother. I jumped in first so as to be there when he fell in"—*You'll's Companion*

### Time to Cheer

Steamboat Captain (who has just fallen overboard)—"Don't stand there like a dumbbell. Give a yell, can't you?"

College Stude Deckhand—"Certainly, sir, Rahl Rahl Rahl Rahl Rahl Captain!"—*Denver Citizen*

### Consulting an Authority

All were quiet in the cinema watching the comic man counterfeiting intoxication. The silence was broken by a small boy's shrill voice. "That ain't the way to be drunk, is it, farver?"—*Pearson's Weekly (London)*

### Simplified Patients

"How do you identify the degree of insanity of your patients?" asked the visitor.

"By hanging department store tags around their necks," replied the up-to-date superintendent. "I use 5-10-15-20 and so on, up to 100 percent off tags"—*Judge*

### Life's Vagaries

Life is an eternal mess. The rich man has his twin wives, and the poor man his six twins.—*North Carolina Boll Weevil*

### "Mr. Vanderlip Says"

Absolute knowledge have I none,  
But my aunt's washerwoman's sister's son  
Heard a policeman on his beat  
Say to a laborer on the street  
That he had a letter just last week—  
A letter which he did not seek—  
From a Chinese merchant in Timbuctoo  
Who said that his brother in Cuba knew  
Of an Indian chief in a Texas town,  
Who got the dope from a circus clown,  
That a man in the Klondike had it straight  
From a guy in a South American state  
That a wild man over in Bornco  
Was told by a woman who claimed to know  
Of a well known swell society rake  
Whose mother will undertake  
To prove that her husband's sister's niece  
Has stated plain in a printed piece  
That he has a son who never comes home  
And knows all about the Teapot Dome

Lizzie Ann Brother Congo, I hear Sis Johnson  
dead—when she gwine be interned?  
Bro Congo Dey ain't gwine be no internment.  
Lizzie Ann How come?  
Bro Congo De fambly hab decided she's to be in  
criminated

### The Good Old Fashioned

For an hour the teacher had dwelt with painful repetition on the parts played by carbo-hydrates, proteids and fats in the building up and maintaining of the human body.

At the end of the lesson the usual test questions were put, among them:

"Can any girl tell me the three foods required to keep the body in health?"

There was silence until one maiden held up her hand and replied:

"Yes, teacher! Yer breakfast, yer dinner, and yer supper"—*St Louis Star*

After reading accounts of how Mr Coolidge keeps fit, one comes to the conclusion that it is an accident.—*Life*

### The Merry Imp of the Types

What a difference the change of a letter makes! The most humorous misprint we can remember is this one, which went the rounds several years ago.

"The doctor felt the patient's purse and decided there was no hope"—*Boston Transcript*

A new remedy for the sleeping sickness has been discovered by certain German scientists, who offer to make it public if Germany's former African colonies are restored to her. If they put this deal over, next they will be offering a cough remedy to get Alsace-Lorraine back again.—*Don Marquis, N Y Tribune, Feb 9*



# NEW YORK STATE JOURNAL of MEDICINE

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## CLEFT PALATE IN YOUNG INFANTS \*

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CHICAGO III.

IN discussing the subject of cleft palate, I present to you a deformity so conspicuous and so distressing as to rank among the most deplorable that befalls mankind. When accompanied by cleft lip, the disfigurement is doubled. A defect which deprives man of speech—a medium for the transfer of thought—robs him of one of the marked distinguishing qualities between himself and the lower animals. Without speech he becomes an object of embarrassment to himself and of commiseration or ridicule to others, he is impotent to fulfil his ambitions for learning and power. Given any grade of intelligence, social rank or wealth, what other physical malformation becomes an equal handicap in the struggle of life? On the other hand, with speech conferred through the results of surgical interference, there comes to him a new life, a buoyancy of spirits, a sense of added power, a new feeling of confidence and equality with others which spurs the once unfortunate sufferer to a life of higher usefulness, contentment and success. In view of the seriousness of the deformity and the general lack of information regarding it, the subject deserves a careful study.

**Definition**—The impression has prevailed that cleft palate is a fissure or fissures of the palate due to arrested development. This was a natural conclusion following a casual examination, since the highly elevated, separated palatal plates of the maxillae give the appearance of an absence of tissue. As a matter of fact, almost without exception, the palate of an infant born with a cleft has in it the normal amount of tissue—but the bones are misplaced, they are ununited. This will be clearly demonstrated in the slides I shall exhibit.

**Embryology**—In the human embryo of about the third week, the face is in the process of development. From the front of the cephalic mass

five tubercles bud out, of which the first, the premaxillary, passes vertically downward. This tubercle is double and forms the premaxillary bones in which the incisor teeth are developed. It therefore bears the name "incisor tubercle." The rudimentary maxillary bones, which are widely separated, are developed at each side of the incisor tubercle, though not united with it, while the fourth and fifth tubercles, which are separated in front, subsequently unite in the median line and form the mandible. Simultaneously, the palate begins to be formed by the approach toward the median line of the two horizontal plates developing from the maxillary processes on either side. If the palatal processes of the maxillae unite in the median line and blend also with the premaxilla, and the vomer grows downward to meet the palatal processes in the line of union, the upper jaw and lip will be normal. By the beginning of the third month, the parts which enter into the formation of the palate should be united. If, however, the superior maxillary and premaxillary processes fail to unite with each other, cleft lip and palate, in one of their many forms results.

**Etiology**—The literature on this subject is voluminous, but largely conjectural. Among the predisposing causes cited for this condition are: Prenatal impressions, imperfect nutrition during the early months of pregnancy, supernumerary teeth or intervening mucosa which prevents the sub-mucous tissue from uniting and, chiefly, heredity.

Mr Edmund Owen, in his *Monograph on Cleft Palate and Harelip*, says: "It is improbable that maternal impressions have anything whatever to do with it. As a rule, the supposed fright comes long after the lips and features are developed. The lips are completely formed by the ninth week. Heredity is a powerful influence in many cases. The mother who is inclined to ascribe the occurrence of a harelip to some shock or fright received during her pregnancy is generally some-



what late with regard to her explanation. At the very beginning of the third month of gestation (ninth week) the fissures about the orbit, nose and mouth have been effaced and the embryo, who, by the by, has only just made up its mind as to which sex it will join, is already beginning to assume, though as it were in a rough sketch, a definite facial expression. At a later period than this no maternal impression, however severe, could possibly have the least effect. What is done cannot be undone." It would seem that in cleft palate, cleft lip or any other congenital deformity, in a twin, if prenatal impressions were a factor, both children would be similarly defective. In 18 pairs of twins presented in my practice, one child of each pair was normal. I have little faith in the theory of prenatal impressions. My experience has been like that of Owen—the mental shock reported by the mother was found to have occurred subsequent to the fifth month when, if physiological processes were not interfered with, union of the bones would be complete. A mental impression could not separate a suture. If prenatal impressions be a factor in causing failure of union, we have no authentic evidence to that effect.

Defective nutrition or general debility of the mother during early pregnancy may delay union of the palatal plates. *Nature usually does not fail to develop the necessary bones and soft parts to form a normal palate, but does fail to bring the parts into apposition and unite them.* Animal experimenters claim to have eliminated cleft palate by a change from cold meat, drained of blood, to warm meat containing blood. It would be interesting to work out a diet in the human race among those families in which there is a marked tendency toward cleft lip and palate.

The theory of heredity as a determining factor perhaps claims more adherents than any other and is more easily observed. It is not always easy to get a clear family history in these cases, owing to a hesitancy to confess what seems to some a mark or brand, and also a genuine lack of knowledge. In a large percentage of cases the defect, in some form, is discovered in some immediate or distant relative. It is hard to dismiss the theory of heredity. In my practice, I had a family near Chicago, in three generations of which there were thirteen cases of cleft palate, in another, three out of five children were thus affected—and I could cite many instances of recurrence in the same family.

**Exciting Causes.**—Before and after birth, the tongue fills the whole cavity of the mouth and its pressure, beyond doubt, contributes to the continued separation and elevation of the un-united life plates. Between the second and third months of intra-uterine life, as soon as the muscles of mastication become active, the mandible brings pressure on the palato-alveolar inclined planes

of the un-united maxillæ and, acting as a wedge, forces them apart. Pressure, too, resulting from the mandible resting on the sternum may account in part for the separation. The late Dr. M. H. Cryer, in "*Studies on the Internal Anatomy of the Face*" says, in speaking of the relation of the two jaws: "Various theories have been advanced for this lack of union, the most prominent, perhaps, being that of malnutrition of the parts during the time when union should take place. While agreeing that malnutrition is probably largely responsible, the author offers as a plausible explanation of the manner of its operation the idea that as the lower jaw is formed in advance of the upper one, *when undue pressure is exerted upon it, it is forced in between the four processes forming the upper jaw, thus mechanically preventing them from coming together.* The relatively advanced development of the mandible, as compared with that of the forming maxilla, would under the circumstances referred to, and especially in cases of low nutritional standard, interfere with the normal closure of the branchial arches and tend to produce a permanent coloboma. If an examination be made of a young child with a complete cleft, it will be noticed that the upper alveolar ridge is immediately over the alveolar ridge of the lower jaw, or it may be slightly external to it. It is generally accepted that the lower jaw acts as a matrix or mold upon which the inferior border of the upper jaw is formed, as the latter comes in contact with its inner edges. This action also influences the general contour of the superior alveolar ridges and roof of the mouth."

Professor Warnekros, in 1899 and since, has published extensive studies on his finding regarding supernumerary teeth as factors. The investigations of Sir Arthur Keith are not in accord with these findings. He states that out of forty-three cases, twenty-three showed the fissure passing between the central and lateral incisors, in nine passed between the lateral incisor and cuspid teeth, and in seven cases the lateral incisors had not developed on the sides of the fissure, while in two a third incisor, or supernumerary tooth was developed.

Whatever may be accepted as the cause of this condition, I am convinced beyond the shadow of a doubt that whatever the degree of separation, and whatever the form, the normal amount of tissue is almost always present. It is only elevated and un-united.

The birth of a child with cleft palate, particularly a complete cleft involving the lip, is a tragedy to the parents and especially to the mother. Many of you have observed this in your practice—have seen the despair, the appeal for assurance that something can be done to bring the child into normality. To you, who have been



her advisor during the trying period preceding she turns for advice and information that will comfort. In you lies the direction of the course to be followed in the treatment of the deformed child. Too often in the past the parents have been told that nothing can be done for years, if at all. The practice of waiting for two, four, six and ten years for palate operations should be obsolete. In the light of modern developments in surgery of the palate the mother may be advised of a course of treatment that will assure the correction of the defects so that a normal palate and lip may be secured. The time is past when the child and parents need to suffer for months and years because ill-advised as to the time and order of procedure of operations which cure the deformity.

**Order of Operations**—Anatomically, there are 15 forms of cleft palate, according to my classification. The treatment must be adapted to each of these forms. In a general way, however, we may recommend and follow an order of procedure, as given below. Where the cleft is complete, involving the soft palate, the entire hard palate and the alveolar process separating the premaxillae from the maxillae on one or both sides, accompanied by cleft lips, the operations should be:

1st—Approximation and immobilization of the separated bones, including the alveolar processes and  $\frac{1}{3}$  of the hard palate, preferably before the third month. It may be done much later, however.

2nd—Closure of the lip, 6 weeks or later after the bone operation allowing time for union of the approximated bones.

3rd—Closure of the soft palate, at 16 to 22 months.

When the premaxillae protrude the approximation of bones is delayed until the third month, but the sequence of operations is the same.

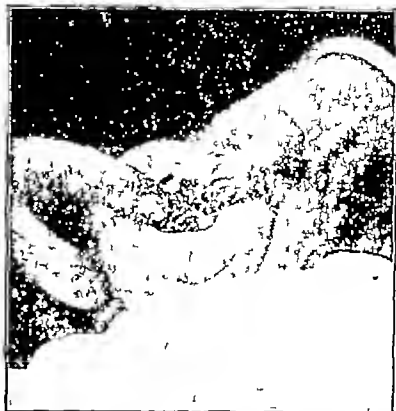


FIG. 2. Same child with the separated bones closed and the nose put in the median line of the face. By reason of the closure of the palate and without any effort otherwise, the nostril has assumed a much better form.

(Jour. Am. Dent. Asso. Jan. 1923.)



FIG. 3. Front view taken the same day as Fig. 2.

(Jour. Am. Dent. Asso. Jan. 1923.)



FIG. 1. Child of four weeks exhibiting a complete cleft of hard and soft palate and cleft lip on left side. The nose is diverted to the right side and the nostril is very broad and flattened. This is the most common form of cleft palate. As usual the anterior part of the cleft is very much broader than the posterior.

(Jour. Am. Dent. Asso., Jan. 1923.)

This is not the order of operation so long accepted. To close the lip first, for cosmetic reasons and on the ground that traction resulting would move the separate bones together and effect a union, has been an established practice on



the part of many, but it is not a logical one. The bones should be *first* closed, thereby establishing a normal arch, a normal contour, a foundation over which to mold a normal symmetrical lip and nostril. Figs 2, 3, 4, 5. The bones *may* be moved toward each other, at least anteriorly, by the action of the orbicularis oris muscle, but a solid bony arch cannot be secured without freshening of the edges, contact of cancellated bone with cancellated bone and perfect immobilization until union occurs. Besides, the approach of the anterior ends only of the maxillæ results *surely* in the separation of the posterior ends, the tuberosities. Therefore, when the soft palate is united, it will be tense, drumhead-like and so short that it cannot reach the post-pharyngeal wall of the pharynx, and clear enunciation will be impossible.

Another very practical reason for operating

moving the bones into position at once and immobilizing them. The maxillæ may also be moved together by the slow process somewhat like that of the orthodontist.

The lip is closed in about six weeks, or later, following the bone operation, at which time the lead splints and wire sutures are removed.

The soft palate is not closed until the sixteenth to twenty-second month. The delay allows for the strengthening and thickening of its delicate structures, and yet the operation is made before speech habits are acquired.

The premaxillæ should *never be excised*. They have an important function to perform. They give beauty and symmetry to the face, they complete the dental arch, and without them the full complement of teeth is not possible. Their removal renders the construction of a normal lip



FIG 4 Same child, at age of 5 months, after the lip operation was made. This child's operations are in proper sequence—first, the bones, second, the lip, and at an age between 16 and 22 months the soft palate will be closed. This procedure, more than any other, will secure a condition closely approaching normality.

(Jour Am Dent Asso, Jan 1923)

upon the bones first, is the added space which the open lip affords in the work of approximating the bones.

At this early age, between the first and third months, the bones are soft, pliable and easily bent into proper form and position. The shock sustained by the little patient is negligible—often not a rise in temperature occurs—by reason of the undeveloped nervous system. This operation may be done, however, at any time. I have closed the bones in patients as old at 4½ years,



FIG 5 Congenital double cleft lip and protruding premaxillæ. Maxillæ and soft palate normal.

(Jour Am Dent Asso, Jan 1923)

almost impossible, the upper lip becomes tight and drawn-in, while the lower lip protrudes.

*Preparation of the Patient*—A new-born child usually weighs more at birth than it will a few weeks later, but a cleft palate child often continues to lose weight. This is due to defective deglutition, resulting malnutrition and, not infrequently, to improper food. Lack of knowledge regarding infant food and feeding is very common, as you, of course, well know. I find that many mothers who make use of bottles for feeding the infants have little knowledge of sterilization, and as a consequence, these children soon develop gastro-enteritis and kindred maladies. The open palate prevents the proper swallowing of food which regurgitates through the nose, and much air is swallowed with the food. I have





FIG. 6. Profile showing protrusion of premaxilla and lip. Prolabium is seen to extend considerably beyond the end of the nose.

(Jour. Am. Dent. Asso., Jan. 1923.)



FIG. 7. Profile, showing deformity of the nose corrected by lifting it and at the same time narrowing the broadened nostrils.

(Jour. Am. Dent. Assoc. Jan. 1923.)

devised a nipple for the use of these children—one form to be used with the breast another with the bottle,—which I will illustrate later. The flange shuts off the open space in the palate and permits normal suction and swallowing, much to

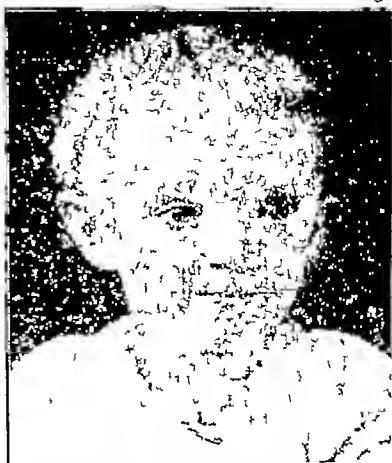


FIG. 8. Operation completed. Front view after premaxilla, lip and nose were made normal.

(Jour. Am. Dent. Asso. Jan. 1923.)

the relief of the child. I must say, in this connection, that many a child born with cleft of the soft palate only, has not received the thorough examination at birth which would have revealed this defect and has suffered all the ills of lack of food until the regurgitation called attention to the defect. For a short time before operation, the nipple should be discontinued and the food given by means of a medicine dropper or spoon, to prepare the child for this form of feeding which must be used for a time after operation.

Before operation is attempted, all difficulties of digestion should be overcome and the child be in good health. The service of a pediatrician are required, to make sure of a balanced diet, normal functioning of all the organs of the body, absence of acidosis, which is accomplished by a course of sodium bicarbonate for several days before operation, an examination of the thymus gland, and x-ray treatment if enlargement be found—in short, every precaution is taken to assure a healthy patient.

#### SUMMARY

1 A careful search for congenital defects in the new born should always be made.

2 If cleft palate is discovered, deglutition is interfered with, regurgitation through the nose occurs, measures, therefore, should be employed promptly to assist in feeding the child.

3 The cleft in the palate makes it impossible for him to draw his milk. This may be overcome by the use of the rubber flange. If the



mother's milk is deficient in quantity, he may take the bottle with the flange nipple,

4 The methods that I have suggested for feeding cleft palate infants will enable the child to take its food with ease. Its nutrition, therefore, may be quite as satisfactory as the nutrition of the child with a perfect palate.

5 Before operation, a thorough physical examination should be made again, with special reference to the condition of the thymus gland in children of two to five years, bicarbonate of soda should be administered until acidosis is neutralized, no enema should be given on the morning of operation, feeding should continue to within four hours of the operation, and the soda bicarbonate solution until within two hours. After

operation, glucose is administered, either under the breast hypodermically or per mouth according to conditions.

The order of procedure in operating has been stated previously. In thirty-seven years of experience in moving separated, misplaced bones of the palate together, a technic has been developed which, when understood, will enable the surgeon to build an osseous foundation for his plastics and establish a palatal arch more nearly normal than can be produced in any other way. A normal palatal arch permits the production of a normal soft palate—flexible, resilient and long enough to reach the post pharyngeal wall. Thus the surgeon may reach his goal—anatomical normality and perfect function.

## DIFFERENTIAL DIAGNOSIS OF THE MORE COMMON NON-ERUPTIVE COMMUNICABLE DISEASES IN INFANCY AND CHILDHOOD<sup>\*</sup>

By HAROLD RUCKMAN MIXSELL, M D

NEW YORK CITY

IN this brief and necessarily curtailed portion of tonight's program, I intend to take up only the more common non-eruptive communicable diseases from the standpoint of differential diagnosis. One may note that several of the diseases to be mentioned are not in the strictest sense of the word, communicable, although they *are* non-eruptive. As these diseases are so apt to be confused with the strictly communicable ones, they are here included. Incidentally, it would seem like carrying coals to Newcastle, to place before you these more or less time-worn facts, but if I am able to crystallize them in your mind for you, this paper will have been justified.

The first disease which I will take up is diphtheria and its clinical differentiation from follicular tonsillitis, Vincent's angina, streptococcus sore throat and syphilis. Under the heading of diphtheria will be included the differential diagnosis of so-called membranous croup as opposed to spasmodic croup, or any laryngeal condition accompanied by stenosis. Needless to say, diagnosis in diphtheria is always established by the finding of the Klebs-Loeffler bacillus. To quote "In all doubtful cases, the indications of diphtheria are, in addition to the typical local signs of the disease, (1) the contemporaneous development of a unilateral, decided coryza with a serosanguinolent discharge, (2) the contemporaneous development of laryngitis, (3) great swelling and hardness of the adjacent lymphnodes, (4) the appearance of typical diphtheria in the family,

in the neighborhood, or in the school attended by the case."

*Follicular Tonsillitis*—The tonsillar follicles are swollen, and project as yellowish white dots on a markedly reddened mucous membrane. Fever at the onset of tonsillitis is high, the onset is acute, and is associated with chills and general discomfort. This is in contradistinction to the slower onset and lower fever of diphtheria. There is only moderate swelling of the lymphnodes of the neck and there is no fetor to the breath. The non-diphtheric membrane is recognized by (1) The limitation of the exudate to the tonsils, whereas in diphtheria, it usually spreads in a day or so to the palate, (2) the color of the membrane, pearly white and glistening in appearance, as in contradistinction to the dirty yellowish grey color of the diphtheric membrane, and, (3) by the consistency of the exudate, which can be rubbed off with ease, while the fibrinous diphtheric deposits are tough, hard to detach and leave a raw bleeding surface.

2 *Vincent's Angina*—This condition so resembles pharyngeal diphtheria in many cases that differentiation is exceedingly difficult. It has frequently been called diphtheroid angina and is characterized by a pseudo membrane which may extend to the tonsillar pillars and soft palate, and whose removal may cause bleeding and distinct loss of tissue. There is a fetid odor to the breath as in diphtheria, moderate swelling of the lymphnodes, not much constitutional disturbance, and differentiation is made by the consistency of the membrane which is rather firmly knit, but which does not hold together in one piece. Bacteriologi-

<sup>\*</sup>Read before the Medical Association of the Greater City of New York, October 16, 1923.



cally, the membrane contains numerous bacteria, especially the *B. fusiformis* and spirilla (Vincent) but not the Klebs-Loeffler bacillus.

**3 Streptococcus Sore Throat**—A streptococcal infection of the throat may be the starting point of a general septicemia. On the other hand, ulceration and necrosis of the oral and pharyngeal mucous membrane may appear in the course of an existing septicemia. While it is easy to differentiate septicemic ulcers by their characteristic form and appearance, it is sometimes a difficult affair where there is a tough fibrous elastic deposit on the tonsils and adjoining mucous membrane, which eventually may lead to necrosis with a spreading process. The membrane in such cases is more white than the diphtheritic membrane, is more easily detached and does not contain the diphtheria bacillus. The clinical features of septicemia also serve to differentiate the condition.

**4 Syphilitic Stomatitis**—Mucous patches in the form of a whitish gray infiltration associated with syphilitic coryza and laryngitis, localizing on the tonsils and palate, may resemble a diphtheritic membrane. These patches, however, show the presence of fissures, the other eruptions of syphilis are usually present, and the symptoms of diphtheria are absent. A positive Wassermann reaction is of course of help in establishing the diagnosis.

**5 Laryngeal Diphtheria**—This form of diphtheria is difficult to diagnose if it occurs following a mild unobserved pharyngeal diphtheria, or if it starts primarily in the larynx. To clinch the diagnosis of such a condition, a direct laryngoscopy should be made, and a bacteriological examination of the coughed-up pharyngeal and laryngeal mucous for Klebs-Loeffler bacilli should be done. Laryngeal diphtheria is frequently confused with the following conditions:

- 1 Malformations (congenital)
- 2 Simple laryngitis
- 3 Croup (spasmodic)
- 4 Edema of the larynx (foreign bodies, burns, etc.)
- 5 Tumors of the larynx (papillomata)

Of these five conditions, the one which is not so readily diagnosed is spasmodic or non-diphtheritic croup. In spasmodic croup, the onset is sudden, and usually appears at night with marked asphyxia, due to an acute inflammatory swelling of the subglottic region. Its sudden onset, absence of aphonia, lack of general constitutional symptoms before and after the attack, its disappearance in a short period of time, all point to its being non-diphtheritic. An absence of the Klebs-Loeffler bacillus or a direct laryngoscopy will of course determine the diagnosis of spasmodic croup if one is in doubt and a direct laryngoscopy will diagnose tumors of the larynx,

foreign body in the larynx or congenital malformations. X-ray is also of great help.

**Mumps**—Mumps should be differentiated from cervical adenitis and inflammatory processes in the buccal cavity. It would seem that a differentiation of these diseases would be absurdly simple, and yet these conditions are frequently confused. However, they need not be if one takes into consideration the situation of the parotid gland swelling. Briefly, the diagnostic point is the fact that the swelling extends in front and back of the lobe of the ear and is bisected by the lobe of the ear. The location of the swelling at times will cause displacement of the lobe of the ear upward and laterally and when this happens, it is almost pathognomonic of mumps. The skin over the swelling is quite characteristic also, being tense and shiny, and in only a few cases is it reddened, thus differentiating the condition from suppurative adenitis. A pointing parotid duct opening in the mouth will aid in diagnosis.

**Pertussis**—It will be granted that the most important symptom of whooping cough in making a diagnosis is the paroxysmal cough, terminating with vomiting which follows the catarrhal stage of approximately two weeks. Keeping this fact in mind, one may be helped in differentiating whooping cough from tracheitis, laryngitis, bronchitis, enlarged tonsils, and adenoids, lingual tonsils, enlarged bronchial or mediastinal glands (usually tubercular) and inhalation of foreign bodies. The cough is normally more frequent at night and may be induced by hearing or seeing a paroxysm in another child, by tickling the nasal mucous membrane, or by examining the throat. In spite of the violent cough, examination of the lungs is negative and there is an absence of fever.

However easy it may be to make a diagnosis when the paroxysmal stage is fully established, it is equally hard to establish a diagnosis during the catarrhal stage, as anything typical of whooping cough is absent. A history of exposure to the disease will be of help and a urinary and blood examination may be done. The urine in a large number of cases of whooping cough has been quite characteristic. It is yellow in color, strongly acid, with a specific gravity of 1.025 to 1.040, and shows on microscopic examination a very large number of free uric acid crystals. Glycosuria has been reported but is not constant. The urinary condition exists throughout the disease, being more noticeable during the catarrhal stage. The blood examination also is fairly constant, there being a marked leucocytosis, often as many as three times the normal, and the lymphocytes are correspondingly increased in percentage. The agglutination test may be of diagnostic value during the spasmodic stage, and later, the complement fixation test is apt to be of service, being positive in about 45 per cent of all cases.



A prolonged terminal stage of pertussis may arouse the suspicion of lung tuberculosis occurring as a sequel. The course of the disease and the absence of temperature will settle the diagnosis.

**Typhoid Fever**—I will here limit the differential diagnosis to one other condition which is frequently so baffling to diagnose in children—miliary tuberculosis. Other febrile conditions in infancy will of course resemble typhoid but they usually can be ruled out by the definite signs and symptoms of typhoid. Ileocolitis, malaria, influenza, meningitis, low grade broncho-pneumonia, and a continual fever of intestinal origin, all may be brought to mind. Clinically, typhoid and miliary tuberculosis run fairly parallel. There is the same mild course and the same indefinite symptoms, with temperatures which approximate each other. In typhoid, the increasing enlargement of the spleen and the typical eruption of the roseola, seen at the beginning of the second week, will usually confirm the diagnosis. In miliary tuberculosis, the more definite fluctuation of temperature (usually being a degree or two up at night), the absence of diarrhea and typhoid roseola, marked dyspnea without definite lung signs, the relatively long duration of the process, a history of exposure to tuberculosis or a tubercular taint, and other signs to tuberculosis in the glands or bones, are all suggestive of the disease. The various laboratory tests, such as the Widal test and the Diazo reaction, need be mentioned here only casually as clinching the diagnosis of typhoid. The absence of leucocytosis is often a valuable diagnostic sign, but the presence of this condition does not exclude typhoid fever. An X-ray examination of the chest usually will show the presence of miliary tubercles.

**Anterior Poliomyelitis**—It is practically impossible to recognize poliomyelitis with certainty during its prodromal stage. During this period, and indeed after paralysis appears, it must be distinguished from cerebrospinal meningitis, tuberculous meningitis, epidemic encephalitis, localized neuritis, rickets, and infantile scurvy. An ordinary Bell's Palsy or a cerebral paralysis also must be considered. Lumbar puncture made before the paralysis appears, shows a clear or a slightly opalescent fluid with a slight increase in the lymphocytes and a moderate globulin reaction. This can, with difficulty, be distinguished from tuberculous meningitis. In this condition, the albumin and the globulin are usually greater in amount, the sugar is diminished or absent, and the mononuclears are more numerous. From cerebrospinal meningitis, poliomyelitis is readily differentiated, owing to the cloudy or even purulent character of the spinal fluid, with a high polymorphonucleosis in cerebrospinal fever. The differential diagnosis between poliomyelitis and

epidemic encephalitis (encephalitis lethargica) is often-times clinically difficult and often remains in doubt in spite of the blood analysis and spinal fluid findings. Recently, however, Wilcox and Lytle (Archives of Pediatrics, Vol XL, April, 1923, p 215), have suggested a method whereby tuberculous meningitis, epidemic encephalitis and poliomyelitis may be differentiated by the varying sugar concentration of the spinal fluid occurring in these three diseases as compared to the sugar concentration in the blood. Briefly, this method is as follows:

- 1 The relation between the sugar concentration in blood and spinal fluid in anterior poliomyelitis shows no consistent deviation from the normal.

- 2 The relation of the sugar concentration in blood and spinal fluid in tuberculous meningitis shows a widely divergent curve produced by the low spinal fluid content and the, at times, high blood content.

- 3 The relation of the sugar concentration in blood and spinal fluid in epidemic encephalitis shows an approximation of the two curves produced by the high sugar content of the spinal fluid and the high sugar content of the blood, the direct opposite to the curve shown in tuberculous meningitis. In spite of this method it is almost impossible to differentiate the encephalitic type of poliomyelitis from encephalitis lethargica.

Clinically, these three conditions may be diagnosed by their course and other clinical signs which we shall not mention here. A differentiation of poliomyelitis from multiple neuritis may sometimes be difficult, as this disease also may give the picture of atrophy, flaccidity and flail-like movements at the joints. The onset of this disease is slower than poliomyelitis and there are no cerebral symptoms. It is also more widespread over the body, there is considerably more pain in the extremities and there is a marked diminution of touch sense.

Infantile scurvy may simulate poliomyelitis through the development of pseudoparalysis due to pain on motion. The history of the case, the symptoms, and the prompt response to anti-scorbutic treatment will quickly establish the diagnosis. The pseudoparalysis of severe rickets may also be ruled out by associated symptoms and the history of the slow onset. The cerebral palsies are spastic in character and have exaggerated tendon reflexes and thus are readily diagnosed.

**Influenza**—The diagnosis of influenza is quite simple when there is an epidemic, but with sporadic cases, one may sometimes find difficulty in establishing a diagnosis, or indeed find it impossible. Prostration accompanied by fever out of all proportion to any discoverable cause, is probably the most important single diagnostic symp-



tom A nervous type of influenza may present signs of a cerebrospinal meningitis, making diagnosis impossible until the development of other signs occur, or a lumbar puncture is done. In cases of a long drawn-out influenza, some of which last for two to three months, typhoid fever must be considered. The absence of the Widal reaction and the roseola in influenza will aid in their differentiation. Of purely communicable infectious diseases, measles and scarlet fever frequently simulate influenza, while pneumonia, either complicating influenza, or as an entity, may easily be confused with it. However, the course

of these diseases will establish the diagnosis. Malaria, naturally can be distinguished by the finding of the malarial plasmodium, the marked enlargement of the spleen and the more regular temperature curve. Gastro-enteritis may resemble the gastro-enteric type of influenza, but the speedy clearing up of the symptoms in the course of a few days under usual treatment, will confirm the diagnosis of gastro-enteritis.

NOTE—The writer has drawn freely from various authorities and this paper is a combination of his own experience and a compilation of other writers.

## GENITO-URINARY TUBERCULOSIS\*

By HENRY G BUGBEE, M.D., F.A.C.S.

NEW YORK CITY

IN a broad consideration of tuberculosis such as is being carried out by this Course of Lectures and Clinics at Syracuse University, it is right that one session should be given over to the discussion of Genito Urinary Tuberculosis.

While today many of the profession possess a fairly accurate knowledge of this phase of tuberculosis, in view of the progress made during the past few years in the study and the treatment of the lesions presented in the genito-urinary tract, a short review is in order.

The basis for my remarks will be personal observations of cases which have been under my own care and I will endeavor to exclude highly technical considerations.

The incidence of genity urinary tuberculosis is a well established fact, the involvement of this tract having been found in over 2 per cent of all autopsies and in 5 per cent of all tuberculous cases. That the genito-urinary tract is involved only as a part of a *general systemic* tuberculous infection is no longer tangible.

As to whether or not tuberculosis is ever primary in the genito-urinary tract is a question, for many cases (over 70 per cent) coming for treatment for genito urinary tuberculosis give a history of a previous or show evidence of a tuberculous lesion in other parts of the body (lungs, joints or bones), and others at autopsy have revealed healed glands (usually mesenteric or mediastinal) which foci have given rise to no symptoms during life. On the other hand there are cases in which active tuberculous lesions are present in the genito-urinary tract, yet no history or evidence of lesions elsewhere in the body can be elicited and one questions whether genito-

urinary tuberculosis may not in rare instances be a primary lesion.

In a discussion of this subject one must speak of the urinary and genital systems separately. The urinary system comprising the kidneys, ureters, bladder and urethra. The genital tract comprising the testes, epididymes, vasa deferentia, seminal vesicles and prostate in the male, the ovaries, fallopian tubes and uterus in the female.

Excluding cases of general military tuberculosis or multiple tuberculous lesions with incidental involvement of the genito-urinary tract, the incidence of cases in which the only *active* tuberculous process is in this tract is much more common than is readily believed.

In the urinary tract the primary focus of infection is in the kidneys and originally in one kidney. In the genital tract in the male—in the epididymis—in the female—genital tuberculosis is a rare lesion and will not be considered in this discussion.

A disease *insidious* in its onset, at first *limited*, but *progressive*, later *spreading* to other parts of the tract and to other organs which may be *eliminated* when *limited*, yet *fatal*, in the vast majority of cases, when allowed to progress presents *grave responsibilities* to the physician or surgeon which cannot be passed over lightly in view of our present knowledge.

Much of the responsibility for obtaining early treatment must rest with the general practitioner who sees many of these cases in their incipency and who should at once seek an elucidation of indefinite or protracted urinary symptoms.

Tuberculous infection of the kidney takes place between the ages of 20 and 40, although rarely cases are reported under 20 and over 40. Both sexes are equally susceptible although most

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writers give the male as more commonly affected. In my own cases there has been little difference between the sexes. The difference so often reported may be due to the fact that some genito-urinary surgeons confine their activity largely to the male.

Two factors which predispose to all infections of the kidney, i. e., congestion and poor drainage, are present more often in the female due to the more frequent occurrence of abnormal mobility and prolapse of the kidney.

The right kidney has been found involved slightly more commonly than the left, and in 8 per cent of the cases observed both kidneys were infected when first seen.

Tuberculous infections of the kidney are due to a filtration of tubercle bacilli from the blood stream into one of the papillae of the kidney. The papillary involvement of the kidney extends into the cortex, also into the calices and pelvis, producing necrosis and caseation with the formation of tubercles and small abscesses which may appear throughout the cortex and beneath the capsule. The shut-off deposits in the parenchyma of the kidney which do not communicate with the pelvis, probably give rise to no symptoms until they perforate into the pelvis or perinephric space. They are filled early with cheesy deposits and often become surrounded by a dense fibrous capsule, the reparative effort of nature, while those foci extending into the calices and pelvis with involvement of the calices, pelvis, ureters and bladder with the formation of tubercles followed by ulceration thickening of the pelvis and ureter and even stricture formation in the ureter give rise to symptoms at once, which are continuous so long as drainage persists.

While rarely the process of repair may be so complete as to wall off a process or series of processes in one area of the cortex, on the other hand the entire kidney parenchyma may be destroyed or the tissue about the kidney capsule may become involved, resulting in a perinephritic abscess.

If ureteral strictures form and constrict the outflow from the kidney, pyonephrosis or even auto-nephrectomy may result, or, if a secondary infection is superimposed, the appearance of an acute pyelonephritis will be added.

It is thus seen that there is both a process of *destruction* of kidney tissue going on and a coincident effort of nature to wall off and *repair* the damage. The destructive process being progressive, as a rule, outstrips the process of repair and even though the kidney may become a series of cyst-cavities, as in several cases of the writer's such an effort on the part of nature cannot be relied upon and even when it does occur, the discharge of caseated kidney parenchyma gives rise to symptoms.

Such a brief summary of the pathological changes in the kidney cortex, calices, pelvis, ureter and bladder helps to elucidate the train of symptoms presented.

The symptoms of renal tuberculosis may, with careful questioning, be clear cut or misleading, usually the first. The most constant and distressing symptom is frequency of urination which soon becomes painful. The frequency may be in part a polyuria due to a coincident toxic nephritis but involvement of the kidney pelvis, the ureter and bladder in the tuberculous process is the main cause. If the papillary kidney involvement extends toward the cortex rather than into the calices or pelvis, urinary symptoms may be long delayed. This, however, is not the rule. Frequency begins early, becomes more insistent and pain located along the urethra, in the perineum or at the external meatus during urination, or at the vesical neck at the end of urination becomes distressing until in the most aggravated cases it amounts almost to incontinence.

The presence of pus, blood, and tubercle bacilli in the urine should complete the picture and will always be found if a tuberculous focus in the kidney is draining. The pus cells are well mixed with the urine, giving an almost characteristic delicate cloudiness. Blood cells are found regularly and in several of my cases the urinary symptoms have been ushered in with a sharp hematuria, apparently due to a sudden ulceration of the kidney focus into a calyx which was proven by examination of the specimen after removal.

While pain in the kidney region or radiating down the ureter, may be present, I have found it a rather inconstant symptom and only present when large pockets have been formed in the kidney or shut it off entirely. Renal colic due to plugging of the ureter from the passage of blood clots, cheesy debris or phosphatic deposits has occasionally been noted. Rarely is the kidney palpable. Tenderness in the kidney region depends largely upon perinephric involvement.

As has been noted in the brief pathological study, the process in the kidney is one of destruction and repair, both going on simultaneously, also there is a marked tendency to stricture formation in the ureter as well as ureteral obstruction from plugging, therefore drainage from foci in the kidney may be intermittent and although the calices, pelvis, ureter or bladder are involved, if the drainage ceases from the kidney focus, the pelvic ureteral and bladder involvements may heal readily and the symptoms—frequency of urination, painful urination, hematuria and pyuria with or without pain in the kidney region—cease temporarily, to reappear with a subsequent breaking through of



another kidney focus and reinfection of the pelvis, ureter and bladder. In some cases the cessation and reappearance of symptoms is sudden and when a mixed infection is present, the true nature of the infection is masked.

The presence or absence of tubercle bacilli in the urine varies also with the drainage from the kidney focus. They should be found in all active cases, if repeated, careful searches of the stained sediment of the bladder urine are made. In some cases Guinea pig inoculations may be an aid in establishing a diagnosis.

In any case complaining of frequency and painful urination, a urinalysis revealing a pyuria, hematuria and the presence of tubercle bacilli in the stained sediment, a cystoscopic examination and study of the separate kidneys is the next step. This step may be difficult or impossible to carry out at first attempt due to vesical irritability, a contracted bladder, oedema, ulceration of and hemorrhage from the bladder mucous membrane, spasm or stricture of the ureter or a temporary plugging of the ureter. Rather than persist in repeated attempts at this time, great improvement has been noted in these distressing symptoms following the administration of sandal wood oil. In many cases, the appearance of a dilated rigid, ureteral orifice of congestion, oedema, tubercle formation or ulceration about the orifice is characteristic, and in the female a thickened tender lower end of the ureter may be palpated through the vaginal wall.

If a kidney focus is not draining freely, the analysis of separate urines may show only pus or blood cells and diminished functions on the affected side. This picture in the presence of a mixed infection (when colon bacilli or other bacteria are present) may be misleading and result in delay in applying proper treatment. Repeated examination will, however, establish the diagnosis with the assistance of X-rays and a pyelogram in doubtful cases. The possibility of a bilateral infection as a cause of the symptoms, the exclusion of a tuberculous infection of the genital tract, also the determination of the functional capacity of the uninvolved kidney, are points of greatest importance before deciding upon treatment, which treatment in unilateral renal tuberculosis resolves itself into nephrectomy. The exploration of both kidneys upon the operating table is an expedient which should be reserved for rare cases in which cystoscopic data are unobtainable.

While in general tuberculosis tubercle bacilli may filter through the kidneys without producing demonstrable lesions and one may be able to cite a case of apparent cure or an arrested process in renal tuberculosis these cases are always of doubtful verification and our present knowledge of the progressiveness of the disease renders

any course of procedure other than surgery unjustifiable in unilateral chronic renal tuberculosis.

The great reparative power of nature as demonstrated so often in localizing and walling off tuberculous kidney foci should be utilized to the utmost both before and after operation. The presence of healed tuberculous lesions in other parts of the body denotes good resistance on the part of nature. Active lesions in other organs are not necessarily a contra-indication to nephrectomy. The removal of the tuberculous kidney and elimination of the distressing symptoms caused by its presence may be the turning point in the patient's favor.

That nephrectomy should always be carried out as soon as the diagnosis is made (as advocated by many) I do not advise. In many cases of acute onset, the patient's resistance is low and immediate operation might result in acute military tuberculosis as I have seen in several instances operated upon by others. Building up the resistance by nourishing diet, rest, fresh air, better elimination and allaying of the local symptoms by the administration of sandalwood oil is distinctly beneficial to the patient and gives us a much better operative risk and greater reserve for operative repair.

Gas-oxygen anaesthesia is more satisfactory in these cases, especially those suffering from active or healed pulmonary lesions. Rarely spinal anaesthesia may be resorted to. A free incision, a nephrectomy performed with as little traumatism as possible, sterilization of the ureteral stump, removal without opening the tuberculous foci in the kidney or spilling of pus is to be desired and the healing of the tuberculous foci remaining in the ureter or bladder as well as the healing of the kidney wound will progress if every effort is made to increase body resistance, upon which factor the future of the patient depends. Exposure to sunlight has a distinct value in the healing of tuberculous wounds.

As to whether the more diseased of the two kidneys should be removed in bilateral tuberculosis is a question. From statistics available I am inclined to believe that such cases will do as well on general hygienic treatment.

In my own series of thirty nine cases operated upon, there has been no operative mortality and none during the first five years after operation. Thirteen of the older cases have not been heard from during the past five years. As thirty of the thirty nine were private cases it has been possible to follow them closely and supervise proper post-operative care.

Three patients with previous lung involvement which was quiescent at the time of operation showed a lighting up of the process following nephrectomy but all have since become dor-



mant Two males, one with healed spinal caries, developed a tuberculous epididymitis following nephrectomy and the second, a boy of 16, with an extensive involvement of long standing, of kidney, ureter and bladder, developed a tuberculous epididymitis during convalescence from the nephrectomy. This patient still has tubercle bacilli in the urine but the urinary symptoms are diminishing. In no case was the entire ureter removed. One operated case has since gone through a normal pregnancy. All patients were carefully prepared for operation and kept under periodical observation for a year after operation.

The points which I wish to emphasize in this brief discussion of urinary tuberculosis are: First, that the disease is at first localized to one kidney; second, the destructive lesion is progressive and all efforts on the part of nature to heal such a process are unsuccessful in nearly every case; third, patients complaining of prolonged urinary frequency and painful micturition should be suspected of having a tuberculous process; fourth, either a positive diagnosis or an elimination of the possibility of tuberculosis should be sought in every such case; fifth, temporary disappearance of symptoms and of tubercle bacilli from the urine should not be accepted as a cure for intermittence of symptoms is characteristic of the disease; sixth, nephrectomy carried out before the disease has become disseminated, followed by proper care after operation results in a cure in a very large percentage of cases.

As I have been asked to speak on genito-urinary tuberculosis, I wish briefly to mention a few points regarding *genital tuberculosis*. This disease is primary in the epididymis and involves the testicle only late in the disease. The disease is hæmatogenous in origin, originating in the epididymis, extends along the vas deferens, probably also through the lymphatics to the seminal vesicle, later involving the prostate. Involvement of the epididymis may occur simultaneously with a renal tuberculosis or, as more

often happens, independent of a renal involvement, in patients of poor vitality or after nephrectomy for tuberculosis in those of poor resistance who may not have had proper post-operative supervision.

Tuberculous epididymitis occurs at the same ages as renal tuberculosis, although under twenty years of age more often than renal infection. Many patients have either active or quiescent tuberculous lesions in other parts of the body. The onset is sudden and begins as a hard tender swelling in the tail of the epididymis, which swelling if not removed, shows a marked tendency to break down and discharge externally as well as to extend to the seminal vesicle and epididymis.

When localized to one or both epididymes, surgical removal of the epididymis (one or both) is followed by excellent results. Even when the seminal vesicles and prostate are involved, I have had satisfactory results following the removal of the primary lesion, the secondary deposits in the seminal vesicles and prostate clearing up in the same manner as ureteral and bladder lesions do after the removal of the tuberculous kidney (which is in accord with the views of most observers).

A patient with genital tuberculosis should have the same hygienic treatment both before and after operation as cases suffering from kidney tuberculosis. The possibility of stirring up a general miliary tuberculosis following epididymectomy must be borne in mind. I have seen a tuberculous meningitis follow this operation with ultimate recovery, but several deaths have been reported.

From the foregoing it is seen that chronic genito-urinary tuberculosis is in nearly all cases at one time in its development, a surgical condition and our responsibility lies in detecting the disease at a stage when a cure may be effected by elimination of the focus.

## THE RELATION OF THE PHYSICIAN TO THE ANTI-TUBERCULOSIS CAMPAIGN

By JAMES ALEXANDER MILLER, M.D.

NEW YORK CITY

THE entire practice of medicine at the present time is in a stage of transition. Here, as elsewhere in our modern life, we are passing through a period of change and unrest. The solemn pronouncements of the physician couched in unintelligible language have in the not distant past been accepted as the will of fate, subject neither to change nor to criticism. This is true no longer and it is better so, but with the change the medical profession has lost a certain hold upon the community which was founded,

perhaps more than was realized, upon a blind faith combined with a certain awe of the mysterious unknown.

Now, however, an enlightened laity knows that medicine is not always an exact science and that human ignorance and human failings are quite as general among physicians as they are among other men. And, moreover, the restless search for fundamental truths has shown that the practice of medicine is really no mystery at all, but rather a rational system based upon simple facts,



the application of which is not beyond the understanding of any intelligent and educated person.

Physicians themselves are primarily responsible for this change, for modern scientific medicine has discarded many cherished theories and has developed a new practice of medicine which consists largely in efforts for the prevention of disease together with a much more restricted system of therapeutics, founded as far as possible upon a solid basis of scientific fact. Where scientific knowledge is wanting, modern therapeutics consist largely of an alliance with Nature herself, assisted by a rational appreciation of the simple truths of physiology and hygiene.

We are at present in a period of readjustment to these new points of view in modern medicine. Out of the confusion is already emerging the physician, no longer the high priest of mystery, but rather the guide and interpreter of certain natural phenomena of vital interest and importance to every individual. In this way the physician works with the patient, not by dictation, but through mutual co-operation and understanding. In simple language he defines the extent as well as the limit of modern knowledge and extends his influence as far as he may be able in his community, not only for the cure, but more especially for the betterment of hygiene and the prevention of disease.

Such, at least in its tendencies, is the modern practice of medicine, and with it must come, in some form or another, its expression in the wider sphere of what is somewhat opprobriously termed State Medicine. The health of each individual can no longer be considered simply a matter of personal concern, but quite as much one of public interest and responsibility.

This situation, whether we like it or not, we physicians must face, and if we are wise we will mold and direct these tendencies into sound and rational channels, rather than waste our efforts and discredit our profession by fruitless combat with the inevitable. To some of us this change opens wide the door of opportunity for nobler and more efficient service, and in no branch of medicine is this so evident as in the anti tuberculosis movement.

Our consideration of the relation of the physician to this movement may be covered separately in the six main phases of medical activity: Private Practice, Hospital and Dispensary Practice, Research Work, Public Health Service, Activities Connected with Civic and Philanthropic Organizations, and, last of all, as Citizens of the Commonwealth.

#### IN PRIVATE PRACTICE.

The most crying need is for better medical training. Incipient tuberculosis as a clinical entity has been generally recognized only in recent years and is still largely neglected in medical teaching. In consequence, older practitioners are

largely ignorant of the principles underlying the early diagnosis of this disease. This has resulted in wide spread criticism from a roused and enlightened public and this in turn has fostered a lack of co-operation or even antagonism to the anti tuberculosis movement on the part of many general practitioners.

This is most unfortunate, especially when we realize that to this body of men we must in the main look for the application of modern principles of diagnosis and treatment. The pendulum of denunciation of general practitioners, though perhaps deserved in large measure, has swung too far, and the integrity as well as the ability of individual physicians has been falsely impeached for failures which are often due to lack of opportunity either in education or in experience, or both. The rise of a better equipped generation of younger practitioners must be recognized and greeted with deep satisfaction and warm welcome. The fetish that early diagnosis is a mysterious art possible of attainment only by the chosen few, should be discarded and these younger men afforded the opportunity to take their legitimate place in the anti-tuberculosis campaign, thus giving them the chance to prove their worth, and gradually to lift the suspicion of inefficiency from the profession as a whole.

For those physicians less favored by education and experience, some concerted plan should be devised to supply their deficiencies. No better way appears to offer than that already instituted in some localities, by which physicians in charge of public sanatoria take pains to keep in touch with the local physicians in the communities from which their cases come. This may be done by periodical reports and helpful criticisms upon cases sent to the sanatoria, or by frequent addresses to local medical societies, or most valuable of all, by extending the plan already begun of holding clinics upon tuberculosis in various communities, at which clinics the different phases of the diagnosis and treatment of tuberculosis may be emphasized.

But the most important forward step would be the development of more intensive teaching of tuberculosis in our undergraduate medical schools.

An immediate and urgent responsibility rests upon those of us, who may have affiliations with any of these centres of medical education, to insist upon a recognition of the importance of the special study of tuberculosis in their curricula and to plan how the splendid equipment for practical training which exists in the dispensaries, hospitals, sanatoria and social service organizations may be co-ordinated with the present school facilities, so that all physicians may graduate in medicine with at least as full a knowledge of tuberculosis as our trained social workers now enjoy, and also that opportunities for special



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Here, too, should be again emphasized the possibility of mutual helpfulness already discussed by the plan for local clinics to be held by sanatorium physicians. They would in this way no doubt gain quite as much useful knowledge as they would be able to impart. For sometimes one is forced to think that sanatorium physicians are quite as ignorant of the demands of real life at home as the family practitioners are supposed to be of early diagnosis.

#### IN SCIENTIFIC RESEARCH

We are apt, in the stress of social and clinical problems, to overlook our absolute dependence upon scientific medicine for reliable methods of approach.

The discovery of the tubercle bacillus by Robert Koch paved the way for the whole modern campaign against tuberculosis, and ever since then careful investigation and experiment have continued to guide us in our efforts to control or cure this disease. While hopes for a specific cure have been thus far disappointing success with other infectious diseases sustains the belief that some day such a cure will be forthcoming but it can only come through laboratory research.

It is particularly important that the public realize this dependence upon scientific investigation in our popular movements against preventable disease. Intelligent knowledge in this respect will be the best safeguard against unreasonable efforts to hamper animal experimentation—efforts which are founded upon false premises and sustained by an appeal to a one-sided and unreasoning sentimentalism.

Another important advantage gained by close touch with the laboratory is a better appreciation on the part of both physicians and laity of the inherent falsity of the claims for the numerous so-called cures which are so often successfully exploited. These frauds constitute one of the saddest commentaries upon our modern civilization, and possibly one reason why our anti-tuberculosis campaign thus far seems to have made so little headway against them may be found in our failure systematically to inculcate sound ideas concerning the fundamental necessity for a scientific basis for our theories as well as for our practice.

#### IN PUBLIC HEALTH SERVICE

In the future development of the tendencies in modern medicine which we have considered, the physician trained in sanitary science and in public hygiene must be the acknowledged leader. For such men the future will undoubtedly find great need in the public health service. At present the facilities for training physicians for this service are woefully inadequate and the incentives to accept such positions lamentably small. A far-seeing policy on the part of institutions for medical instruction will supply the former

defect, but much more generous inducements must be offered by State or municipality in order to attract the type of men needed for this responsible work.

Certain it is that the future offers to physicians wonderful opportunities for valuable and intensely interesting service in the field of public health as well as in the closely correlated field of industrial medicine. But it will be, after all, a comparatively small number of physicians who will engage in this form of service. The great majority will continue in the private practice of medicine. But this does not divest us of a definite public health responsibility.

In no way can this be more adequately met than by a closer and more sympathetic co-operation with the efforts of the duly constituted health authorities. We need a more intimate knowledge of the provisions of the sanitary code and, to put it mildly, we are not always enthusiastic in carrying out the duties which it places upon us.

I can imagine no greater inspiration to a health officer than the conviction that the general medical profession is unitedly behind him in all proper efforts to protect and promote the public health, and each of us physicians by faithfully carrying out our share in these duties to the community actually becomes a public health agent of no mean value.

#### IN CIVIC AND PHILANTHROPIC ORGANIZATION

These organizations constitute the backbone of the campaign for social betterment all over the world. Foremost, perhaps, among such activities are the various movements aimed at the eradication of preventable disease and, here, of course, tuberculosis has held a chief place. The very best elements of our civilization are here represented, and the success thus far attained bears witness to their ability, resources and enthusiasms.

The relationship of physicians to these organizations has varied somewhat in different communities. In some, physicians have furnished the original inspiration and have continued to dominate the whole situation. In others, the laity have outrun their medical associates, becoming impatient of their conservatism or lack of enthusiasm. Still others have been able successfully to combine the lay and medical interests upon a harmonious and effective working basis, and this represents the ideal plan of organization. In such company, the physician, to be truly valuable, must have learned much of the modern standards of social and charitable work in order to coordinate the strictly medical problems and properly to appreciate the point of view of the social experts with whom he is associated.

No experience is more productive of future helpfulness to the physician than that which may be gained by membership in local agencies for



the relief of the poor and the study of their social and economic environment. Opportunities for such experience are not lacking in any community, but unfortunately few physicians avail themselves of them. While they need not expect to become expert sociologists, the acquirement of the "social sense" is so valuable an asset to physicians in their work that they can ill afford to neglect such opportunities. Special medical knowledge becomes in this way doubly valuable, because it can be adapted to actual social conditions of which often medical men have been remarkably ignorant and neglectful. Upon the other hand, in this way the position of a physician as an expert adviser in medico-social problems becomes greatly strengthened and secured.

#### AS CITIZENS

Physicians are notoriously poor citizens. The nature of their professional work, which is necessarily engrossing, may be advanced as a sufficient reason for this. It is evident, however, that with a proper realization of the responsibilities of the newer practice of medicine to which we have referred, such an explanation must be recognized as failing to offer a reasonable excuse. Students, scientists, and clinicians we must continue to be, but the call of the future is for a wider application of our special knowledge expressed in public efforts on behalf of the common good.

In the past, our profession has commanded the devotion, enthusiasm and self-sacrifice of its

members, but its viewpoint has been more or less self-centered. The achievements of preventive medicine have revolutionized our practice, to be sure, but, better still, it has thrown open the gate of opportunity and responsibility for active participation in all of the social and economic problems which are pressing for solution all over the world. Our medical horizon has thus become immeasurably widened.

The dimmest appreciation of the changed relationship, such as we have endeavored to trace between the physician and their private or hospital practice, their scientific investigation or their public and civic activities, cannot fail but indicate the splendid opportunities for efficient citizenship which today lie open before the medical profession.

We physicians love our country as much as other men. We are proud of our democratic institutions. We share in the growth and development of this wonderful land of ours. But we have been very busy with our own most interesting and engrossing business. The memorable traditions of our profession guarantee, however, that it will not fail to grasp these developing opportunities to serve the Commonwealth. In the solution of the inevitable problems of transition which are involved we may look for the campaign against tuberculosis to keep ahead in the future as it has in the past, and in this campaign we physicians must lead and not hold back. Thus, only, may we hope to fulfil our full responsibilities both as physicians and as citizens.

### SOME EARLY PHYSICIANS OF PALMYRA \*

HERMAN L CHASE, M D

PALMYRA.

As you know, our Medical Society and Wayne County are of the same age, Wayne County having been erected in January, 1823, and the Wayne County Medical Society was formed in June of that year, an even hundred years ago.

It is not my aim to write history, but simply to bring to your memories those half-forgotten heroes of the past who strove so valiantly to uphold and advance the science of medicine in our county. The definition of a hero is "a man of distinguished valor," so I am persuaded that the doctor of the old school was a hero. These old account books of Dr Gain Robinson of a hundred years ago tell a thrilling story of the hardships of that time, a visit to Phelps or to Lyons on horseback and medicine furnished for the sum of two dollars, charges as low as six cents, etc. During my life of 70 years I have

known a good many doctors with different characteristics and temperaments but alike in one thing, i.e., devotion to the best interests of their patients if not to the profession. I refer, of course, to those who did not fall out of the ranks early in the race. But how they used to fight! One doctor pulled a gun and threatened to shoot a rival, but was influenced to think better of it. I heard a doctor call another man down for taking his patient. This, he said, was against the code. Some men were sticklers for the letter of the code but did not hesitate to blacken another's character to gain their ends. Of course, these men were exceptions to the general rule.

Palmyra, as a settlement, was first called "Swift's Landing" because of its founder, General John Swift. The name was later changed to the "District of Tolland" and then included not only the present township of Palmyra but Macedon as well. Later the name was changed to Palmyra by which it has since been known.

\* Read at the Centennial Meeting of the Wayne County Medical Society, July 30, 1923



The first man to practice here as a settled physician was Reuben Town, probably not a licensed doctor. He removed to Batavia in the early years. He was succeeded by Dr. Gam Robinson soon after 1790, one writer says in 1800. Dr. Robinson came here from Cummington, Mass. He married the daughter of Col. John Bradish, the father of Governor Bradish, in December, 1796, and probably came to Palmyra within the next two or three years as I have been told that Mrs. Robinson came into Palmyra about 1800 on horseback, carrying a baby in the saddle with her. I have also been told that the saddle upon which she rode is still owned by a former resident of our village, and that the willow switch with which she urged her horse forward was set into the ground and became one of the large willow trees, cut down not so many years since, just east of the Aldrich residence on our West Main Street, and near which Dr. Robinson had his office. Dr. Robinson died in Palmyra in 1830 or 1831. He was a prominent man in this section. One writer has said, "There have gone out from under his instruction a large number who have conferred credit upon their early mentor. Among them may be named his nephew, Dr. Alexander McIntyre, who for many years practiced with him and was his local successor in the early fifties, Drs. James and William White, Dr. West, later of Cayuga County, Dr. Isaac Smith, Dr. Whippo, Dr. Durfee Chase, and Dr. Gregory, later of Michigan. I knew men more than forty years ago who told me many things about Dr. Gam Robinson. He was Scotch Irish, and like most of that gifted race was very thorough going in every thing he did, even in the drinking of whiskey. But he worked it off and it was probably good whiskey too even though it cost but 25c a gallon. It was the custom to drink in those days, but then as now, it was a custom more honored in the breach than in the observance.

Dr. Alexander McIntyre, of Scotch-Irish descent, practiced medicine in Palmyra for fifty years. He was born in Cummington, a sterile, rocky town in Massachusetts in the year 1782. From this same town came a number of men to Palmyra, who, as Rev. Horace Eaton once said, "were princes in all the earth." Some had been revolutionary soldiers and all became prominent men in the community. He taught music, was a successful trader with the Indians and made money enough to buy a farm in Youngs town upon which he settled his parents. He then came to Palmyra about 1800 to study medicine with his uncle, Dr. Gam Robinson. This was all before he was 19 years of age. He was born in that heroic age when men developed fast. He was six feet tall, powerfully built and handsome. I have been told that no one thought of disobeying his orders in the sick room or elsewhere. "Dr.

Mac," as he was called by everyone, had two sons, Samuel Beckwith McIntyre and DeWitt Clinton McIntyre. Sam was called the best lawyer in the county and DeWitt was the doctor who was considered, early in his career, as bright as his father, but like many others of his generation was a hard drinker and died young. It was said that his downfall was caused by disappointment in love, but I think that most of us will agree with the poet who said, "Men have died and worms have eaten them, but not for love."

The first doctor of my acquaintance in Walworth, my home town was Dr. R. M. Sutphen, who came there probably about 1845. He practiced there about twenty years, then moved to Newark, N. J., where he lived and died at an advanced age. He lived by the side of the road and was a friend of man. He might, with truth, be called the "Laughing Philosopher." I used to think that he couldn't know much and laugh all the time, but he could weep with those who weep, as I found out later. He had great influence in the community. I remember one incident that impressed this fact upon my youthful mind. On September 1st, 1864, there were a lot of people on the street in front of the post office who seemed to be waiting for something. I heard one say that it was about time for the doctor. The doctor had gone to Palmyra to get there from the front. No telegraph office or telephone then! Soon the doctor's pacer was seen coming up the grade to the village at a rapid pace. Stopping in front of the crowd, he raised his hand and shouted in his highpitched voice, "Atlanta has fallen! Atlanta has fallen!" Then when we gathered round the sulky, the doctor said, "This is the beginning of the end of the war." Then came Sherman's March to the Sea, and the next spring the surrender of Lee, and that greatest tragedy of all time, the assassination of Abraham Lincoln.

I cannot speak of all the doctors of my acquaintance, but there were three men in Palmyra whom I came to know intimately in my last student year, 1875, and for many years afterward. Dr. Samuel Ingraham, and Dr. John Besley. Dr. Ingraham took Dr. Sutphen's place in Walworth, where he practiced a short time, and then came to Palmyra. He was a tremendous worker. I have heard him say that he preferred to get up in the night and make a call rather than to lie in bed, and I never had a night call in my life without a sinking of the heart. He had a large practice and enjoyed it. He had a violent temper when aroused. One night in his office, a man who was kicking about his bill called him a liar. The doctor rose to his feet with a bad look on his face. I advised the fellow to get out, and he seemed very willing to do it. I believe the doctor got his money the next day. I asked the doctor if he intended to kill the man. He



laughed and said, "Do you know, I am one of the best natured men in the world, all I ask of anyone is to be reasonable. You know in the Sermon on the Mount, we are told to agree with our adversary quickly. All I ask is for my adversary to agree with me quickly." I don't know yet whether he was joking or not. He loved his friends and hated his enemies. He was successful and made and saved money. He was a strong temperance advocate and as he grew older he was obsessed with the idea that he could reform the town single-handed. He tried to speed up the mill of the gods and failed. He threw up his hands and retired to his farm, where, as he told me, he ate out his heart in loneliness and sorrow. Moral! Stick to your job and be content, hard work is not all that is sometimes claimed for it, but something to occupy the mind is necessary. He was a fine surgeon, had a large experience in the Civil War. He had many other good points, but time and space forbid further comment.

Dr Charles M Kingman was as different from Dr Ingraham as two men can possibly be. He was an ideal Christian gentleman and everyone loved him. He was a church man, but people did not seem to lay up anything against him on that account. He was a handsome, white-haired man, slender and not very robust. His exposure and self-sacrifice shortened his life probably, and the loss of a gifted son, who had just graduated in medicine and was ready to help his father in his work, seemed to break his heart and he gave up trying any more. He lived some years after this but never seemed the same after the death of his son. The old residents of Palmyra still hold him in affectionate remembrance, and it can be truly said that the world is better for his having lived in it.

Dr John Besley was born in Palmyra and lived here all his life. He was a drunkard and a gentleman. "Of all sad words of tongue or pen, the saddest are these. 'It might have been'." I am sure all who knew him will agree with me that he was an unusually bright man and one of the best physicians and surgeons in the county. It was also said of him that he was disappointed in love. I knew the lady later and do not believe the story. I knew him before he started down hill and he was one of the cleanest, best-looking young men I ever saw.

These men were good to me and I loved them all. They were so different, yet at heart, the same kind-hearted gentlemen. "After life's fitful fever, they sleep well."

Dr Durfee C Chase was born on January 24, 1793, in Swansea, Mass., the oldest of ten children. While still a boy, his parents came to Oneida, remaining until 1801. They then moved to Jefferson County, where they remained until 1812, they then came to Palmyra. Durfee

served in the War of 1812, later studying medicine with Dr Gain Robinson and graduated in 1818, practiced up to 1868, and died in the village of Palmyra, January 10, 1872. In his military career, he was named as Ensign in the 39th Regiment of the State Militia, commissioned in 1821 by Gov DeWitt Clinton, and became Colonel. He served in various positions in the State Militia for about twenty years.

I knew many more physicians in the county but can only mention those of whom I had intimate knowledge.

Dr Pomeroy of Newark I knew quite well for years. He was considered one of the best and by many the best physician and surgeon in the county. He was self-assertive and autocratic, and most of us younger men thought he had a right to be. In consultation his word was law. It is different now. Team work is more popular at this time, and in my opinion we do well to listen to the young men if we cannot always follow.

Dr Nutton always seemed to be busy and I believe was a very successful man. He was genial and seemed cheerful under great misfortune, loss of health and, I believe, money.

Dr Landon I did not know so well but saw him operate once and considered him a fine surgeon, and I believe he had great natural ability in other lines.

Dr Veeder of Lyons, the Secretary and Treasurer of this Society for years, was well known to all of us. He was of a scientific turn of mind and an advanced thinker in various lines besides medicine. Of course he was a theorist, and I am frank to say that he was so far beyond me in some of his ideas that I could not grasp them. That, however, was not his fault. In many things he was, in my opinion, intensely practical and had a wonderful grasp of detail—a Practical Idealist. Dr Veeder was the first man to suggest that flies might carry the germs of typhoid fever, which we know proved to be a fact. This put him in the front rank of scientific investigation and proved of great benefit to the race. He was of a kindly disposition and a friend to all.

Dr Arnold of Clyde was a meek little man in whom there was no guile, and we do well to remember that the meek inherit the earth. I believe such men influence us more than we think, and, too, they know more than we are apt to imagine. We sometimes rate the aggressive fellow too high.

Dr Bottome of Lyons I did not know personally, saw him only once, but Dr \_\_\_\_\_ told me something that influenced me against him. I believed it for over forty years and now I know it was an untruth. He gave his life for humanity and died penniless, really a good recommendation for a doctor.



Dr Putnam I knew very well for years. He was considered a fine physician and surgeon and had a large practice. He was a very strong man and it was a mystery to me why he died so early in life. Perhaps, he, like Caesar, was too ambitious and worked too hard, and I wonder if an ambition to live as long as possible (we might call it an instinct of life) be a good thing to hold in check that tendency to overwork which does in many cases shorten life.

Dr ——— had an idea that he alone was best fitted to run the Society and did his best to do it. He was a very bright man and perhaps he was right in his belief, but I often thought of these words of the poet

\* \* \* He doth bestride the narrow world  
Like a Colossus, and we poor mortals  
Walk under his huge legs and peep about  
To find ourselves dishonorable graves  
\* \* \* Upon what does this our Caesar feed  
That he hath grown so great?

A long time ago a very modest young man, feeling it his duty to take some part in the Society, rose and told of something he had read. Dr ——— said that in accordance with a resolution of the Society, no communication of any kind could be made to the Society unless in writing, that the young man had not proved his point, and that it was a crazy idea anyway. At this point, Dr Sheldon stood up and in a very quiet manner, said "Dr ———! What do you know for sure?" He went on to say that medicine was a reasonable rather than an exact

science, that theory led to fact that the cock sure man or one who would not listen to any new ideas was always an ignoramus, etc. Dr Sheldon was perfectly calm as always and when he finished, the incident was closed, no back talk. If I remember, the young fellow tried to introduce the subject of the germ theory of disease.

It always seemed to me that Dr Sheldon bore all the earmarks of greatness and his record in the Civil War bore out that belief. His leading characteristic was poise. He seemed so cool and collected that people not knowing him very well might think him indifferent, but the incident mentioned above showed him to be a man of quick sympathy and fair minded.

Before closing I wish to say that there have been great changes in the relations of physicians to each other in the last half century. It is the dawning of a new day in medicine. It can be summed up in two words, the two greatest words in any language—Faith and Co operation. The doctor is coming to his own. The most of these great world movements for the benefit of our race are due to him. The Pioneers in Medicine were great and good men. Faults! Of course, but we must remember that it is not what we accomplish but what we aim to do. Let us then shun their vices emulate their virtues and preserve for future generations our heritage of liberty.

Their knives are rust  
Their bones are dust,  
Their souls are with  
The saints, we trust

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## Deaths

BERNSTEIN HENRY ALEXANDER New York City, Bellevue Medical College, 1895, Fellow American Medical Association, New York Academy of Medicine, Member State Society Associate Gynecologist Polyclinic Hospital Died March 1, 1924

CHAUVIN HUBERT EMILE Brentwood, Tulane University, 1910, Member State Society, Consulting Surgeon Central Islip and East Long Island Hospitals Died March 6 1924

GNICHTEL A LAWRENCE, New York City College of Physicians and Surgeons of New York 1891, Fellow American Medical Association Member State Society Died March 17 1924

HOFHEIMER, JUSTINIAN A, New York City, Bellevue Medical College, 1885, Fellow American Medical Association, American Association for the Advancement of Science, Member State Society, Surgeon St Elizabeth's and Lutheran Hospitals Died February 23 1924

MILITE, GERMANO, Mount Vernon, Naples, 1898, Member State Society Died March 5, 1924

STILLMAN, WILLIAM OLIN, Albany Albany Medical College, 1878 Fellow American Medical Association, Member State Society Died March 15 1924



# EDITORIALS

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## THE HEARING ON THE PRACTICE OF MEDICINE ACT

The hearing on the Practice of Medicine Act, on the afternoon of March 26th, before the Senate Public Health Committee and the Assembly Ways and Means Committee, was held according to schedule.

Dr. Augustus S. Downing, Assistant Commissioner of Education, argued for the need of bill regulating illegal practitioners and said that he estimated that 2,500 persons were practicing medicine illegally in New York State and that this number did not include the chiropractors. From evidence gained by canvasses of districts it would seem that Dr. Downing was correct.

Dr. Matthias Nicoll, Jr., State Commissioner of Health, spoke of the great need for protecting the people against those who hold unscientific views about the cause and treatment of diseases. Dr. Nicoll has been extremely active in the support of the bill.

Mr. Griffen, representing the Attorney General's office, spoke of the need of legal restrictions

and showed how those mentioned in the bill met the approval of the Attorney General.

Mr. Whiteside, Counsel for the State Medical Society, said that if the chiropractors were not practicing medicine they need have no fear of the proposed law, but that the fact that the chiropractors were out in force to oppose the law showed that they were practicing medicine.

When the time came for hearing the opposition, the attorney for the chiropractors admitted that the chiropractors were practicing medicine, while another at the evening hearing on the Chiropractic bill claimed equality with graduate Doctors of Medicine.

Dr. Vander Veer, Chairman of the Legislative Committee of the State Medical Society, gave figures showing that 80 per cent of the physicians of New York State were in favor of the proposed Practice of Medicine Act. He based his figures on reports from the county societies. Out of 2,000 physicians who were opposed to the



Act, 1,500 were in Kings County and they were opposed to the registration features only.

Dr. Wightman, President of the State Medical Society, gave an outline of the steps leading up to the amended medical practice act including the Governor's report, and showed that the bill represented the best thought of all those who are charged with the protection of the health of the people.

Several doctors appeared in opposition to the re-registration part of the bill, but stated that they favored its other features. The Bay Ridge Medical Society of Brooklyn brought a lawyer to argue against re-registration.

Almost the only real opposition came from the

chiropractors, who were represented by a high priced lawyer. They seemed to have big financial means, and their strength lay in display of numbers rather than in argument. They made one good argument when they said "Why don't the medical men eliminate the quacks from their own profession before they try to put us out of business? It is time for the medical men to clean their own house." This challenge is being accepted by the physicians of Brooklyn and other places.

The outcome of the hearing is uncertain. It is reported that several legislators are favorably inclined toward the chiropractors' point of view, because they have tried the chiropractor treatment and have survived the ordeal. F O

### THE HEARING ON THE CHIROPRACTIC BILL

A hearing on the Snyder Chiropractic Bill before Assemblyman Lattin of the Public Health Committee, in the Assembly, was held in the evening of March 26th in the Assembly Chamber. On one side of the Chamber were found Mr. Lyndon Lee and his followers representing the New York State Chiropractic Society, supported by Judge Vandersee, their lawyer. On the opposite side of the Chamber were representatives of the Universal Chiropractic Association. It seems that these two organization bodies of chiropractors have vital differences. The spokesman of the Universal Society in answer to questions from members of the Committee, stated that they were against any bill that the New York Chiropractic Society might propose. The New York State Chiropractic Society, through Judge Vandersee, stated that they were opposed to the bill then under discussion which was the bill sponsored by the Universal Chiropractic Society.

Dr. S. Dana Hubbard, of the Health Department of the City of New York, expressed the opposition of the Health Department of that city to the measure, as did also Mr. O'Sullivan, of the Corporation Counsel's office assigned to the Health Department.

Mr. Esmond, Assemblyman from Saratoga County, endeavored to get Dr. Hubbard to agree to some method by which the medical men and the chiropractors could agree on a bill, particularly on the educational qualifications. Mr. Bergin, Assemblyman on the Committee, from New York likewise made similar efforts.

The opposition of the Medical Society to the measure was likewise expressed, on the ground that there was a lack of educational qualifications for practitioners. Dr. Downing, in behalf of the Department of Education registered similar objection.

Dr. James Rooney of Albany, formerly president of the Medical Society of the State of New

York, attacked the underlying basis of chiropractic as unscientific and declared that it was not a science, that it was pure empiricism, that its practitioners were not compelled to meet any educational standard, they were, by reason of the very tenets which they hold with respect to the cause of disease and their refusal to accept the teachings of bacteriology a menace to the community, particularly in contagious diseases. Mr. Esmond asked Dr. Rooney that if a thousand of his constituents desired to patronize chiropractors and a hundred thousand desired that their neighbors should have the privilege of patronizing chiropractors, what would Dr. Rooney do in his place if he were their representative in the legislature. Dr. Rooney responded in substance that if a child desired to take Paris green, thinking it was green candy, that he would feel it necessary to prevent the same in the interests of the child's health and life, that the duty of the legislature, as he saw it, and the purpose of law was to protect the ignorant from the results of their own ignorance. This led to a very sharp and rapid colloquy between Mr. Esmond and Dr. Rooney. In which Dr. Rooney refused to be interrupted and insisted on continuing his answers to questions that had been asked.

The assembled chiropractors endeavored to show their displeasure at the firm and splendid stand taken by Dr. Rooney by laughter and other signs of disapproval. This did not disconcert Dr. Rooney, but he flung at them one or two excellent sallies that quieted them. He used vigorous, impressive and convincing language in his statement of the fallacy of chiropractic, and the inadequacy of its practitioners of educational qualifications.

A representative of the Universal Chiropractic Society from somewhere in the west then addressed the Committee. He apparently was the heavy artillery of the proponents of the measure. His was the frankest statement that has been pub-



lily made in any legislative hall in this State concerning chiropractic—what it is and what it is not. He stated that the medical profession and chiropractic had nothing in common; that if the practice of medicine is a science, then chiropractic is not, that if chiropractic is a science the practice of medicine is not. He denounced the germ theory as the cause of disease and stated that chiropractors did not accept it and did not believe in that, that the legislature should not concern itself with the passage of a law concerning the practice of the healing art from the standpoint of protecting the public, that the public did not need any protection, that the public should protect itself, and that chiropractors were not worried about the public and the protection of the public, that the public were well able to take care of itself, that laws could not be made that would suppress chiropractic, that for upwards of fifteen years it had lived and thrived in the face of persecution and suppression and under adverse laws, that it lived and thrived in spite of this, and that chiropractic was a natural development and would soon supplant entirely the practice of medicine. He illustrated this theory by saying that medical practitioners had failed to cure the sick, that when they had failed, chiropractic had made the sick

well, and that the medical practitioners will be discarded by reason of the supremacy of chiropractic, just as the express train has caused the abandonment of the ox cart, and the electric light bulb has supplanted the candle. He cited that somewhere in excess of 25,000 chiropractic practitioners were practicing in the United States today, and cited likewise a number of schools that were teaching chiropractic, and that chiropractic had made greater strides in progress than any other means of healing in history.

A representative of the chiropractors from Iowa, of the Universal Chiropractic Association, next spoke. He was questioned for some time by Mr. Berg, of the Committee, on the preliminary educational requirements of the schools. He admitted that in a suspicious throat case he would take a throat culture to make the diagnosis, and that if he found it was diphtheria, he would refer it to a medical practitioner for treatment. He, however, did not endorse the scientific belief with respect to the communicability of contagious diseases, and contended that one could sleep in the same bed with a smallpox patient and not get the disease, and that some chiropractors did treat contagious diseases.

G W W

## COMMUNITY HOSPITALS

A small community hospital in a rural district has opportunities which extend far beyond the treatment of patients in its building. It may be a center for the education of both the public and the physicians. It belongs to both the people and to the doctors, for it is usually the only hospital within a radius of many miles, and all the physicians within that radius may be on its staff and may use its facilities. The inclusiveness of everybody's interest in the hospital is a source of weakness as well as strength, for prejudices are likely to be strong in a place with a small population. But the solution of the difficulties is usually in the hands of the physicians themselves. A few leaders among the doctors can make a rural hospital a power in medical cooperation and education.

We are prompted to write this introduction by our observation of the reorganization of the Southside Hospital in Bay Shore, Long Island. This hospital has been in operation for about twenty years in a modest way, but in July, 1923, a new building accommodating about thirty cases was opened. This hospital serves a community within a radius of about twelve miles containing seven villages, a population of about 35,000, and about 40 physicians in active practice. Nearly all the physicians are listed on the hospital staff, but only about thirty are active in sending cases to the hospital.

The management of the hospital is vested in a small medical board of physicians elected by the members of the medical staff and in a Board of Managers composed of laymen. Difficulties between the two boards developed soon after the opening of the new building. The money had been raised largely by the efforts of the lay board composed mostly of wealthy city dwellers who have summer homes within the radius of the hospital. With commendable zeal and good intentions, the members of the Board of Managers decided to have only "the best" in everything about the hospital. The primary trouble arose over what is the standard of the best. A considerable fee was paid to a firm of noted hospital architects for passing on plans which were condemned by the doctors. After the hospital opened, only R. N. nurses were employed and the unexpected difficulty arose that each nurse demanded an individual room and special privileges. The doctors contended that two or three R. N. nurses were sufficient, and that practical nurses could do most of the nursing work. They further pointed out the fact that the nursing staffs of city hospitals are composed of a few R. N. nurses, and a number of young nurses in training.

Another source of difficulty was that of purchasing supplies. If a stove lid burned out, a representative of the supply staff committee of



the Board of Managers made an inspection and reported it to the meeting of the full committee, which passed a resolution that the committee representative should be authorized to purchase the stove lid, but since she had sailed to Europe no stove lid could be bought. This is no exaggeration of the aggravating conditions which arose when the methods used in a big business and great corporation were applied to the management of the details of the hospital. They are examples that are constantly occurring in every small hospital that is run by laymen who are trying to follow impossible standards. Naturally the doctors were dissatisfied with the management of the hospital.

But the doctors were remiss in several important respects. On the Medical Staff each doctor attended to his own patients, and had little to do with the other physicians and no connection at all with the Board of Managers. To each physician the hospital was a boarding house for his individual cases, and he could exercise a patron's privilege of criticizing without bearing any responsibility for the correction of the unsatisfactory conditions. No staff meetings were held, no records of cases were kept except those that each doctor wished to keep, and each case was the doctor's own private property and no other doctor dared make suggestions regarding it.

There was no committee of medical men who was authorized to make suggestions to the lay managers, and the criticisms of individuals led only to aggravations and incriminations. There was something wrong with the attitude of both the doctors and the members of the board of managers.

The doctors were the first to realize the needs of the institution and to take steps for the correction of their own shortcomings. They first perfected their own organization by electing as staff president Dr. W. H. Ross who had conducted his own private hospital for years and had the good will and confidence of both the physicians and the laymen. With him as their disinterested, fearless leader, the physicians agreed to adopt the standards of the American College of Surgeons so far as they could be applied to a small hospital. They at once wrote up the histories of all their cases and they instituted a

system of monthly staff meetings at which every case could be called up for review and its physician could be subjected to interrogation and criticism by his fellow doctors. The results have justified the plan of the meetings. Every doctor has taken pains to make proper diagnoses and to prepare himself for the quizzes of the rest. The staff meetings are now eagerly anticipated and well attended and the program is considered a friendly game of wits. The development in morale has been most gratifying.

As the doctors developed their interest in the hospital and a responsibility for its standards and efficiency, they saw the deficiencies in those matters which belonged to the lay board of managers. The doctors were unanimously insistent on the observance of certain practical standards, and the Board of Managers were equally insistent on its own standards. The result was a deadlock which ended in the resignation of the entire staff of physicians (see this Journal, March 14th, page 373). But matters were then quickly settled, and the managers who understood and appreciated the ideals and standards of the medical staff remained on the Board and sat down in friendly consultation with the physicians and worked out a plan of efficient cooperation. It had taken a thunderstorm to clear the air, but the result was a clear realization of their duties by both the physicians and by the lay members of the board of managers. The physicians have learned the value and need of constructive criticisms and of their cooperative duties to one another and to the hospital. They are inspired and compelled to study their cases as never before, and the people will be the great gainers through the increased efficiency of the medical attention that they receive.

The lay leaders have learned the value of the advice of local physicians who understand local needs although they may not be versed in the intricacies of big business corporations. The lay managers have learned the practical standards which will work in a small community, and altogether their progress in education has equalled that of the doctors.

The standards set by the physicians of the Southside Hospital may well be adopted by physicians in the smaller communities throughout New York State.

F O





# LEGAL



By GEORGE W. WHITESIDE, Esq.

## PHYSICIANS' AND SURGEONS' LIABILITY INSURANCE.

Numerous members of the Society who are protected under policies of Physicians' and Surgeons' Liability insurance issued under the group plan fostered and sponsored by the Society have received communications from a concern known as "The Medical Protective Company of Fort Wayne, Ind." This company has solicited the members and has endeavored to induce them to take protection against malpractice suits under a form of insurance policy which they issue. Some of our members who have taken the group insurance under the State Society plan and have notified the Medical Protective Company of Fort Wayne, Ind., with whom they formerly were insured of their action, have received communications in which that company has said

"We feel confident that you did not give careful consideration to the detrimental feature of group insurance wherein it tends to destroy the value and weight of expert testimony in a malpractice suit"

This company then proceeds in its communication to make comparisons between the protection afforded by the group insurance plan and that which is provided by them in an effort to show the superiority of their contract over that which is now had by the doctors under the Society's plan. This type of solicitation of physicians naturally has tended to unsettle their minds and to cause some apprehension. The arguments that are advanced by this outside company are entirely, in our judgment, fallacious, but, however, there is a more serious aspect to the matter which we feel it our duty to call to the attention of the members.

The Medical Protective Company of Fort Wayne, Ind., is not authorized to do an insurance business in the State of New York. Of this we were advised by letter from the State Department of Insurance in 1921 and in order to make sure that the same status now prevailed our inquiry of the State Department on March 27, 1924, brought forth a telegram as follows:

"Medical Protective Company of Fort Wayne, Ind., has no authority to transact business in this State

"(Signed) F. R. STODDARD, JR."

Mr. Stoddard, who signs this telegram, is the Insurance Commissioner of the State of New York.

When a company has no authority to do business in this State it has no authority to have any employees in this State, so it may be assumed that the Medical Protective Company of Fort Wayne, Ind., has no legal authorized employees, representatives or attorneys in the State of New York.

Under our Penal Law it is a misdemeanor if any person "adjusts losses or in any manner aids the transaction of any business for any foreign insurance corporation" who has not been authorized to do business in this State and complied with the law respecting such companies.

It is not the purpose of these comments to reflect in the slightest degree upon the Medical Protective Company of Fort Wayne, Ind., or its effectiveness in states where it is authorized to do business, but it would seem only fair to the members of the Society for them to know that such company has no authority to employ investigators, adjusters or others in this State or to do business in this State, and that for that reason, in our judgment, it cannot provide the members who may take policies of protection from them with the character of service which is available to the members under the group insurance plan of the Society.

Under the group plan of the Society the State has been divided into ten districts with local agents in charge and local investigators available, all subject to the direction, advice and counsel of the Counsel of the Society for the protection of those who have policies of indemnity under the plan.

It is not the intention of this advice to counsel any physician who holds a policy of insurance under the Medical Protective Company of Fort Wayne, Ind., to cancel the same, but to inform the doctors who are under the group plan of the Society of the facts so that when they may receive communications from the Indiana concern they may not be disquieted or their confidence in the group plan unwisely disturbed.

G. W. W.



## SWALLOWING FOREIGN BODY—RESULTANT BRONCHO-PNEUMONIA AND DEATH

A child of about three years of age while playing around its home swallowed a glass head. The mother brought the child to the office of the defendant at about eleven o'clock one morning, stating the occurrence to the physician. With the child sitting upon the mother's lap and with the aid of a wooden tongue depressor the physician looked into the mouth and throat of the child but observed nothing abnormal. An examination of the chest disclosed labored breathing. The mother was advised to have an X-ray photograph taken to locate, if possible, the foreign body. This she said she could not do until she had consulted her husband, who would not return until the evening. There was no treatment or medication which the defendant could give to the child at this time. That evening the defendant was called to the home of the child, where he again advised both of the parents to have an X-ray taken and to have the child taken to the hospital for proper treatment. This the parents failed to do.

On the following day a neighboring physician was called by the mother to attend the child, but no treatment of any kind appears to have been given by him.

Upon the morning of the following day the child was again brought back to the defendant by its father, who again advised to have an X-ray taken, which the father finally agreed to have done. Early that afternoon, in his own automobile, the defendant took the father and child to a roentgenologist about ten miles away, where an X-ray was taken, immediately developed and an interpretation of the same showed the presence of a foreign body in the bifurcation of the bronchi. From the office of the roentgenologist the defendant took the child and his father to one hospital where they could not take care of the child. He then took him to the office of a specialist, who at that time was not at his office, but who was

attending at one of the hospitals. The child, accompanied by the father, was taken over to the hospital where this specialist was operating. The defendant interviewed the specialist, who agreed to undertake the care of the child, and the defendant left the father and child in the waiting room of the hospital. This was the last time that the child was seen by the defendant. No compensation other than for his office calls was received by this physician.

It appeared that the day following the child's reception at the hospital a bronchoscopy was attempted, but during the course of the operation there was an impairment of the respiration and the operation suspended and artificial means of respiration resorted to. The physician performing the bronchoscopy then had the child put to bed, intending upon the following day to repeat the bronchoscopy. On reaching the hospital the following day this physician ascertained that the child had contracted broncho pneumonia from the presence of the foreign body. The pneumonia progressed and resulted in the death of the child three days later.

The physician who was first called to attend the child was sued for its death, it being alleged that in his examination of the child he had pushed the bead down into the trachea and bronchi, causing the subsequent pneumonia and death.

The plaintiff prosecuted the action until the time it was actually reached for trial, and when called to proceed with the trial the plaintiff consented to a discontinuance of the action.

This instance is a fair sample of the ingratitude of many patients and the type of compensation that a physician oftentimes receives for humane treatment rendered by him, and merely bespeaks another reason why physicians should avail themselves of the State Society's group plan of insurance.

G W W





# LEGAL



By GEORGE W. WHITESIDE, Esq

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This company then proceeds in its communication to make comparisons between the protection afforded by the group insurance plan and that which is provided by them in an effort to show the superiority of their contract over that which is now had by the doctors under the Society's plan. This type of solicitation of physicians naturally has tended to unsettle their minds and to cause some apprehension. The arguments that are advanced by this outside company are entirely, in our judgment, fallacious, but, however, there is a more serious aspect to the matter which we feel it our duty to call to the attention of the members.

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G. W. W.



**The Child Experimentation Bill**—Senate Int 584 (Pr S 608) by Senator John P Ryan of Rensselaer County, concurrent Assembly Int 1647 (Pr A 1896) by Assemblyman Samuel Mandelbaum of New York, referred to Codes Committee in each house Still in Committee.

**The Anti-Vivisection Bill**—Senate Int 588 (Pr S 612) by Senator John P Ryan of Rensselaer County, concurrent Assembly Int No 1094 (Pr A 1180) by Assemblyman Samuel Mandelbaum of New York, still in Codes Committee in each house

**The State Department of Education Bill to Amend the Medical Practice Act**—Senate Int 637 (Pr 663) by Senator Daniel J Carroll of Kings County, concurrent Assembly Int 888, (pr A 927) by Assemblyman Frank H Latin of Orleans County, still in Senate Committee on Public Health Committee and in Assembly Ways and Means Committee Hearing held Wednesday, March 26th

**In Re Incorporation, etc., of Hospitals, Infirmarys, Dispensaries, etc**—Senate Int 892 (Pr S 962) by Senator Ellwood M Rabenold of New York, concurrent Assembly Int 1452 (Pr A 1622) by Assemblyman L B Jenks of Broome County, would amend sections 4 40, 41, Membership Corporations Law, relative to incorporation and to extension of corporate purposes for the establishment and maintenance of hospitals, infirmarys dispensaries and homes for invalids or the aged or indigent

Referred to Judiciary Committee

Mar 19th—Rept, Mar 20—3rd rdg

Concurrent Assembly bill still in Judiciary Committee.

**In Re Defining a Drug Addict as a Disorderly Person, Except When Drug is Prescribed by a Physician**—Senate Int 908 (Print S 981) by Senator James L Whitley, of Rochester, concurrent Assembly Int No 1158 (Pr A 1268, 1274) by Assemblyman Burton D Esmond of Saratoga County

Senate Bill referred to Codes Committee Still in Committee

Concurrent Assembly Bill, Rept, amend Mar 11, 3rd rdg, Mar 14, Lost Mar 19, Vote reconsidered Mar 20 Tabled

**Providing for Medical or Surgical Care of Children Under 16 Years of Age at Expense of County**—Senate Int 967 (Print S 1063), by Senator Frederick M Davenport of Clinton N Y, concurrent Assembly Int. 1389 (Pr A 1538) by Assemblyman T C Moore of Westchester County, would add new section 56-2

Poor Law, by providing for medical or surgical care of children under 16 years of age at expense of county

Senate Bill referred to Public Health Committee Rept Mar 20, Assembly Bill referred to Social Welfare Committee Still in Committee

**Requiring the Licensing of Private Institutions for Treatment of Drug Addicts**—Senate Int 1024 (Pr S 1120) by Senator Martin J Kennedy of New York, concurrent Assembly Int No 1117 (Pr A 1203) by Assemblyman Morris Weinfeld of New York, still in Public Health Committee in each house

**Amending Insanity Law**—Senate Int 1135 (Pr S 1255) by Senator Bernard Downing of New York, concurrent Assembly Int 1495 (Pr A 1684) by Assemblyman Joseph A McGinnies of Chautauqua County, would amend Insanity Law generally by providing among other things State Hospital Commission may employ deputy medical inspectors to make rules governing management of and investigate any institution for care of insane, public or private and may make reciprocal agreement with other states for prompt and humane return of insane residents Referred to Judiciary Committee.

Senate Bill, Rept Mar 17, 3rd rdg Mar 20  
Concurrent Assembly Bill still in Judiciary Committee.

**In Re Sanitation**—Senate Int. 1177 (Print S 1308) by Senator Michael E Reiburn of New York, concurrent Assembly Int 1504 (Pr A 1693) by Assemblyman C P Miller of Genesee County, would add new section 384 Labor Law, by fixing responsibility for enforcement of article 14, relative to sanitation

Referred to Labor and Industry Committee in each house. This bill has been dropped

**Workmen's Compensation Law—Remedy by Action and to Costs and Fees**—Senate Int. 1186 (Pr S 1317) by Senator John P Ryan of Rensselaer County, concurrent Assembly Int 1527 (Pr A 1716) by Assemblyman Harry Meurs of Rensselaer County, would amend section 11, 24 Workmen's Compensation Law relative to remedy by action and to costs and fees Senate Bill referred to Labor and Industries Committee.

Assembly Bill referred to Judiciary Committee. Still in Committee

**The New Narcotic Bill**—Senate Int 1198 (Pr S 1329) by Senator Martin J Kennedy of New York County, concurrent Assembly Int 1549 (Pr A 1745) by Assemblyman Morris Weinfeld of New York would amend section



4-b, renumber article 22 as article 23, insert new article 22, Public Health Law, repeals section 1766, Penal Law, relative to habit-forming drugs Referred to Public Health Committee in each house

Hearing held Mar 26th

**In Re Establishing School Hygiene Districts**—Senate Int 1205 (Pr S 1336) by Senator Benjamin Antin, of New York, concurrent Assembly Int 1485 (Pr A 1674) by Assemblyman Frederic S Cole of Herkimer County, which would add new section 577-b, Education Law authorizing counties to establish school hygiene districts with a director in charge to exercise supervision over medical inspectors, dentists and school nurses

Senate Bill referred to Public Education Committee Mar 19—rept

Assembly Bill referred to Public Education Committee Mar 12, rept amended

Senate Int 1286 (Pr S 1452) by Senator William T Byrne of Albany County, adds new section, State Charities Law, giving State charities board power to supervise institutions in which children or aged, sick or convalescent persons are received whether or not such institutions receive public funds Referred to Judiciary Committee

**Providing for Apportionment of Public Money on Account of Medical Inspection in Schools**—Senate Int 1351 (Print S 1530), by Senator Benjamin Antin of New York, adds new section 571-a Education Law, providing for apportionment of public money on account of medical inspection in schools, concurrent Assembly Int 1697 (Pr A 1971) by Assemblyman Frederic S Cole of Herkimer County

Senate bill referred to Public Education Committee

Assembly Bill referred to Ways and Means Committee of Assembly

**Relative to Qualifications and Registration as Registered Nurses and Attendants**—Senate Int 1213 (Pr S 1344) by Senator James L Whitley of Monroe County, would amend sections 250, 251-a, 252-c, Public Health Law, relative to qualifications and registration as registered nurses and attendants (No concurrent Assembly bill)

Senate Bill referred to Public Health Committee

**Defining and Regulating the Practice of Chiropractic**—Senate Int 1382 (Print S 1561), by Senator Arthur F Bouton of Ulster, Greene and Delaware Counties, concurrent Assembly Int 1661 (Pr A 1915), by Assemblyman William M Nicoll of Schenectady County

Senate Bill referred to Public Health Committee

Assembly Bill referred to Judiciary Committee

A hearing has been requested by your Committee

Senate Int. 1413 (Pr S 1619), by Senator Martin J Kennedy, concurrent Assembly Int 1619 (Pr A 1858), by Assemblyman Frank H Lattin of Orleans County, amends section 389, Public Health Law, requiring registrars to report weekly number of births, deaths and other vital statistics to district health officer

Senate Bill referred to Public Health Committee

Assembly Bill referred to Public Health Committee Rept March 20, 3rd rdg March 21

## ASSEMBLY.

**Medical Inspection in Schools Bill**—Assembly Int 66 (Pr A 66), by Assemblyman Joseph Reich of Kings County is still in Assembly Public Education Committee No concurrent bill has yet appeared in the Senate

**In Re State Institute for Study of Malignant Disease at Buffalo**—Assembly Int 195 (Print A 195), see concurrent Senate Int 175, for digest

Assembly Int 228 (Pr A 228), by Assemblyman Henry O Kahan of New York, would amend section 306, Public Health Law, by authorizing regents to revoke certificate to practice optometry held by person guilty of unprofessional conduct or misrepresentation in practice or advertising To Public Health Committee. (No concurrent Senate Bill, February 27, rept, amend, March 4, 3rd rdg, March 10 passed, March 11 Senate Public Health Committee

**In Re Optometry**—Assembly Int 229 (Print S 229), by Assemblyman Henry O Kahan of New York, would amend section 307, Public Health Law, by increasing penalty for violation of provisions regulating practice of optometry To Public Health Committee (No concurrent Senate Bill) Feb 27, rept, Feb 28, 3rd rdg, March 5, passed, March 10, Senate Public Health Committee

Assembly Int 234 (Pr A 234), see concurrent Senate Int 176 for digest

**In Re Nursing and First Aid Services in Factories, etc**—Assembly Int 309 (Print A 309), (1306) by Assemblyman Joseph Reich of Kings County, no concurrent bill in Senate

Referred to Labor and Industries Committee Feb 27, amend and recommit



The Old Narcotic Bill—Assembly Bill Int 342 (Pr A 342) for which Senate Int 1198 (Pr S 1329) has been substituted

In Re Appointing an Eye and Ear Specialist to Assist the Medical Inspector of Schools—Assembly Int 370 (Pr A 372, 1766)—see concurrent Senate Int 317 for digest

In Re Distribution of Information Concerning Results of Scientific Study—Assembly Int. 588 (Pr A 592) See concurrent Senate Int. 436 for digest

In Re Workmen's Compensation Law—Assembly Int. 682 (Pr A 693), see Senate Int 468 for digest.

The State Department of Education Bill to Amend the Medical Practice Act—Assembly Int 888 (Pr A 927), see concurrent Senate Int 637 for digest

Making it a Misdemeanor to Print, Sell or Utter Information in Relation to Birth Control—Assembly Int. 1070 (Pr A 1151) by Assemblyman Louis A. Cuvillier of New York. Referred to Assembly Codes Committee (No concurrent Senate bill)

Hearing held Mar 25th

The Anti-Vivisection Bill—Assembly Int 1094 (Pr A 1180) see concurrent Senate Int 588 for digest

Hearing held Mar 25th

Requiring the Licensing of Private Institutions for Treatment of Drug Addicts—Assembly Int 1117 (Pr A 1203), see concurrent Senate Int 1024 for digest

Hearing held Mar 26th

In Re Defining a Drug Addict as a Disorderly Person, Except When Drug is Prescribed by a Physician—Assembly Int 1158 (Pr A 1268, 1274), see concurrent Senate Int 908 for digest.

Hearing held Mar 26th

Relative to County Mosquito Extermination Commission—Assembly Int. 1313 (Print A 1455) by Assemblyman Julius Ruger of Kings County, which would repeal article 21 Public Health Law, which relates to county mosquito extermination commission, referred to Public Health Committee. Still in Committee.

Providing for Medical and Surgical Care of Children Under 16 Years of Age at Expense of County—Assembly Int 1389 (Print A. 1538), see concurrent Senate Int. 967 for digest

For Appointment of Industrial Council to Advise Industrial Commissioner—Assembly Int 1423 (Pr A. 1572), by Assemblyman C. P. Miller of Genesee County, concurrent Senate Int 882 (Pr S 952) by Senator Michael E. Reiburn of New York

Referred to Labor and Industries Committee. Mar 12, rept., Mar 13, 3rd rdg., Mar 19, passed, Mar 20, substituted for S 882 in Com of Whole. Third rdg

Creating Board of Chiropractic Examiners—Assembly Int 1434 (Pr A 1538), by Assemblyman W J Snyder of Albany County, which would add new article 8-b Public Health Law, creating a board of chiropractic examiners and regulating practice of chiropractic, which is defined to be science of palpating and adjusting the articulation of the human spinal column by hand only

Referred to Public Health Committee. Still in committee

Hearing held Mar 26th

In Re Incorporation, etc., of Hospitals, Infirmarys, Dispensaries, etc.—Assembly Int. 1452 (Pr A 1622), see concurrent Senate Int. 892 for digest

In Re Establishing School Hygiene Districts—Assembly Int 1485 (Pr A 1674), see concurrent Senate Int. 1205 for digest

Amending Insanity Law—Assembly Int 1495 (Pr A 1684), see concurrent Senate Int 1135, for digest.

In Re Workmen's Compensation Law—Assembly Int. 1508 (Pr A. 1697), by Assemblyman Frank H. Latin of Orleans County, would amend section 13, Workmen's Compensation Law by permitting injured employees at expense of employer, to engage medical or other attendance. Referred to Labor and Industries Committee (No concurrent Senate Bill)

The New Narcotic Bill—Assembly Int 1549 (Pr A 1745), see concurrent Senate Int 1198 for digest

Hearing held Mar 26th

Requiring the Licensing of Private Institutions for Treatment of Narcotic Drug Addiction—Assembly Int 1603 (Print A 1840), by Assemblyman Morris Weinfeld of New York County, adds new section 177, Insanity Law, requiring the licensing of private institutions for the treatment of narcotic drug addiction. Re-



ferred to Assembly Judiciary Committee (No concurrent Senate bill)

Hearing held Mar 26th

Assembly Int 1619 (Pr 1858), by Assemblyman Frank H Lattin of Orleans County See concurrent Senate Int 1413 (Pr S 1619) for digest

Assembly Int 1629 (Pr A 1872), by Assemblyman Frank H Lattin of Orleans County, would amend section 376, Public Health Law, by requiring health commissioner to furnish combined birth and death certificates for recording still-births Referred to Public Health Committee Mar 20, rept, Mar 21, 3rd rdg  
No concurrent Senate bill

Assembly Int 1638 (Pr A 1887) by Assemblyman Joseph A McGinnies of Chautauqua, would amend generally the powers and privileges of the New York Academy of Medicine Referred to Judiciary Committee

Assembly Int 1647 (Pr A 1896) see concurrent Senate Int 584 for digest

Assembly Int 1661 (Pr A 1915) by Assemblyman William M Nicoll of Schenectady, see concurrent Senate Int 1382 for digest

Assembly Int 1697 (Pr A 1971), see concurrent Senate Int 1351 for digest

### THE ANTIVIVISECTION BILL

Brief submitted by the Committee on Legislation in opposition to Senate Bill Introductory Number 588, Print 612, concurrent Assembly Bill Introductory Number 1094, Print 1180, entitled "An Act to Amend the Penal Law in Relation to Experiments on Living Dogs"

The Medical Society of the State of New York consisting of 10,000 and more physicians and representing to a large degree the sentiment of all practitioners of the healing art in this State, desires to enter its respectful objection to the above bills, and in opposition thereto would ask the committees to consider the following thereon.

As a Society composed of practitioners of the healing art whose bounden duty is to ferret out the diagnosis and alleviation of human ills, it believes that any means within legal and moral bounds are to be utilized for the relief of sickness and the prolongation of life of any human being or of the animal kingdom

It must place, therefore, human life and its conservation above all other lives in an equation of betterment

In the agitation against medical research as intended by these bills the fundamental wrong committed by the proponents is the presenting of their case in a misleading manner

Antivivisectionists, so termed, deny that any benefits have come from an experiment and describe these so-called experiments as a horrible torturing of dumb brutes, and then ask if this futile cruelty shall be permitted to continue

If this were really the whole story few would hesitate on which side to take a stand, for the physician probably more than any other human being has a conscience deep down in his heart which directs him to alleviate suffering in any one to his greatest effort

Every decent human being winces at the thought of pain, and cringes the more when he

or she knows or believes that the pain is wantonly inflicted For this reason, therefore, is it that the time honored and well known picture of the shackled dog makes such a powerful appeal

But this is not the whole story

Grenfell, by such a description must be branded as heartless, when he portrays in his talk of his fight against his faithful dogs and stabbing them to death Was this more heartless than to drive them away from him in such a wilderness and allow them to starve?

Yet to label such a picture with the title, "Is this the way to treat your pets?" would make a powerful appeal against the superiority of Grenfell and his efforts in behalf of the dwellers in bleak Labrador, and without the accompanying story would represent the same view as animal experimentation, without its motives and without its triumphs, would be represented by all of the opponents of medical research

Dr Grenfell in his struggle on the ice pan in that vast wilderness, stabbed his dogs to save his own life, and every man with common sense commends his bravery, his resourcefulness and his proper sense of values

That is what any worthy man who sees straight would try to do if he were cornered, and that is the issue in the eye of the investigator in medical research, who knows that by the sacrifice of some animals, the chance of life and health for mankind and for myriads of other animals as well, has been enormously increased

To those unfamiliar with the truths of medical research, we, as physicians, would ask perusal of the accompanying articles, written by experts in the several fields, not necessarily physicians but men trained in chemistry, in physiology and in bacteriology

One has but to review the history of medicine, of chemistry, of physiology, of anatomy and of



all the kindred subjects which have to do with the healing art for conquering of pestilential diseases and the prolongation of human life as written in figures in the tables of expectancy of our insurance companies and health departments wherein are shown the actual results of animal experimentation, and how such results have entered into the treatment of diphtheria and lockjaw through the aid of our friend the horse who manufactures for us the diphtheria antitoxin, of meningitis and of rabies in which the rabbit, the sheep and the guinea pig play their role, of small pox which now is a by-word in all civilized countries and which, when vaccination is neglected by the populace springs up to claim its victims in untold numbers, and yet the innocent cow gives us the means of fighting against this disease.

In dysentery and cholera, in typhoid fever and the plagues, the rat, and again the smaller animal contributes his share toward manufacturing those antitoxins which save the human race. In tuberculosis where the guinea pig points the way by receiving into his body the innocent looking sputum or urine and nurtures the organism which is to be displayed later to the eye of the keen pathologist and to the microscope that the patient who has enlisted the services of the guinea pig is in an early stage, and many lives may be saved—though through the sacrifice of the lower animal, for one human patient may become the focus for transmitting the disease to thousands of others.

In syphilis, the dread scourge of the middle ages, the monkey now adds his role, enabling Professor Ehrlich and his successors to bring forth a medical product which triumphantly combats this disease and its ultimate results—such as locomotor ataxia and paresis.

This knowledge can only be imparted to those who would essay to treat the ills of man through demonstration on a scientific plane and without the honors portrayed by the very ones who have benefitted at some time in life from previous knowledge thus gained.

Medicine would still be as secretive because of ignorance, as in the years gone by in the middle ages, for we would have had no knowledge of the disturbances of internal secretions such as goitres or Bright's disease, were it not from the knowledge derived in this way and applied in our present day through "preventive medicine."

Hence because of the unmeasured service which our friends, the animals, have rendered to us as human beings, do physicians and scientific men turn to them for further aid, so that the experimental methods so carefully thought out on paper, and then applied to medical problems may bring within the next few years even more marvelous advances in the conservation of human life than have been witnessed within the past few decades.

Is there a person of sound sense and logical

reasoning who would say that experimental medicine shall not continue to heap its blessings upon mankind?

For, should one object to the rightful type of experimental work as carried on in laboratories of well directed institutions, then there would be no incentive to proceed with work after the test tube provings, unless the human being himself was handed over by law for the proof of that which is sought.

In the eager search for more light in medical problems, who shall be the deciding factor in the critical case involving pain to animals? Those who profess belief in antivivisection maintain that they should decide, and yet in the majority of instances they would advocate the destruction of excess cats and dogs, rats and other small animals, through the "painless" (?) method of poison, of gas, anesthesia or electricity, without that animal playing a role of usefulness in any degree, save as possible fertilizer to the ground after the execution has been made.

Physicians, on the contrary urge that the decision in relation to such questions remain in their control and even would go so far as to ask that the homeless and stray cats and dogs and other animals be given over to the registered laboratories and be utilized for the further benefit of mankind, since those who are opposed to this, are in the main, ignorant of the problems and methods of medical research and would in no wise undertake better care of stray animals, but unduly limit their humane duty to the welfare and ill advised protection of laboratory animals.

The physicians perceiving that more power to fight disease can only come from more knowledge, trusts in the deeper and broader humanity of those investigators who are seeking that knowledge, firmly believing that in the end society which reaps the benefit of medical progress, will decide in its favor when the arguments of the contending parties are presented.

Should a measure such as proposed as the entering wedge be enacted into law in this State it will be the death knell of scientific medicine and the sudden ending of further anchorage of sickness and distress among humanity.

One has but to visit, in a proper frame of mind a laboratory of any well regulated and supervised institution, public or private within this State, to appreciate how carefully are guarded the interests of animals who enter into copartnership with the scientist in determining some deep medical question of the day, to note how carefully is the interest of the animal conserved that the research may be as quickly and successfully terminated as is possible in order that the results may be published to the medical world for the benefit of humanity.

Did physicians keep to themselves the results



ferred to Assembly Judiciary Committee (No concurrent Senate bill)

Hearing held Mar 26th

Assembly Int 1619 (Pr 1858), by Assemblyman Frank H Lattin of Orleans County See concurrent Senate Int 1413 (Pr S 1619) for digest

Assembly Int 1629 (Pr A 1872), by Assemblyman Frank H Lattin of Orleans County, would amend section 376, Public Health Law, by requiring health commissioner to furnish combined birth and death certificates for recording still-births Referred to Public Health Committee Mar 20, rept, Mar 21, 3rd rdg

No concurrent Senate bill

Assembly Int 1638 (Pr A 1887) by Assemblyman Joseph A McGinnies of Chautauqua, would amend generally the powers and privileges of the New York Academy of Medicine Referred to Judiciary Committee

Assembly Int 1647 (Pr A 1896) see concurrent Senate Int 584 for digest

Assembly Int 1661 (Pr A 1915) by Assemblyman William M Nicoll of Schenectady, see concurrent Senate Int 1382 for digest

Assembly Int 1697 (Pr A 1971), see concurrent Senate Int 1351 for digest

### THE ANTIVIVISECTION BILL.

Brief submitted by the Committee on Legislation in opposition to Senate Bill Introductory Number 588, Print 612, concurrent Assembly Bill Introductory Number 1094, Print 1180, entitled "An Act to Amend the Penal Law in Relation to Experiments on Living Dogs"

The Medical Society of the State of New York consisting of 10,000 and more physicians and representing to a large degree the sentiment of all practitioners of the healing art in this State, desires to enter its respectful objection to the above bills, and in opposition thereto would ask the committees to consider the following thereon

As a Society composed of practitioners of the healing art whose bounden duty is to ferret out the diagnosis and alleviation of human ills, it believes that any means within legal and moral bounds are to be utilized for the relief of sickness and the prolongation of life of any human being or of the animal kingdom.

It must place, therefore, human life and its conservation above all other lives in an equation of betterment

In the agitation against medical research as intended by these bills the fundamental wrong committed by the proponents is the presenting of their case in a misleading manner

Antivivisectionists, so termed, deny that any benefits have come from an experiment and describe these so-called experiments as a horrible torturing of dumb brutes, and then ask if this futile cruelty shall be permitted to continue

If this were really the whole story few would hesitate on which side to take a stand, for the physician probably more than any other human being has a conscience deep down in his heart which directs him to alleviate suffering in any one to his greatest effort

Every decent human being winces at the thought of pain, and cringes the more when he

or she knows or believes that the pain is wantonly inflicted For this reason, therefore, is it that the time honored and well known picture of the shackled dog makes such a powerful appeal

But this is not the whole story

Grenfell, by such a description must be branded as heartless, when he portrays in his talk of his fight against his faithful dogs and stabbing them to death Was this more heartless than to drive them away from him in such a wilderness and allow them to starve?

Yet to label such a picture with the title, "Is this the way to treat your pets?" would make a powerful appeal against the superiority of Grenfell and his efforts in behalf of the dwellers in bleak Labrador; and without the accompanying story would represent the same view as animal experimentation, without its motives and without its triumphs, would be represented by all of the opponents of medical research

Dr Grenfell in his struggle on the ice pan in that vast wilderness, stabbed his dogs to save his own life, and every man with common sense commends his bravery, his resourcefulness and his proper sense of values

That is what any worthy man who sees straight would try to do if he were cornered, and that is the issue in the eye of the investigator in medical research, who knows that by the sacrifice of some animals, the chance of life and health for mankind and for myriads of other animals as well, has been enormously increased

To those unfamiliar with the truths of medical research, we, as physicians, would ask perusal of the accompanying articles, written by experts in the several fields, not necessarily physicians but men trained in chemistry, in physiology and in bacteriology

One has but to review the history of medicine, of chemistry, of physiology, of anatomy and of



tory of the patient and the treatment given from the moment of entrance.

If this amendment becomes a law, *any* operation, even the administration of medicine, or *any* type of treatment at the hands of *any* physician may be determined by each different court as an experiment, and as a consequence medical men will be more and more loath to exercise their highest skill in performing their most delicate operations upon the little patient at a time when such an operation may be of the greatest value for after life, when then such a remedy could not be utilized.

This can well be illustrated by the wonderful work done by orthopedic surgeons in the transplantation of nerves, of tendons and of blood vessels, especially after the ravages of infantile paralysis.

And what might be said of the operation in emergency in an institution where children are prone to secret articles within their body cavities which at times demand prompt and immediate intervention or of the physician who must weigh in his mind the ravages of an infectious disease and estimate the therapeutic treatment in his judgment necessary to overcome the disease?

All honorable practitioners of any type of

therapeutics utilized for the benefit of the human race will fear to exercise their most acute reasoning in that a failure of results may bring suit under this proposed amendment.

For the sake of argument let us ask what are the well established methods of treatment in surgery and medicine, and having granted that a fixed set of treatments has been established we then stop in further progress of ameliorating human ills, since the very next and new type of treatment or operation by our own premise would be an experiment, whether upon an adult or upon a child.

The medical profession has no objection to its acts being surveyed by State control where institution of newer methods is limited only by the well thought out judgment of State officials along departmental lines but it seriously condemns the efforts made on the part of individuals to proclaim themselves as plaintiff, judge and jurors of a given case as would be likely should such an amendment prevail.

JAMES N VANDER VEER

Chairman Committee on Legislation,  
Medical Society of the State of  
New York

## IN RE DISTRIBUTION OF RESULTS OF SCIENTIFIC STUDY

Brief submitted by the Committee on Legislation in opposition to Senate Bill Introductory Number 436, Print 445, concurrent Assembly Bill Introductory Number 588, Print 592, entitled "An Act to Amend the Public Officers Law, in Relation to the Dissemination of Information Concerning Scientific Studies and Research."

The Medical Society of the State of New York, composed of over 10,000 physicians and representing in its sentiment the majority of all of the physicians of New York State, respectfully begs leave to enter its objections to the above bills for the reason that in the new section to be added there has been seen in times gone by, through arguments presented by various groups the false premises which might be drawn from the information conveyed by one who is an employee of an institution, society or foundation, in the position, let us say, of window cleaner or janitor or the like, who might so garble or enlarge upon a bit of information concerning the results of a scientific study as to give an absolute negative or criminal view to the information to which he has come into possession.

The present laws of our State give ample latitude for any one seeking information concerning any institution to gain the same through a lawful and orderly procedure and the courts are very lenient in issuing mandatory orders to such groups who can show a proper and lawful reason for desiring to obtain the same.

Should this amendment be enacted into law there would then be no restriction from legal standpoint of any group proceeding to any institution, public or private, and demanding therefrom an inspection of every part of said institution which would result in added expense in providing proper persons to conduct the investigations around said institution to say nothing of the upsetting of the routines adopted in all institutions where scientific work is being pursued, as well as misinterpreting what might be seen.

JAMES N VANDER VEER

Chairman Committee on Legislation,  
Medical Society of the State of  
New York



# Medical Society of the State of New York

This revision of the Constitution and By-Laws prepared under the Resolution of the House of Delegates by the Executive Committee of the Council with the aid of Mr George W Whiteside, legal Counsel, will be submitted to the House of Delegates for action

## CONSTITUTION

### ARTICLE I

#### *Purposes of the Society*

The purposes of the Society shall be to federate and bring into one compact organization the medical profession of the State of New York, to extend medical knowledge and advance medical science, to elevate the standard of medical education, to secure the enactment and enforcement of just medical laws, to promote friendly intercourse among physicians, to guard and foster the material interests of its members, and to protect them against imposition, and to enlighten and direct public opinion in regard to the great problems of medicine

### ARTICLE II

#### *Membership*

The membership in this Society shall be divided into three classes (a) active, (b) retired, and (c) honorary

### ARTICLE III

#### *House of Delegates*

The House of Delegates shall be the legislative body of the Society, shall be charged with the general management, superintendence and control of the Society and its affairs and shall have such general powers as may be necessarily incident thereto, except as otherwise specifically provided by the Constitution or By-Laws. It shall pass upon the credentials and qualifications of delegates and shall finally decide who are entitled to be members of the House of Delegates. It shall have power and authority to suspend or otherwise discipline its own members, district branches, component county medical societies or any member of the Society, charged with special duties for and under authority of the Society. It shall provide for a division of the scientific work of the Society into appropriate sections, for the organization of the District through, for rules and regulations for its own and giving, and for the administration of the permanent of the Society. It may delegate any of the burden of the Society to the Council with authority to act thereon while the Society is not in session.

### ARTICLE IV

#### *Council*

The Council shall be composed of (a) officers of the Society, except the assistant secretary and assistant treasurer; (b) chairmen of the standing committees; (c) the retiring President for a term of one year after his term of office expires

### ARTICLE V

#### *Officers*

The officers of the Society shall be a President, two Vice-Presidents, a Speaker and a Vice-Speaker of the House of Delegates, a Secretary, an Assistant Secretary, a Treasurer, an Assistant Treasurer, and one Councilor from each District Branch, who shall be the President thereof. He shall be elected by the District Branch in which he resides for a term of two years. The officers, except the councilors, shall be elected for one year or until their successors have been duly chosen. They shall take office at the termination of the annual meeting.

### ARTICLE VI

#### *Censors*

The President, the Secretary and eight district councilors shall be known as the Board of Censors of the Society. The House of Delegates shall elect them annually.

Five Censors shall constitute a quorum. The President and Secretary shall be the President and Secretary, respectively, of the Board.

The Board of Censors shall meet upon the call of the President. The Secretary shall prepare and submit the report of the Board of Censors to the House of Delegates.

### ARTICLE VII

#### *Meetings*

The Annual and the Intermediate Stated Meetings of the Society or of the House of Delegates shall be held at the time and the place designated by the House of Delegates. The Council, for sufficient cause, may change the time and the place of such meetings, provided the House of Delegates is not in session.

### ARTICLE VIII

#### *Funds*

Funds shall be raised by an annual per capita assessment on each component county society at a uniform per capita rate throughout the State.



Funds may also be raised in any other manner approved by the House of Delegates or by the Council when the said House of Delegates shall not be in session. No funds of the Society shall be appropriated for any purpose, except by the authority of a resolution of the Council, nor shall any indebtedness be incurred by any officer, by members of Committees or members of the Society as a charge against the Society until the same shall have been approved by the Council.

## ARTICLE IX

### *Referendum*

At any annual or stated meeting of the Society or of the House of Delegates a majority of the members present may order a referendum on any question in accordance with such regulations respecting the submission of the question as the House of Delegates or the Council may prescribe. The members shall vote thereon by mail. The poll shall be closed at the expiration of fifteen days after mailing the question, and if the members voting shall comprise a majority of all the active members of the Society, a majority of such vote shall determine the question and be binding on the Society and the House of Delegates.

## ARTICLE X

### *District Branches*

The membership of the Society shall be divided into eight district branches, as follows:

The First District Branch shall comprise the members of the Medical Societies of the Counties of New York, Bronx, Westchester, Rockland, Putnam, Orange, Dutchess and Richmond.

The Second District Branch shall comprise the members of the Medical Societies of the Counties of Kings, Queens, Nassau and Suffolk.

The Third District Branch shall comprise the members of the Medical Societies of the Counties of Albany, Rensselaer, Schoharie, Greene, Columbia, Ulster and Sullivan.

The Fourth District Branch shall comprise the members of the Medical Societies of the Counties of St. Lawrence, Franklin, Clinton, Essex, Hamilton, Fulton, Montgomery, Schenectady, Saratoga, Warren and Washington.

The Fifth District Branch shall comprise the members of the Medical Societies of the Counties of Onondaga, Oneida, Herkimer, Oswego, Lewis, Madison and Jefferson.

The Sixth District Branch shall comprise the members of the Medical Societies of the Counties of Otsego, Delaware, Chenango, Cortland, Tompkins, Schuyler, Chemung, Tioga, Broome and Steuben.

The Seventh District Branch shall comprise the members of the Medical Societies of the

Counties of Monroe, Wayne, Cayuga, Seneca, Yates, Ontario and Livingston.

The Eighth District Branch shall comprise the members of the Medical Societies of the Counties of Erie, Niagara, Orleans, Genesee, Wyoming, Allegany, Cattaraugus and Chautauqua.

Each District Branch may adopt a constitution and by-laws for its government and may amend the same, but before becoming effective they must be approved by the Council. They shall be consistent with the Constitution and By-Laws of this Society.

## ARTICLE XI

### *Component County Medical Societies*

The terms county medical society and component county medical society shall be deemed to include all county medical societies now in affiliation with this Society or which may hereafter be organized and chartered by the House of Delegates.

There shall be but one county medical society in each county affiliated with this Society.

## ARTICLE XII

### *Amendments*

Amendments to this Constitution, except such as are obligatory by law, shall be made only at an annual meeting of the House of Delegates.

Notice of the proposed amendment shall be given at a previous annual meeting of the House of Delegates, and before the same can be acted upon, it shall be published once before the annual meeting in the official publication of the Society.

A two-thirds vote of the delegates present and voting shall be necessary for adoption.

Amendments made necessary by law shall be made either by the Council or House of Delegates whenever such necessity exists.

## BY-LAWS

### *Membership*

### SECTIONS 1 5

Sec. 1 The active members shall be all members in good standing of the component county medical societies. A copy of the roster of such members certified to be correct by the Secretary of such county society shall be evidence of the right of the members whose names appear therein to membership in this Society. No applicant shall be eligible to membership if his diploma or license be of a sectarian character unless the applicant declare in writing his or her abnegation of sectarian title, nor shall any applicant be elected to membership until he has established that he is of good moral and professional char-



acter and reputation, and that admission would not be prejudicial to the best interest of the Society

Sec 2 Any member suspended or expelled from a component county society shall likewise be suspended for the same period or expelled from this Society Any member suspended or expelled from this Society shall likewise be suspended for the same period or expelled from a component county society His right of appeal to this Society shall not be impaired nor shall such appeal prevent the carrying out of the judgment of the county society pending such appeal Any member not in good standing in his county society shall not be a member in good standing in this Society and any member ceasing to be a member of his county society shall also cease to be a member of this Society

Sec 3 Retired members of this Society shall be active members of component county societies, seventy years of age or over, who have applied for such retired membership All such applications shall be signed by the President and the Secretary of the county society of the applicant and then sent to the Secretary of this Society for presentation to the House of Delegates for approval Retired members desiring to become active members shall apply for such membership to the component county society in the county of the residence of the applicant Such applications shall be governed by the constitution and by-laws of the component county society relative to active membership

Sec 4 The honorary members of the Society shall be all persons now on the roster as such and in addition such distinguished physicians residing outside of the State of New York All nominations for honorary membership must be endorsed by three members of the Society and forwarded to the Secretary for presentation to the House of Delegates, which by a two-thirds vote of the delegates voting shall be declared elected honorary members of this Society, provided the nomination shall have been made at a previous annual meeting

Sec 5 Honorary and retired members shall be entitled to the privilege of attending and addressing the meetings of the Society, but shall not be accorded the other rights and privileges of membership or be subject to assessments

### *House of Delegates*

#### SECTIONS 6-19

Sec 6 The House of Delegates shall be composed of (a) Delegates elected by the component county medical societies, (b) officers of the Society, (c) chairmen of standing committees, and (d) the past presidents of the Society who shall be life members with voice but without vote Each component county society shall be entitled to

elect as many delegates as there shall be State Assembly Districts in such county at the time of the election, and each component county medical society shall be entitled to elect at least one delegate A component society representing by its name more than one county shall be entitled to as many delegates as there are Assembly Districts in the counties named in the title of such society

Sec 7 The annual meeting of the House of Delegates shall be held at 2 p.m. on the day before the annual meeting of the Society The sessions of the House of Delegates may be adjourned from time to time as may be necessary

Sec 8 Thirty delegates shall constitute a quorum

Sec 9 It shall hear and finally determine all appeals taken from decisions of the Board of Censors

Sec 10 It shall provide for the issue of charters to county societies in affiliation with the Society.

Sec. 11 It shall have authority to appoint special committees from among members of the Society

Sec 12 The following shall be the order of business at the sessions of the House of Delegates

- 1 Calling the meeting to order
- 2 Report of Reference Committee on Credentials
- 3 Roll call by the Secretary
- 4 Reading of the minutes of the previous meeting
- 5 Address of the President
- 6 Address of the Speaker
- 7 Report of the Council
- 8 Report of the Board of Censors
- 9 Report of the Secretary
- 10 Report of the Treasurer
- 11 Reports of the standing committees
- 12 Reports of the special committees.
- 13 Reports of reference committees
- 14 Unfinished business
- 15 New business

Sec 13 The officers and committees of the Society, to be elected by the House of Delegates, shall be elected at an adjourned session of the annual meeting of the House of Delegates, which adjourned session shall be held at a convenient hour on the first day of the annual meeting of the Society No member shall be eligible for any office, or entitled to vote for any officer, chairman of Standing Committees or delegates, who is in arrears for county dues and State Society per capital assessment



Sec. 14 The first order of business on the day designated in the preceding section shall be the nominations for officers, censors, chairmen of standing committees, members of Committee on Prize Essays and delegates to the American Medical Association and the appointment of a sufficient number of tellers by the Speaker. After all nominations shall have been made the Secretary shall cause to be displayed in full sight of the delegates a list of the nominees for each office arrayed in alphabetical order, and shall also cause to be distributed a sufficient number of blank ballots for the use of the House of Delegates. These ballots shall have printed or stamped thereon the appropriate headings for each office with spaces thereunder in which may be written the name of the candidate or candidates to be voted for.

Sec. 15 All elections for such offices shall be by ballot each member depositing his ballot on roll call individually or by counties. In the event of a single nominee only for any office, a majority vote without ballot shall elect. In case no nominee for an office receives a majority of votes on the first ballot the nominee receiving the lowest number of votes shall be dropped and a new ballot taken for that office. This procedure shall be continued until one of the nominees receives a majority of the votes cast when he shall be declared elected.

Sec. 16 The following method shall govern the election of delegates to the American Medical Association. Nominations shall be made for not less than double the full number of delegates to be elected, and the delegates shall be declared elected in the order of the highest number of votes cast until the allotted number shall have been chosen, a corresponding number in the next highest order of votes cast shall be declared alternate delegates.

Sec. 17 The Censors shall be nominated as provided in Article VI of the Constitution and elected by a majority vote without ballot.

Sec. 18 The delegates to the American Medical Association shall be elected in accordance with the Constitution and By-Laws of that body. Delegates may be elected to other medical societies or similar bodies as the interests of the Society may require, and credentials shall be issued to all delegates, signed by the President and Secretary.

Sec. 19 A delegate shall not be considered in good standing or entitled to vote in the House of Delegates if the component county medical society by which he was chosen is in default in the payment of any dues or assessments imposed by the House of Delegates, or if such component county medical society shall at the time be under sentence of suspension imposed by the House of Delegates, or if such delegate is not in good standing in this Society, or in the component county medical society to which he belongs.

## Council

### SECTIONS 20-32

Sec. 20 The Council shall meet at the close of the annual meeting of the Society to organize for the ensuing year and shall continue in office until their successors are elected and qualified.

Sec. 21 It shall meet once during the months of May and December of each year, the time and place to be selected by the President, and it shall meet at other times upon the request in writing of five members of the Council, or upon the call of the President.

Sec. 22 Seven members shall constitute a quorum.

Sec. 23 The Council shall be the executive and administrative body of the Society and shall have charge of all properties and the financial affairs of the Society and shall control all arrangements for the annual meeting, shall elect an Executive Committee of the Council to carry on during the interim between the regular meetings of the Council the affairs and the business of the Society. Its action shall be governed by the Constitution and By-Laws of the Society and the rules and regulations of the House of Delegates. It shall have power to employ legal counsel.

Sec. 24 The Council shall take such action as is necessary to carry out the Constitution and By-Laws and to give full effect to any resolution or vote of the House of Delegates. It shall also have power to legislate as a House of Delegates when the latter is not in session, on all matters consistent with the Constitution and By-Laws. Such legislative action of the Council shall not become effective or binding on the Society until approved by a majority of a referendum vote of the House of Delegates, provided a majority of the House of Delegates vote thereon within fifteen days after the mailing of the question submitted for referendum. The Secretary shall send the question for referendum vote to all the members of the House of Delegates.

When the House of Delegates is not in session the Council shall have power to fill any vacancies which may occur in any elective or appointive office not otherwise provided for.

Sec. 25 All moneys of the Society received by the Council or any member or agent thereof shall be paid to the Treasurer of the Society. The Council shall approve the bond of the Treasurer as to amount for and surety, it shall employ a public accountant to audit the accounts of the Treasurer and Secretary and other agents of the Society and present a statement of the same in its annual report to the House of Delegates. The Council shall make a report to the House of Delegates of its transactions for the



year and of the amount of money belonging to the Society under its control

Sec 26 The standing or special committees of the Society shall report to the Council and shall be subject to the jurisdiction of the Council at all times when the House of Delegates shall not be in session.

Sec 27 The following shall be the order of business at meetings of the Council

- 1 Calling the meeting to order
- 2 Roll call by the Secretary
- 3 Reading of minutes
- 4 Communications
- 5 Reports of chairmen of standing and special committees
- 6 Unfinished business
- 7 New business

Sec 28 At the first regular meeting of the Council, held at the close of the annual session of the Society, the Council shall choose by a majority vote five members of the Council, who together with the President and the Secretary shall constitute the Executive Committee. Candidates for election to the Executive Committee shall be nominated by the President, but other candidates may be nominated by any member of the Council. Executive Committee shall hold office until the following annual meeting of the Council or until their successors shall be duly chosen. The Executive Committee shall, when elected, organize immediately and elect a Chairman, a Vice-Chairman and a Secretary. The Executive Committee shall hold regular meetings at times and places that shall be fixed by the Chairman and any two members of the Executive Committee may require the Chairman thereof to call a meeting for such time and place as shall be designated by them in writing, of which the members shall have at least two days' notice. Four members shall constitute a quorum. It shall prepare a budget to be acted upon by the Council.

Sec 29 The following shall be the order of business at meetings of the Executive Committee

- 1 Calling the meeting to order
- 2 Roll call
- 3 Reading of minutes
- 4 Communications
- 5 Report of committees
- 6 Unfinished business
- 7 New business

Sec 30 The Executive Committee shall superintend all publications of the Society and their distribution and shall have authority to appoint an editor and such assistants as it may deem necessary. The Executive Committee shall have such other powers and duties as may be delegated to it from time to time by the Council. It shall act as adviser to the legal counsel of the Society in suits brought against members of the

Society for alleged malpractice. It shall, with the aid of the legal counsel, examine the Constitution and By-Laws and all amendments thereto which may be submitted to the Council for approval and shall report to the Council its approval or disapproval thereof. The Chairman of the Executive Committee may order or any two members of the Committee may require the Chairman to order a referendum vote of the Council on any question that may come before the Executive Committee and members of the Council may vote thereon by mail or telegram. The poll on the question so submitted shall be closed at the expiration of one week after the mailing of the question and if the members of the Council voting shall comprise a majority of all the members of the Council, a majority of such vote shall determine the question and be binding upon the Council and the Executive Committee.

Sec 31 In case of any vacancy in the Executive Committee through death, resignation, disqualification or other cause, the President shall appoint a successor to fill such vacancy until the next meeting of the Council.

Sec 32 The Executive Committee shall have charge of the administrative and business affairs of the Society while the Council is not in session; and may adopt rules and regulations not repugnant to the Constitution and By-Laws of the Society or to the rules, regulations or orders of the House of Delegates or of the Council.

### *Duties of Officers*

#### SECTIONS 33-42

Sec 33 The President shall preside at all meetings of the Society, the Council and the Censors. He shall appoint all committees not otherwise provided for. He shall deliver an address at the annual meeting of the Society. He shall perform such other duties as the House of Delegates or the Council shall require.

Sec 34 The ranking Vice-President in the absence of the President shall perform the duties of such officer. In the event of the President's death, resignation, removal, incapacity or refusal to act, the ranking Vice-President shall succeed him.

Sec 35 The Speaker shall preside at all meetings of the House of Delegates. He shall deliver an address at the annual meeting and shall perform such other duties as custom and parliamentary usage may require. He shall appoint all special committees serving during the meeting of the House of Delegates.

Sec 36 The Vice-Speaker shall perform the duties of the Speaker when requested by the Speaker to do so, or in case of the absence, death, resignation or refusal of the Speaker to act.

Sec 37 The Secretary shall attend all meet-



ings of the Society, the House of Delegates, the Council, the Executive Committee of the Council and the Censors, and shall keep minutes of their respective proceedings in separate records. He shall be the custodian of the seal of the Society and of all books of records and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep an account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members at all sessions of the Society. With the aid and co-operation of the secretaries of the county societies, he shall keep a proper register of all the registered physicians of the State by counties. He shall aid the Councilors in the organization and improvement of the county societies and the extension of the power and influence of the Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall affix the seal of the Society to all credentials issued to members of the Society elected by the House of Delegates and to such other papers and documents as may require the same. He shall make an annual report to the House of Delegates and also the reports of the Council and the Board of Censors. He shall supply each county society with the necessary blanks for making their annual reports to this Society. Acting in co-operation with the Committee on Scientific Work he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council. He shall be ex officio a member of all standing committees. He shall record the name and date of admission of each member of the Society.

Sec. 38 The Assistant Secretary shall aid the Secretary in the work of his office and in his absence or inability to act, he shall perform the duties of the office until the Secretary resumes the work, or in case of a vacancy until a successor shall be elected.

Sec. 39 The Treasurer shall keep accurate books of accounts of all moneys of the Society which he may receive, and shall disburse the same when duly authorized by the Council or the Executive Committee, but all checks drawn by the Treasurer upon the funds of the Society shall be countersigned by the President or by the Secretary of the Society. He shall collect, on or before the first day of June in each year, from the Treasurer of each component county society the State per capita assessment. He shall at the expense of the Society give a bond for the faithful performance of his duties, which shall be approved by the Council as to amount, form and surety. He shall make an annual report to the House of Delegates. The Treasurer shall be a trustee of the Merritt H. Cash Fund, the Lucien Howe Fund and such other special funds

as may be established. His salary shall be fixed by the Council.

Sec. 40 The Assistant Treasurer shall aid the Treasurer in the work of his office, and in his absence or inability to act, he shall perform the duties of the office until the Treasurer resumes the work, or in case of a vacancy until a successor shall be elected.

Sec. 41 Each District Councilor shall visit the counties of his district at least once a year and make a careful inquiry of the condition of the profession in each county in his district and shall report thereon to the House of Delegates.

Sec. 42 The expenses actually incurred in the performance of the official duties of delegates of the Society to the meetings of the House of Delegates of the American Medical Association, of officers, members of the Council and Executive Committee thereof, presidents of the District Branches, shall be paid by the Society upon submission in conformity with the conditions herein after described. The Delegates of the House of Delegates of the American Medical Association shall be reimbursed or allowed the actual cost of railroad transportation from the place of their residence to the place where such meeting is held and return, including the cost of Pullman accommodation and such allowance shall be made to such delegates, provided such delegates shall have attended each session of the meeting of the said House of Delegates to which he was elected and presented to the Secretary of this Society, evidence of such attendance and the incurrence of such expenses. The President and the Secretary of the Society shall be reimbursed or allowed for traveling within the State, that is necessary for the performance of their duties as such officers, and which is actually done in the performance of such official acts as such officers. The actual cost of railroad transportation or its equivalent from the place where such officer resides to his destination, including the cost of Pullman accommodation and return and a further allowance, where the same is actually incurred and necessary during the time actually occupied in such official activities of a sum for maintenance not to exceed ten dollars per diem and such officers shall present to and file with the Secretary, a proper voucher therefor. The members of the Council and the Executive Committee thereof, shall be reimbursed or allowed for expenses incurred in the attendance upon meetings of said Council or Executive Committee, the actual cost of railroad transportation or its equivalent, including Pullman accommodation from the place of the residence to the place where such meeting or meetings shall be held and return, and such member of said Council or Committee shall present to and file with the Secretary a voucher therefor. Each District Branch shall be entitled to receive a sum not to exceed one hundred dol-



lars per annum to defray the expenses of holding the annual meeting of such District Branch, and shall present to and file with the Secretary a voucher therefor if such funds are desired by such District Branch. All bills or claims or vouchers hereinabove provided for, shall be filed within thirty days after the date of the incurring of such expenses unless further time, not to exceed ninety days in any given case for good cause shown, shall be allowed by the said Council or its Executive Committee.

### *Censors*

#### SECTIONS 43-51

Sec 43 The Board of Censors shall have jurisdiction to hear and determine all appeals from decisions on discipline of component county medical societies or decisions of such societies which may involve the privileges, rights or standing of members whether in relation to one another or to county medical societies or to this Society. Any member of any component county medical society, feeling aggrieved by the decision of such Society may within three months after such decision appeal to the Board of Censors of this Society from the decision of such component county medical society by filing a notice of appeal with the Secretary of this Society and the Secretary of the component county society.

Sec 44 Any applicant for membership in a component county medical society who may have been excluded from membership in such Society, may likewise appeal from the action of said Society excluding him. All decisions shall be subject to appeal to the House of Delegates.

Sec 45 The notice of appeal shall set forth in writing the name of the appellant, the name of such component county medical society and the date and substance of the decision appealed from, and shall indicate the ground or grounds upon which such appeal is taken.

Sec 46 Upon filing a notice of appeal, the appellant and the component county medical society shall submit to the Secretary of the Board of Censors all records, minutes, letters, papers and all written evidence including a digest of all testimony not stenographically reported relating to the matter. All data so submitted shall be confidential and privileged and shall be available only to the Censors and, on appeal, to the members of the House of Delegates.

Sec 47 The Board of Censors shall consider the appeal on the data so submitted to it, and may affirm, modify or reverse, by a two-thirds vote of the Censors present and voting, the decision so appealed from. If, in its opinion, the taking of further evidence is advisable, the Board of Censors may summons witnesses and proceed to take such evidence in such manner as it may deem proper and render its decision by a two-thirds vote of those present and voting, which

decision shall be binding until reversed or modified by the House of Delegates.

Sec 48 The Board of Censors shall investigate all charges preferred (a) by a member of one component county medical society against a member of another such county society, (b) by a member of a component county society against any component county medical society of which he is not a member, and (c) by a component county medical society against another such county society or a member thereof, and the Secretary of the Board of Censors shall submit the report thereon to the House of Delegates.

Sec 49 A party desiring to appeal to the House of Delegates from the decision of the Board of Censors shall, within three months after such decision, file with the Secretary of this Society and the Secretary of the component county society a notice of appeal. Such notice of appeal shall set forth in writing the name of the appellant, the name of the component county society, the date and substance of the decision appealed from and the ground or grounds upon which such appeal is taken.

Sec 50 Upon the filing of a notice of appeal the appellant and the Secretary of the Board of Censors shall submit to the House of Delegates the decision and all records, minutes, letters, papers and all written evidence including a digest of all testimony not stenographically reported relating to the matter.

Sec 51 The House of Delegates shall consider and decide the appeal on the data submitted to it, and may affirm, modify or reverse the decision so appealed from. Such decision of the House of Delegates shall be final and binding.

### *Committees*

#### SECTIONS 52-65

Sec 52 The Committees shall be classified as Standing, Reference and Special Committees. Standing and Special shall report to the Council and the House of Delegates.

#### *Standing Committees*

Committee on Scientific Work  
Committee on Legislation  
Committee on Public Health and Medical Education  
Committee on Medical Economics  
Committee on Arrangements

Sec 53 The Committee on Scientific Work shall consist of the Chairman, a member to be nominated by the President of the Society and elected by the Council, and the Chairman of the different sections. It shall hold meetings and prepare the necessary programs for the annual meeting of the Society and for such other spe-



cial meetings as may be designated by the House of Delegates. It shall forward programs in ample time for publication, and not later than thirty days before the annual session shall send a completed program to the Secretary for the printing of the final program.

Sec. 54 The Committee on Legislation shall consist of three members including the Chairman. It shall be the representative of the Society on all matters of medical legislation and shall have charge of all hearings before the Committees of the Legislature. The component county societies and their committees on legislation shall co-operate with this Committee and act in harmony with it on all such matters. It shall keep in touch with professional and public opinion on matters relating to medical legislation. It shall represent the Society in procuring the enactment of the medical laws of the State in the interest of public health and of scientific medicine as will best secure and promote the welfare of the whole people. It shall take all legal and honorable means of opposing and preventing all vicious legislation detrimental to the best interests of the profession and the welfare of the public.

Sec. 55 The Committee on Public Health and Medical Education shall consist of nine members, including the Chairman. It shall investigate report upon and present to the Society such matters as may seem to the Committee to be of special importance to their relation to the public health and Medical Education and in this work like committees of component county societies shall co-operate with this Committee.

Sec. 56 The Committee on Medical Economics shall consist of five members, including the Chairman. It shall keep informed on all matters affecting the economic status of physicians and shall investigate and report on such matters as it deems necessary.

Sec. 57 The Committee on Arrangements shall consist of nine members including the Chairman. It shall provide suitable accommodations for the meeting places of the Society, the House of Delegates and the Sections and shall make all necessary arrangements for these meetings. The Chairman of the Committee shall send an outline of the arrangements to the Secretary for publication in the program and shall make such announcements during the session as occasion may require.

Sec. 58 The Chairman of all standing committees shall be elected by the House of Delegates, unless otherwise provided for in the By-Laws. The remaining members shall be elected by the Council.

Sec. 59 Immediately after the organization of the House of Delegates the Speaker shall announce such committees as he shall deem expedient for the purposes of the meeting and the

names of the members thereof. Only members of the House of Delegates are eligible for appointment on the reference committees. Such committees shall consist of five members, three members constituting a quorum, and shall serve during the meeting at which they are appointed.

Sec. 60 All recommendations, resolutions, measures and propositions presented to the House of Delegates and which have been duly seconded shall be referred immediately to the appropriate reference committee.

Sec. 61 Each Reference Committee shall, as soon as possible take up and consider such business as may have been referred to it, and shall report when called upon to do so.

### *Special Committees*

Sec. 62 Special Committees may be created by the House of Delegates to perform the special functions for which they are created. They shall be appointed by the officer presiding over the meeting at which the committee is authorized, if such committee is to conclude its work during said meeting of the House of Delegates, otherwise by the President, unless otherwise ordered by the House of Delegates.

Sec. 63 A Committee on Medical Research consisting of ten members shall be appointed by the President. It shall adopt such measures as may be necessary to instruct the public and the profession in the desirability of animal experimentation and shall use all honorable means to oppose such bills as may be presented to the Legislature with the view of limiting or restricting scientific progress. In legislative work it shall act in co-operation with the Committee on Legislation.

Sec. 64 The Committee on Prize Essays shall consist of three members, including the Chairman, elected by the House of Delegates for two years. Its duty shall be to receive all essays offered in competition for prizes which may be offered by this Society.

The Committee shall make all necessary rules and regulations for the award of prizes subject to the terms of the deeds of gift, and shall report the result at the next annual meeting of the House of Delegates. They shall give notice through the Society's publication or by other methods within thirty days after their appointment, of the amount of the prize and when the essays shall be submitted to the Committee.

### *Membership of Committees*

Sec. 65 Any member of the Society shall be eligible to serve on Standing or Special Committees. All members of committees who are not members of the House of Delegates, shall have the right to present their reports in person to the House of Delegates and to participate in the debate thereon, but shall not have the right to vote.



*Meetings*  
SECTIONS 66-71

Sec. 66 The notices of the annual, regular and special meetings of the Medical Society of the State of New York, its House of Delegates, Council and Censors shall state the date, place and hour and shall be mailed in securely post-paid wrapper to each member of the body holding such meeting at least ten days before said meeting. The affidavit of mailing by the Secretary of the Society to the last recorded address of the member shall be deemed sufficient proof of the service upon each and every member for any and all purposes.

Sec. 67 Each member in attendance at the annual meeting, special or intermediate stated meetings of the Society shall enter his name and the name of the component county medical society to which he belongs in a register to be kept by the Secretary of the Society for that purpose. No member shall take part in any of the proceedings of such a meeting until he shall have complied therewith.

Sec. 68 All members in good standing so registered may attend and participate in the proceedings and discussions of the general meetings of the Society and of the sections.

Sec. 69 The following shall be the order of business at all general meetings of the Society:

- 1 Calling the Society to order
- 2 Address of welcome by the Chairman of the Committee on Arrangements
- 3 Reading the minutes of the last meeting
- 4 President's address
- 5 Special addresses
- 6 Reading and discussion of papers
- 7 Miscellaneous business

Sec. 70 Special meetings of the Society shall be called by the President upon the request, in writing, of one hundred members, and in case of the failure, inability or refusal of the President to act, such meeting may be called by a notice thereof subscribed by one hundred members.

Sec. 71 Special meetings of the House of Delegates shall be called by the Speaker upon the request, in writing, of fifty delegates; and in case of the failure, inability or refusal of the Speaker to act, such meetings may be called by a notice thereof subscribed by fifty delegates.

*Scientific Sections*  
SECTIONS 72-75

Sec. 72 The Scientific Sections designated by the House of Delegates shall each organize by the election of a Chairman and Secretary. The Chairman shall be elected annually, the Secretary for such term as the section may deem fit.

Sec. 73 The Chairmen of the various Sections shall be members of the Committee on Scientific Work.

Sec. 74 The election of officers of Sections shall be the first order of business of the afternoon session of the second day of each annual meeting. To participate in the election of any Section, a member must be registered with such Section and must have recorded his name and address in the Section registry.

Sec. 75 Each Section shall hold its meetings at such times as designated by the Committee on Scientific Work.

*District Branches*

SECTIONS 76-77

Sec. 76 Each District Branch shall elect a President for two years, who shall be the Councilor for that Branch.

Sec. 77 Each District Branch shall elect such officers as are provided for in its By-Laws, who shall attend the business meetings of the Branch.

*Component County Societies*

SECTIONS 78-84

Sec. 78 Whenever an active member in good standing in any component county medical society removes to another county in this State, his name, upon his request, shall be transferred to the roster of the component county medical society of the county to which he removes, without cost to him, provided that he files a certificate with the Secretary signed by the President and Secretary of the component society from which he removed as to his good standing in such society. No member, however, shall be an active member of more than one component county society.

Sec. 79 If there should be an insufficient number of physicians and surgeons in any of the counties of this State to form themselves into a component county medical society, such physicians may become members of the component county medical society of an adjoining county when eligible by the Constitution and By-Laws of such county society.

Sec. 80 At its annual meeting each component county medical society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in accordance with the Constitution and By-Laws of this Society.

Sec. 81 The Secretary of each component county medical society shall keep a roster of its members and of all other registered physicians of such county in which shall appear the full name of each of said physicians, the date of his admission to such society, his residence and the date when his license to practice medicine in this State was granted. He shall note any changes in



said roster by reason of removal, death, revocation of license or other disqualification

Sec 82 He shall forward said roster and information, together with the names and places of residence of each of the officers of said society, the names and residences of each delegate of the House of Delegates of said society to the Secretary of this Society thirty days before the date of its annual meeting

Sec. 83 The Treasurer of each component county medical society shall forward to the Treasurer of this Society, the amount of the State per capita assessment on or before the first day of June of each year

Sec. 84 Each component county medical society may adopt a Constitution and By Laws for the regulation of its affairs and may amend the same provided they shall be first approved by the Council before becoming effective. The Constitution and By Laws of component county societies must not be in conflict with the Constitution and By-Laws of this Society

### Miscellaneous

#### SECTIONS 85 90

Sec. 85 No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak upon any question before the House of Delegates for longer than five minutes nor more than once on any subject, except by the consent of a majority vote

Sec 86 All papers read before the Society by its members shall become the property of the Society. Permission may be given, however, by the Council, House of Delegates or the Executive Committee to publish such paper in advance of its appearance in the NEW YORK STATE JOURNAL OF MEDICINE.

Sec. 87 Any distinguished physician of a foreign country or a physician not a resident of this State who is a member of his own State Association, may become a guest during any annual session upon the invitation of the President or officers of the Society, and may be accorded the privilege of participating in all the scientific work of the session

Sec. 88. The rules, contained in Robert's Rules of Order, shall govern the Society and the House of Delegates in all cases in which they are not inconsistent or in conflict with the Constitution and By-Laws of the Society or the standing or special rules of the House of Delegates

Sec. 89 Officers, members of Standing and Special Committees of the Society, may be removed from office or otherwise disciplined for malfeasance or nonfeasance in office, upon written charges made by any member and transmitted to the President. The President may, in his discretion order a trial upon said charges by the Council or a Committee thereof and in the event of such trial, the accused shall be given at least ten days' notice of such charges and have full opportunity to defend the same, but no such officer or member of the committee shall be removed or otherwise disciplined except by a two thirds' vote of the Council. In case any such officer or member of the committee shall be removed he may appeal from the decision of the said Council to the House of Delegates, but pending the determination of such appeal, he shall not exercise the functions of his office.

Sec. 90 Sections of the By-Laws, which refer to the order of business and to reference committees may be suspended by a two thirds' vote of the House of Delegates

### Seal

Sec. 91 The seal of the Society shall be as follows



### Amendments

#### SECTIONS 92-95

Sec 92 Amendments to these By-laws, except such as are obligatory by law, shall be made only at an annual meeting of the House of Delegates

Sec 93 Notice of the proposed amendment shall be given at a previous annual meeting of the House of Delegates and before the same can be acted upon, it shall be published once before the annual meeting in the official bulletin or journal of the Society

Sec. 94 The affirmative vote of two-thirds of the delegates present and voting shall be necessary for adoption

Sec 95 Amendments made necessary by law shall be made either by the Council or House of Delegates whenever such necessity exists





# CORRESPONDENCE



The Council, at a meeting held in Albany, April 20, 1922, moved, seconded and carried That the JOURNAL be not used to in any way suppress any expression of opinion, and that its correspondence columns be open for all proper communications, and that "proper" communications will be deemed those which are not slanderous or libelous in their nature

## OBJECTS TO PRUSSIANISM

Dear Doctor—When a proposition was made some time ago, to have every alien registered, a cry went up that this would be an act of the greatest cruelty to have the alien put under police supervision. Still you, Mr. Editor, advocate that the 15,000 honorable physicians of this state should cheerfully submit to be put under police supervision in order to gain what? A list of registered physicians. Yet Dr. Harold Rypins, Secretary of the Board of Medical Examiners, states that such a list of all physicians, licensed during the past 33 years, does exist. Or should 15,000 physicians be put under police supervision in order to trap a few illegal practitioners? Why not have all citizens, men, women, children registered, as it had been done in the Kaiser's Germany? There are some criminals among other citizens besides physicians. Why

the whole thing would seem perfectly ridiculous if it was not so tragic. Have we entirely lost all sense of liberty, since the great war?

Germany has lost the war, but the German idea, the patriarchal conception of the state, has scored the greatest victory. We have all become perfect slaves and cheerfully submit to every governmental indignity. Standing in line and waiting to be registered by some \$1200 a year cheap politician must be a great honor for a pack of slaves. Have you ever looked upon registration from this point of view? I would rather pay a yearly medical tax of \$10 than to have to go down town, lose half a day, and stand in line like a criminal waiting for my pedigree to be taken.

Yours respectfully,  
B S TALMEY

## WILLING TO TRY REGISTRATION.

My Dear Doctor—Much is being said about the re-registration of physicians, as proposed by the new Medical Practice Act,—so much, in fact, that all the other provisions of the act are quite overlooked and practically forgotten.

Yet it is generally conceded that these provisions are commendable in character, not only from the standpoint of the public, but from that of the medical man. We, therefore, are spending much time and effort in the discussion of a single feature of an act which generally is accepted as satisfactory to all concerned.

But is this re-registration so disagreeable and unjust as to merit condemnation of the entire measure? I am one of those who feel that the burden for the enforcement of the Medical Practice Act is on the entire State, and not on the comparative handful of men comprising the medical profession. I also feel that it is the business of the State to have a complete and authentic list of physicians authorized to practice medicine. If the State has not such a list and if it declares itself unable to provide such a list, it is merely a confession of incompetence in high public office,—nothing else.

Nevertheless, viewing the subject in its broad aspect, I can see no objection, nor can I see any violation of fundamental principles, in our agree-

ing to re-registration, for five years or for eternity, if by so doing, the State officials will be unable to "pass the buck" on the subject of enforcement. Let us give these officials every opportunity and every form of co-operation, and let us see what they will do. It is worth the annoyance and the trouble,—to say nothing of the trifling expense, associated with annual registration, for the medical profession to place itself in a position where the paid officials of the State will no longer have a ready-to-hand excuse for permitting the law to become a dead letter.

If these men are in earnest in their professed desire to enforce the law, if these men really desire to cut short the activities of illegitimate practitioners, by all means let us give them every possible assistance, even if such assistance means annoyance and even a certain superficial loss of self-respect. The cause is a big one, fraught with serious consequences, and we owe our profession a solemn duty to do nothing that might in any way give excuse to those who say they cannot enforce the laws because of what we have done or have not done. Let us have annual registration, let us try it for five years, and see what happens. Let us try the experiment and watch the result.

AB L WOLBARST





# State Department of Health



## WARNING OF WATER CONTAMINATION DUE TO SPRING FLOODS

The State Commissioner of Health has issued a warning to waterworks officials to be on their guard against the pollution of water supplies during flood conditions.

He states that at this time of year the contamination of streams is relatively more serious than at seasons of low flow, as accumulations of infected material can be carried very quickly by freshets to water supply intakes. The State Health Department should be notified at once if any question arises as to the sanitary condition of a water supply.

## INCREASE IN TYPHOID IN 1924

The typhoid record in the State for the current year has started inauspiciously. Up to March 1st there had been two hundred and forty-five cases reported in the State outside of New York City. During the corresponding period of 1923 there were but one hundred and thirty cases reported. Most of the increase is due to scattered single cases or to groups of from two to four. However, there have been three definite outbreaks—in Johnson City, where the public water supply was contaminated by an industrial cross-connection, in a children's home in the western part of the State, and a third in the southwestern part of the State.

## NASSAU COUNTY PHYSICIANS ENDORSE TOXIN-ANTITOXIN

At a recent meeting of the Nassau County Medical Society resolutions were unanimously adopted urging active and energetic steps to bring to the attention of parents the value of immunization to diphtheria by means of toxin-antitoxin.

## PHYSICAL EXAMINATION OF EMPLOYEES

The State Department of Health is now engaged in the annual examination of its employees. This plan was started two years ago and calls for an examination each year of every employee. In the past many correctible defects have been discovered. The procedure is wholly voluntary, furthermore, any employee who desires may have the examination conducted by his own physician.

## VACCINATIONS ALMOST COMPLETE IN ALBANY PRIVATE SCHOOLS

Reports show that in the private and parochial schools of Albany, with a pupil population of 7,155, 99.02 per cent have been vaccinated. The recent epidemic of smallpox in that city evidently has had a salutary effect on parents and private school authorities.

## VILLAGE OF HASTINGS GIVEN 60 DAYS TO ABATE SEWAGE NUISANCE

Following a formal hearing by the State Commissioner of Health on February 14th, the village of Hastings was ordered to abate the nuisance created by inadequate sewage disposal. For many years this has affected not only the village itself, but has constituted a menace to the water supply of the city of Yonkers.

## SEPARATE CULTURES FROM NOSE AND THROAT SHOULD BE SUBMITTED

It has recently been brought to the attention of the Department that a few physicians use the same swab and same culture for submitting cultural material from both the nose and throat from cases of suspected diphtheria. Separate cultures should be submitted in all cases.

## MOTHERS' HELPERS' BUREAU

The city of Middletown is organizing a Mothers' Helpers' Bureau, the purpose of which is to secure a list of women who may be called upon to assist voluntarily in household duties during a woman's confinement, or during her illness.

## MATERNAL MORTALITY ACCORDING TO NATIVITY

According to preliminary data issued by the Division of Vital Statistics, the mortality of mothers from causes attributable to childbirth varies according to the nativity of the mother. The rate among those born in Germany, Canada and the United States seems to be highest from 8 to 10 maternal deaths per 1,000 living births, the rate is lowest among the women born in Russia, Austria, Hungary and Poland—varying between 4 and 5 per 1,000 living births. The rate among negro women is very high 15.6 per 1,000 living births.



## AMENDMENT TO THE SANITARY CODE

The Public Health Council, on March 11th, adopted the following amendment to the New York State Sanitary Code (new matter in italics)

### CHAPTER III MILK AND CREAM

Regulation 13-2 of Chapter III is hereby amended to take effect immediately and to read as follows

Regulation 13-a Ice Cream No ice cream shall be sold or offered for sale unless the milk and cream used in the manufacture thereof, *other than Grade A*, shall have been pasteurized

### VACCINATION BILL SIGNED BY GOVERNOR.

Governor Smith has signed the amendment to the Vaccination Law which requires the physician to report all vaccinations, together with a statement as to the success of the procedure, with the local health officer. The latter official is required to file with the State Commissioner of Health each month a summarized report of the vaccinations done in his district. Under the law as it formerly read, the physicians reported each individual vaccination to the State Department of Health

### CROSS CONNECTIONS BETWEEN INDUSTRIAL WATER SUPPLIES AND PUBLIC DRINKING WATER AGAIN CAUSE TROUBLE

Johnson City recently suffered from an outbreak of intestinal disease due to a cross connection between potable and unpotable water supplies in an industrial plant. Twenty cases of typhoid fever followed in the wake of the original diarrheal disturbance

This emphasizes the importance of reporting outbreaks of intestinal disease promptly, as required by Regulation 41-a, Chapter II, of the Sanitary Code. If this is done steps may be taken to safeguard the water supply (if that be polluted) and thus shorten the period during which the polluted water is used, thereby lessening the number of typhoid cases

declares TYPHOID TESTS TO BE MADE MERELY A **ONLY UPON REQUEST**

the State Laboratory has made vaccination tests for paratyphoid as **PARA** whenever a specimen was sub-

mitted for the Widal test. The number of positive paratyphoid agglutinations has been found so few that hereafter this test will not be made as a routine, but will be done upon request

### OUT OF THE MOUTHS OF BABES AND SUCKLINGS

The following incident was observed recently during a "movie" performance

"Excuse me, Ma'am, but I'm a graduate of a Little Mothers' League," said a ten-year-old girl by way of introduction after crossing the aisle to whisper to a neighbor at an evening moving picture show not long ago

The older woman had a year-old baby on her lap facing the screen. "Don't you know," the young graduate remarked, "that you shouldn't have that baby in here? It ought to be at home asleep, and besides, that moving picture light is bad for the eyes of a baby. Why, look here," she insisted, "just look at all the clothes you have on that child, that's not right. Excuse me, Madam, for speaking this way, but you know, I'm a graduate of a Little Mothers' League"

The ten-year-old returned to her seat, confident that she had done her duty. Her mind was soon absorbed by the film, but when a little later she looked across the aisle she discovered that the seat across the aisle was empty

### GOUVERNEUR PROHIBITS MILK OTHER THAN FROM TUBERCULIN TESTED COWS

Commencing October, 1924, no milk obtained from cows which have not been tuberculin tested may be sold in Gouverneur, St. Lawrence County

### PHYSICIANS TO BE REMNUERATED FOR CHILD WELFARE WORK

Physicians engaged in the work of maternal and child hygiene stations throughout the State may be remunerated from Federal allotments from the Sheppard-Towner appropriation. The amount of such remuneration will depend upon the character and extent of the work done

### VENEREAL CASES TREATED IN CLINICS DURING JANUARY

Reports from the forty-four venereal disease clinics supervised by the State Department of Health show that on January 31st, there were 2,776 patients under active treatment





## NEWS NOTES



### BRONX COUNTY MEDICAL SOCIETY

The regular meeting of the Bronx County Medical Society, on March 19, 1924, was called to order at 9 P M at Concourse Plaza, the President, Dr Podvin, in the Chair

The minutes of the last regular meeting were read and approved. The minutes of the last regular meeting of the Comitia Minora were read for the information of the Society

The following members were elected: Julius N Craig, Henry George Glazer, Percy M Rubinstein, Harry M Shapiro, Abner Stern, Alphonse Zivello

The Secretary announced that Dr Cuniffe, Chairman of the Committee on Legislation, had gone to Albany with reference to hearings on several Medical Practice Bills, and was therefore, compelled to be absent from this meeting

Under New Business, Dr Keller appealed for the co operation of all members in the securing of advertisements for *The Bulletin*. The President also urged the necessity of the assistance of the members

The President called attention to the editorial in *The Bulletin* urging the desirability of having our own home, and requested the members to consider this most important matter

Dr Landsman introduced the following resolutions

"WHEREAS, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate Dr George Hohmann

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Hohmann and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member

"WHEREAS The Bronx County Medical Society having sustained a severe loss in the death of its honored associate Dr Gustav A Rueck

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Rueck and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member"

The above resolutions were unanimously carried by a rising vote.

The Scientific Program arranged by the Bronx Surgical Society, then proceeded as follows

"Abscess of the Lung—Treated by Operation," Henry Roth, M.D., "Fracture Surgical Neck of Humerus," Jacob Grossman, M.D., "Obstetrical Brachial Paralysis Two Cases," S W Boorstein M.D., "Intussusception in a Boy of Fourteen," M H Krakow, M.D., "Ruptured Bulbous Urethra—Operation," George E Milani, M.D., "Two Cases of Children Operated under Local Anesthesia (a) Acute Appendicitis Complicated by Pnenumonia, (b) Influenza Complicated by Acute Appendicitis," J Lewis Amster, M.D., owing to the absence of Dr Amster, due to injury, his cases were presented by Dr Landy, "Acute Diverticulitis of Meckel with Purulent Peritonitis," Sidney Cohn, M.D., "Calculus Anuria, Repeated Attacks," Milton R Bookman, M.D., "Acute Retention of Urine Due to Mechanics Obstruction," E. J. Dolan, M.D.

### THE MEDICAL SOCIETY OF THE COUNTY OF QUEENS

A regular meeting of the Medical Society of the County of Queens was held Tuesday, March 25, 1924 at 9 P M, at the Eagle Palace, Jamaica. The President, Dr Carl Boettiger, in the chair. After the reading of the minutes of the previous meeting, Dr Courten, for the Board of Censors recommended the election of Dr James F Dougherty and Dr Harold R Dunton. These candidates were then unanimously elected. Dr Courten also reported that the Board of Censors had received and considered complaints against

two members of the Society who had displayed signs bearing the name of the specialty in which they were engaged, that the Censors had been unable to arrive at a decision as to the ethical propriety of such signs and had requested the State Medical Society to give an authoritative interpretation of Section 31 of the Principles of Professional Conduct that being the section relating to advertising by physicians

The President Dr Boettiger, then made a detailed report to the Society of the meeting of the



Legislative Chairman and officers of the State Society, held at Albany March 19th, stating the decisions that were arrived at in the various question brought up, including the discussion of the proposed Medical Practice Act. He also read a communication from the President of the State Society urging that the Society endorse the Act, and a telegram from the Chairman of the State Legislative Committee giving notice of another hearing to be held at Albany, March 26th, concerning the Medical Practice Act. At the conclusion of the President's talk, Dr Steffen moved to reconsider the action of the Society at the January meeting in refusing to endorse the Medical Practice Act. This motion and the motion to endorse the act in question were both carried. The executive session then adjourned and the following scientific program was presented:

"Needs of the Queensborough Hospital," by Shirley W Wynne, M D, Assistant to the Commissioner of Health

"Etiology and Prevention Treatment of Painful Shoulder," by Sigmund Epstein, M D

"The Orthopedic Treatment of Congenital Deformities," by Richard Stephens, M D

"Fractures of the Neck of the Femur—A Report of Twenty-three Cases Treated by the Whitman abduction Method," by Henry C Courten, M D

The following resolution was unanimously adopted

WHEREAS, There is no public tuberculosis hospital in the Borough of Queens, and

WHEREAS, On January 1, 1924, there were 1,575 known cases of pulmonary tuberculosis in Queens County, and

WHEREAS, 53 per cent of these cases are not under medical care, and

WHEREAS, For these reasons it is evident that the Borough of Queens urgently needs a public tuberculosis hospital, therefore

*Be It Resolved*, That the Medical Society of the County of Queens urge prompt action by the Board of Estimate and Apportionment on the request of the Department of Health to pass the necessary appropriation, and to take such further action as is needed to establish such a hospital within the borough

After adjournment the usual collation was served. Attendance, 62





# THE DAILY PRESS



The question of Medical Publicity in the daily newspapers was discussed in the Kings County Medical Society at its meeting on March 18th (see this Journal, March 28th, page 477). The suggestion was made that a physician be put on the editorial staff of each daily newspaper in order to edit the medical items. The editors of all the Brooklyn dailies were present. They took part in the discussion and approved the general principle of the doctors' suggestions. By a coincidence the *Eagle* of the day of the meeting and of the following days carried a story of the rejuvenation of a famous aged authoress by means of the Steinach "operation." In some of the later issues of the paper the word operation was changed to treatment. The news story was apropos in illustrating the need of a medical censorship and supervision of news.

The items threw a sidelight on the reasons why the author sought publicity. She had written a novel dealing with rejuvenation and the newspaper articles stressed the great increase sale of the novel through the free advertising in the newspaper.

The *Watertown Standard*, March 17th, contains news from Potsdam that the Chamber of Commerce, the Twentieth Century Club and the Potsdam Red Cross unite in a plea that an appropriation of \$1,500 for a village nurse shall be voted at the coming village election. The plea reads:

"The health and welfare of the community depend to a large extent on the proper care of the sick in the home, especially the children not yet school age. The baby boy or girl who is ill may be needlessly handicapped for the balance of his or her life. A few words of advice and a helping hand at this time will save much suffering, future ill health and even life. The public health nurse is a trained specialist qualified and ready to give this help and direction when needed.

"The infant mortality of St. Lawrence county is high—far too high. On this account the state of New York has already agreed to give \$800 to help defray the cost of a nurse's services. This sum will be lost to us if the balance of the amount necessary is not voted by us.

"A public health nurse and a hospital for Potsdam are kindred propositions. If we are to have better facilities for the care of the sick and injured, we must also have a village nurse to use them to the best advantage.

"Do not depend on your neighbor's vote to carry this much needed proposition. Go to the polls yourself on Tuesday and vote 'Yes' on nursing proposition.

The *Watertown Times*, March 18th, contains a half column by District State Health Officer Dr. C. R. Hervey, explaining the method of producing immunization against measles by the injection of blood serum taken from cases which have recently recovered from measles. The State Department of Health considers the use of the immunization so important that it offers to pay the donors for the blood and the doctors for taking it.

The special argument for giving the immunizations is as follows:

The popular conception that measles is a mild harmless disease is based on the observation of ordinary cases that occur among the usual run of children of school age. But there is a high mortality among two classes of children: 1, Those under two years of age, and 2, those who are poorly nourished and weak, such as those in orthopedic hospitals and institutions for the feeble minded. If two groups are protected against measles when the disease is prevalent, the death rate from the measles will be extremely low.

The *New York American*, March 21st, records a debate that was staged in Public School No. 93, in West 93rd Street, New York, between Dr. Israel Weinstein, lecturer on hygiene in the public schools, and H. B. Anderson, Secretary of the Citizen's Medical Reference Bureau, whose address is 145 West 45th Street, New York. The Bureau is opposed to vaccination and to other phases of scientific medicine and holds that the germ theory of the causation of communicable diseases is not true. The debate came as a climax to the efforts of the Bureau to have Dr. Weinstein's lectures on "Heroes of Medicine" withdrawn from the school series.

Mr. Anderson said that in Germany from 1896 to 1910 three times as many cases of smallpox occurred among the vaccinated as among the unvaccinated. He did not say that the unvaccinated formed only one or two per cent of the population, and that the incidence of smallpox among them was actually many times greater than among the vaccinated. The article condemned the antivaccinationists and upheld the physicians as the *American* usually does.

We have received clippings from two Olean papers—the *Herald* and the *Times*, which carry a letter from Dr. L. D. Bristol, health officer of Cattaraugus County. This letter is evidently one of a series which will appear weekly. The present article is on smallpox vaccination.



There seems to be a difference of opinion among physicians regarding both the ethics and the usefulness of publicity of medical topics, but there is a growing sentiment in favor of giving medical information to the public

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The City of Schenectady is holding the "Health Week" which we mentioned in this department last week. This week's papers carry lengthy notices of the program and reports of the speeches at the various meetings. The *Gazette* contains the following information:

Meetings will be held afternoons and evenings of this week in the armory, where there will be speakers and motion pictures on subjects pertaining to matters of health. Various organizations, business enterprises, the hospital and the industries of the city have booths in the health exhibit, cleverly gotten up to show the all important part health plays in the life of the public. The exhibit is free and it is the hope of those who have it in charge that the thousands of people living in Schenectady will visit the armory this week in the interest of the health of the city.

The booths, each unique in its arrangement and display of health advice, are of unusual interest. Posters, pictures, lighting displays and actual demonstrations are all used in the idea of bringing before the public the value of health. Over a dozen different booths have been arranged about the large drill shed of the armory and afford a wealth of information and interest to the visiting public.

The General Electric Company display occupies an entire side of the room. Its large booth is divided into four parts in which are portrayed to the public the steps taken by a large industry to protect its employes against the hazards of ill health and accident. The consecutive events in the watching of an employe's health from the time of his entrance in the company to that time when he is pensioned or no longer works there are shown.

The meeting, exhibits, and moving pictures are well planned and are receiving a well deserved publicity from the Schenectady newspapers.

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The *Buffalo Enquirer*, March 21st, contains an editorial on Paint Spraying and Health, commenting on a bill introduced in the Legislature to control the use of spraying machines in painting operations. It condemned the bill, saying that by this method the painter stands five feet away from the object painted, while in hand painting he stands almost in contact with it. The article continues:

"There never was an invention that wasn't opposed by some faction blind to the demands of the age. This is not the first time industry has had to fight a move to oust the paint-spraying machine. It has fought and won its fight in several states. And in each instance these measures have been introduced in the guise of 'health' bills. Where is the proof that it is a menace to public health? The bill would have the effect of driving New York State industries to other fields. The measure should be killed and killed quickly."

The editor fails to grasp the reasons for the bill. A spray diffuses the fine particles through the air, and the lead and turpentine, methyl alcohol and other solvents constitute a grave menace to health when inhaled.

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The *Syracuse Herald*, March 22nd, contains an account of an address by Dr. E. H. Carpenter, of Oneida, before the Oneida Rotary Club on the story of medicine, and the development of modern medical discoveries. His address was well calculated to show business men how the art and science of medicine developed as the result of patient study and research. If more doctors would address civic societies on medical topics, there would be a lessened field for cultists. Dr. Carpenter ended by showing how the standards of the hospital in Oneida have been raised by the hospital conforming to those of the American College of Surgeons.

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The *Gloversville Herald*, March 30th, contains an account of the meeting of the Board of Health, and among the items is the following:

"Health Officer Dr. F. M. Neuendorf was authorized by the members of the Johnstown Board of Health at their meeting last night to remove insane patients from the city to Utica, if they become violent after it is too late to send for the authorities from the State hospital. This action was taken because of criticism made when a recent case was taken to the county jail and the person locked in the padded cell there."

The proper care of the violently insane who are awaiting care in a hospital comes up frequently in various parts of the State. The custom has been to confine the patients in a jail, but the law forbids that. However, a jail is often the only available place for their confinement. If it is actually necessary to use a jail for confinement, by all means have two responsible persons remain with the patient. The object of the law is to assure the patient of proper care under the eyes of attendants.



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## SOME NOSE, THROAT AND EAR SYMPTOMS OF SIGNIFICANT INTEREST TO THE GENERAL PRACTITIONER\*

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NEW YORK CITY

THE modern tendency of medical study and practice has been toward specialization, and, while the fact that such trend has been productive of much good to both physician and patient cannot be disputed we must confess that some radicalism has crept in, and in many instances the lines have been drawn too closely.

He who in the earnest enthusiastic pursuit of his specialty forgets that it is but the component part of a whole and that he is first a physician and next a specialist is upon ground dangerous to tread and narrows his mental and professional pathway. So also with him who deems it entirely unnecessary for the so-called practitioner to even presume to have knowledge of his particular specialty. On the other hand still worse is the course of him who attempts work calling for the skill of constant practice and who has neither will nor opportunity for such practice. The omniscient specialist, that medical Jack-of all trades, who is after all but a commercialist, must sooner or later meet his Waterloo.

The specialist must be a man of practical as well as theoretical knowledge of general medicine and the general practitioner must be able to recognize special symptoms and their bearing upon and relations to general conditions. A realization of the interdependence of all branches of medicine and their reliance one upon the other constitutes the foundation of correct practice and the co-relation of special symptoms and general disease calls for recognition of worth from both sides, that each working along his own lines may serve to strengthen himself and enhance the importance of his results.

Of all the sub divisions of the general system of medicine none is more closely allied to the others collectively and individually than that of rhinology and laryngology. The inti-

mate connection between nasal and nasopharyngeal conditions and ear disease rightly adds otology to this division.

The upper respiratory tract is the entrance channel of that breath of life which was breathed into our nostrils. The character of the air, its temperature, purity and moisture depend upon the proper physiological functioning of the nasal chambers. Abnormal respiration induces ill health and conversely ill-health often occasions abnormal respiration. From the nature of its exposed situation this tract is prone to be affected by deleterious outward influences, lowered vitality of the body naturally implies consequent lack of resistant power in the nose, naso-pharynx and pharynx, the pathological structure of the larynx rendering it more capable of resistance.

Many symptoms observed in the upper respiratory tract are but local manifestations of general systemic disturbances, and are frequently passed with but too scanty recognition of their significance. The practitioner in his capacity of family physician is the first to perceive these symptoms or conditions and for him they may be sounding a note of warning, a danger signal which promptly recognized and acted upon averts the coming train of evil.

The nose, throat and ear conditions in systemic disease may be prodromal, indicative of an incipient or latent stage, complicating or merely concomitant. They are many in number and widely different in character, to mention all or even to discuss a few in detail would be a task beyond the limits of a single paper. Let us therefore briefly consider those five which are the more frequently met with, namely, cough, hoarseness, nose bleed, earache and suppurating ear. These are symptoms of common occurrence, in fact so common as to be more often neglected than otherwise, their significance or importance being lost sight of in a familiarity that breeds contempt and consequent neglect.



## COUGH

The most frequently occurring symptom common to both general medicine and the specialty under discussion, is cough

No symptom is more deceiving as to its origin, and none more abused in its treatment. The prescribing of expectorants, sedatives and cough mixtures of various kinds covers a large percentage of the family practitioner's work, exactness of diagnosis being frequently obscured by habit. In many dispensaries and hospital out-door departments, it is the routine practice to prescribe No X or Y for every patient exhibiting the symptom, regardless of its causative factor.

Numberless are the unfortunates whose gastro-intestinal functions have been disturbed or whose nervous systems have been deranged by the continued use of these nostrums, renewed many times over, when the exercise of proper judgment and a little patience would have revealed a reflex cause easily removable by suitable means.

Habit and empiricism in treatment have long been curses of medical practice, causing many to fall into ruts and narrowing their professional prospective.

Cough usually arises from causes in the chest, trachea, larynx or nose, but may be due to systemic disease or remote local irritations.

Physiologically considered, it is a modified expiration, a quick, forcible expulsive effort usually following a deep inspiration, and caused by stimulation of the sensory fibres of the vagus distributed to the larynx and trachea. This free distribution, together with the intimate connection of the vagus, the glosso-pharyngeal and the cervical plexus of the sympathetic, indicates why excitation of pneumogastric fibres in any of its terminal branches may give rise to reflexes and explains the rationale of reflex cough. As an illustration of this, the night cough of children, almost invariably due to nasal or post-nasal irritation, may be cited.

The sensory nerves of the nose are derived from the trifacial, the external portion being supplied from the first division, through the anterior ethmoid, and the posterior portion from the nasal branches of the second division, and a branch of the dental from the third. Irritation of the terminal filaments causes the impulse to be conveyed toward the center and thence toward the periphery by the vagus.

The reflex of nasal origin may be occasioned by any contact with the mucous membranes, the hypersensitive spot in the nasal chamber appearing to be over Jacob's tubercle near the anterior tip of the middle turbinate. Nasal vaso-motor disturbances also excite cough.

Rhinorrhea and acute antral sinusitis may produce a slow, hacking, painfully persistent

cough from the constant post-nasal dripping.

In children, the reflex from nasal lesions is rarely present, but the cough due to the presence of adenoids or follicular nodes on the posterior pharyngeal wall is familiarly recognized.

Nasal reflex cough is confined almost exclusively to those of a nervous disposition. The cough of nasal or post-nasal obstruction is necessarily aggravated by the consequent mouth breathing. When post-nasal, it is of a hacking, irritating variety, as though attempting to get relief from accumulated mucus.

An elongated or acutely inflamed uvula produces a persistent, dry, tickling cough, augmented in the reclining position.

Lingual tonsil causes an intermittent short hack, as though clearing the throat, which is due to accumulation of secretions in the glossal epiglottidian fossa and irritation of the epiglottis by contact.

Pharyngeal cough is usually occasioned by the presence of secretions and by irritation of the peripheral nerve filaments in acute and chronic inflammations, and in ulcerations, the latter being usually specific or tubercular. In acute inflammations, the cough is severe, and is apt to be accompanied by laryngeal and bronchial affections. In chronic conditions, it is rasping, irritating and choking in character, when ulcerative, dry, hacking and painful. Paralysis of the pharyngeal muscles may cause cough from food irritation.

Hypertrophied tonsils, by pressure on the phrenic and recurrent laryngeal nerves may produce reflex cough which is more pronounced at night. The cough accompanying follicular tonsillitis may be constant or paroxysmal, and is sharp, barking and metallic in character, with intense aching of the throat and palate. Reflex coughs can also arise from the presence of foreign bodies in the tonsillar crypts, or between the tonsil and the posterior pillar.

Intrinsic laryngeal coughs are produced by local irritation, as from foreign bodies and neoplasms of the vocal cords, or by local inflammation. In acute inflammations it is at first shrill and metallic, later becoming dry and rasping. In ulcerative conditions it is husky, agonizing, and painfully frequent, in atrophic, violent, aggravated and persistent, and in oedema, wheezy, labored and unsuccessful.

The croupy cough of spasmodic laryngitis is familiar to all, and is frequently caused by the presence of lymphoid masses in the nasopharynx. The cough of foreign bodies, or neoplasms on the cords, is hoarse and spasmodic, somewhat resembling whooping cough.

In the neurasthenic and hysterical, laryngeal neurosis often complicates the general condi-



tion, giving rise to the short, so-called nervous cough

A dry, jelping cough is sometimes indicative of laryngeal chorea, which may or may not be accompanying a similar systemic condition

Stimulation of the filaments of the vagus, distributed to the stomach, the existence of tapeworm, or the presence of gallstones, may be the cause of reflex cough. It may also accompany cardiac disease, nephritis, or disturbances of the genito urinary tract

Cough may mean the presence of an aneurysm or, an enlarged bronchial gland acting through pressure, or even indicate impacted cerumen in the external auditory canal, acting through the auditory branch of the pneumogastric. Stimulation of the peripheral nerves of the skin may develop it

A short dry cough may be an indication of basilar meningitis, or abscess, or a tumor of the cerebellum. At puberty girls of an unbalanced nervous system frequently suffer from a deceiving reflex cough

In cough that resists ordinary treatment, the reflex should always be taken into consideration, especially that of nasal origin

Occupation, mode of life, and unhygienic surroundings are all elements that should enter into the diagnosis and treatment of cough. It is a constant companion of carpet weavers, brass filers and marble cutters. It should also be remembered that cough of any kind may assume a laryngeal character through insistent irritation of that organ, and that voice strain is also an incitive of laryngeal cough

### HOARSENESS

Under this general title we may class, for practical purposes, all changes in the natural voice from a slight vocal weakness to complete aphonia. According to its causative factor, this symptom may be of but little consequence or may signify changes of great importance. A due regard to those possibilities will in every instance be of assistance in diagnosis and prognosis

While to assert that exact diagnosis of a disease could be made from the character of the voice would be absurd there are many conditions that the trained ear may recognize through voice alteration. A comprehensive study of the voice in relation to disease would be interesting but too exhaustive for the limits of our paper, and we can but briefly review those causes of hoarseness observed in common practice. Neither are local laryngeal affections, as topical inflammations, neoplasms, etc. strictly within our province

Hoarseness may arise from any cause that directly or indirectly affects the functional or structural properties of the larynx or that

modifies in any way the resonating qualities of the voice

Resonance is derived from the nasal chambers, the naso pharynx, the accessory sinuses and the pharynx. Any diseased condition of these would, therefore, serve as a modifying cause, and hoarseness is a constant and important symptom of such conditions

Tonsillar hypertrophies interfering with resonance and the mobility of the parts, and also interfering with and altering their vascular supply, give a muffled tone to the voice. The same change is noticed in peritonsillar affections and in inflamed conditions of the soft palate, a function of which is to act as a valve regulating the amount of air entering the mouth through the oro-pharynx. The voice in cleft palate is of similar tone

All nasal and post-nasal obstructions occasion the same lack of resonance, giving rise to a dull monotonous voice. These causes also act indirectly through the accompanying mouth breathing, occasioning laryngeal irritation and consequent inflammation. Lingual hypertrophies produce hoarseness through irritation

Diseases of the pharynx produce hoarseness by diminishing the lumen of that part of the respiratory tract, as in the husky voice of clergyman's sore throat, a condition sometimes called throat tire

In all cases of hoarseness, the influence of climate, occupation and habit must be considered. Irritation from an unaccustomed air, working in dusty atmosphere or among vapors, excessive smoking or drinking are sources of irritation to the larynx. More especially is this remarked among mouth breathers

Hoarseness complicates or accompanies many general diseases, among which we may mention tuberculosis, syphilis, typhoid, rheumatism, gout, diabetes, uncompensated valvular lesions, malaria, scurvy, purpura, chronic nephritis and hepatic cirrhosis, also disturbed vasomotor conditions. In some of these the hoarseness is the result of oedema from venous stasis, as in chronic nephritis, cirrhosis and cardiac insufficiency. In diseases of the heart and circulatory system, its significance is valueless as it occurs after the other symptoms have been well established. In nephritis it may precede all other symptoms. Hoarseness or aphonia with jaundice indicates cirrhosis. The symptoms being occasioned by local absorption of toxins

In diabetes, hoarseness is at first dry and rasping, then of an ulcerative character. Hoarseness in malaria is of slight account. In scurvy and purpura it occurs from oedematous conditions. In influenza, it usually results from acute laryngitis, but may be serious, sh



ing laryngitis hæmorrhagica In smallpox, measles and scarlet fever it is from catarrhal changes Hoarseness in a rheumatic or gouty subject will generally disappear under constitutional treatment, but it may indicate laryngeal œdema Sudden hoarseness in uræmia is serious, pointing to hæmorrhage A decided change of voice in croupous pneumonia is the result of ulceration in the larynx In herpes and in pemphigus, this symptom indicates an invasion of the larynx

Hoarseness is not an uncommon symptom in typhoid, and should always be looked upon as serious The changes in the larynx are caused by the attack of the specific bacilli, and it is claimed that the diagnosis has been made from the infiltration and ulceration of the epiglottis before other typical signs developed It may also be occasioned by a toxic neuritis

Hoarseness in syphilis and tuberculosis is common, and its significance universally recognized The voice in syphilitic laryngitis is of a peculiar, painful, indescribable but characteristic intonation A point to remember in suspected syphilitic hoarseness is that in some subjects hoarseness can also be produced by the use of potassium iodide

The change in the voice is frequently the first noticeable symptom in tuberculosis, the larynx showing signs of the disease in its incipency, the voice is weak, fearful and almost aphonic

Hoarseness in pregnant women requires immediate attention and examination of the larynx An affinity for tubercular laryngitis seems to exist in many of these cases when the disease has been otherwise latent and the ulcerative process is rapidly progressive in destruction Reflex hoarseness may also accompany pregnancy

Arterial and ovarian disturbances and operations upon the generative organs may occasion reflex changes in the voice The change at puberty is familiar, and is the result of a hyperæmic condition, as is also the hoarseness sometimes noticed in the menstrual periods

The high, shrill voice of old age is due to ossification and loss of vibration

Hoarseness occurring with buccal symptoms of lead poisoning will probably be found to be due to the poison That following the appearance of a tumor in the mouth suggests actinomycosis

In children continued hoarseness usually indicates adenoids, and its significance is accentuated when it is accompanied by numerous paroxysms of croup This is especially true in rachitic children It may also indicate papillomata, which are however frequently a product of mouth breathing Reflex spasms of coughing may also occur from the presence of seat worms

Hoarseness in diphtheria is of deep significance as indicative of an extension of the diphtheritic membrane to the larynx In cases convalescing from the disease, hoarseness indicates post-diphtheritic paralysis

The superior laryngeal nerves supply sensation to the larynx and the inferior or recurrent laryngeal is the motor nerve for all the intrinsic muscles Hoarseness is occasionally produced by pressure upon the recurrent nerves by growths of the neck, œsophagus, or mediastinum, by goitre, or by specific gumma Pleuritic adhesions and induration of the apex of the lung may give rise to disturbance of this character, being more apt to occur on the right side

Pressure of an aneurysm of the aorta upon the left recurrent nerve is the most frequent cause of voice change in this class The recurrent character of the hoarseness is often a point of differentiation between aneurysm and solid tumors, the pressure varying in aneurysm It may be an aid in the diagnosis of the incipient stage of aneurysm A metallic cough may be present with a hoarseness due to pressure

The voice of course may be affected by central lesions

Functional aphasia is not uncommon among hysterical subjects, the voice in these cases being a whisper formed by the lips

Over use and faulty use of the voice are a common cause of hoarseness, and from whatever other cause it may result, voice strain serves to aggravate it

#### EPISTAXIS OR NOSE BLEED

Nose bleed may be due to trauma, pathological changes, vicarious hæmorrhages or constitutional disturbances

No case of nose bleed is too insignificant to take careful notice of, and an earnest effort should be made in every instance to ascertain the exact seat and cause of the hæmorrhage

The thin mucous membrane spread over a cartilaginous or bony surface and plentifully supplied with blood from the septal branch of the superior coronary artery renders the septum a favorite site for hæmorrhage, and in fully ninety per cent of the cases the bleeding is from the anterior inferior portion of the triangular cartilage—the “locus Kussilbachi”

In grave disturbances of the circulatory system, the hæmorrhage is more likely to be found in the lateral walls, generally in the folds covering the turbinate bodies

Of trauma and morbid changes it is unnecessary to speak at length, they, belonging more especially to the domain of the rhinologist, do not come within the scope of our discussion

In all catarrhal conditions of a congestive nature, local lesions may occasion hæmorrhages



Spontaneous epistaxis, especially after blowing the nose, occurs in cases of plethra, scorbutus, purpura hæmorrhagica, pernicious anæmia and hæmophilia.

Disturbances of the circulatory system are common causes of epistaxis, as in cardiac diseases without compensation and even with compensation no rise of arterial pressure. Venous stasis in mitral disease or in aortic insufficiency is another cause of this class.

Cirrhosis of the liver, Bright's disease and chronic alcoholism may have nose bleed as a concomitant symptom. Vasomotor disturbances may also occasion nose-bleed.

The most severe case of nasal hæmorrhage I have met complicated a case of acute leukaemia there was no apparent change in the mucous membrane.

Nose bleed in the aged, seemingly without cause, may be an indication of incipient arteriosclerosis, a fact with important bearing in the treatment of aged patients.

Epistaxis is often one of the premonitory symptoms of typhoid occurring late in the disease it lends graveness to the prognosis.

In the later stages of purpura malignant disease and diphtheria, it should also influence the prognosis. In scarlet fever and measles it indicates a severe type of infection. It sometimes occurs in malarial fevers.

Epistaxis occurring with inflammatory conditions of the nostrils may indicate fibrous rhinitis or diphtheritic infection. Several cases of nasal diphtheria seen by me in the North Western Dispensary complained simply of nose bleed and applied for treatment solely on that account. In severe cases these hæmorrhages may be dangerous.

The epistaxis of syphilis and tuberculosis is due to local lesions. In young boys recurrent epistaxis may indicate masturbation.

In children a unilateral hæmorrhage mixed with a mucus discharge usually points to the presence of a foreign body.

Epistaxis in children is often indicative of adenoids. While all writers claim that nose bleed is more frequent in children, and especially in young children, than in adults, few seem to have noticed the relation between it and post nasal obstruction. In these cases the drainage of the nose is entirely forward and following a ridge or spur on a deviated septum, the secretion lodges near the vestibule. Here, dried by a cold dust-laden air, it forms an irritating crust and in the course of time erosion follows. In a great majority of these cases of recurrent nosebleed in children which have come under my notice, removal of the post-nasal growths has stopped the recurrence.

Nasal hæmorrhage is the commonest form of vicarious menstruation. It may attend other

forms of sexual irritation, and is also a common symptom in hysterical women.

### EAR ACHE.

So lightly have most of us been taught to regard a pain in the ear that the very title ear ache may sound trivial to some. It is, however, far from trivial as far as suffering is concerned and is often a premonitory symptom of serious trouble. The importance of ear ache is apt to be either minimized or exaggerated. One sees nothing in such a small matter, while to another it conveys no idea except that of suppurative otitis media and its grave possibilities. On the one hand it is treated negligently and on the other anxiously over treated, both with probably poor results. I have recently heard two papers by otologists entitled ear ache, of which in both acute suppurative otitis media was the only subject treated. While acute suppuration is probably the most frequent and certainly the most serious cause of ear ache, this symptom accompanies various other nasal conditions.

Causes of pain in the ear may be said to be intrinsic or extrinsic, those directly affecting part of the ear proper and those communicating it through the sensory nerve supply. The latter are the more numerous, but occur less frequently. The sensory nerves of the ear are derived from the trunks of the trifacial, glossopharyngeal and pneumogastric and from the cervical plexus. Any inflammatory or irritative condition along the course of these nerves or their branches may, and sometimes does, occasion reflex pain referred to the ear. The intimate connection of this nerve supply is often noticed in examining the ear, the touch of a probe to the tympanic membrane, or even the introduction of a speculum, producing a paroxysm of coughing. Of this class of cases we may mention caries of the teeth, tubercular ulceration or infiltration of the epiglottic or larynx, diseased conditions of the base of the tongue or of the pharynx, tonsillar inflammations and infections, especially diphtheritic, and intranasal irritations. Diseases of the articulation of the lower jaw sometimes produce ear ache and may mystify for a while. The pain of trifacial neuralgia also occasionally centers in the ear.

Hyperæsthesia in hysteria and in extreme neurasthenia may give rise to pain more or less imaginary, and even simulate mastoiditis. A case of supposed mastoiditis in a girl of fifteen years, sent to me for operation, proved to be entirely hysterical, although every subjective symptom of the disease seemed present. A schoolmate had been operated upon, and a



nurse had been foolish enough to describe symptoms and operation to a nervous child

Let me, for illustration, cite two cases of reflex origin. A "mastoid" case was referred to a general surgeon, who in turn referred it to me. Inspection showed a normal ear, but examination of the throat revealed an enormous peritonsillar abscess. The other occurred in my service in the City Hospital, the house surgeon requesting me to look at a patient evidently suffering from acute mastoiditis. The pain was agonizing and the tenderness extreme, but thorough examination proved it to be a case of carcinoma of the larynx. Neither of these patients in any way referred his trouble to his throat.

Of the conditions of the outer ear in which pain plays an important part, furunculosis, acute cellulitis of the canal and the presence of foreign bodies are the more common, although any morbid pathological change of the tissues, as for instance malignant disease, may be a cause.

Ear ache may accompany malarial fevers, being severe in the paroxysms and abating in the intervals. In diabetes, pain in the ear is not infrequent aside from that of diabetic furunculosis.

Pain in infectious fevers and in influenza will be found to be caused by an acute catarrhal or suppurative otitis media. The pain in catarrhal conditions is rather dull in character.

Special stress must be laid upon the importance of ear ache in children. Inspection of the ears should be a matter of routine practice in all infectious fevers and in intestinal disturbances. In the latter a sudden rise of temperature frequently indicates an acute otitis. Suspicion of ear ache should be awakened by crying, restless infants, otherwise healthy. Recurrent ear ache of children often means an acute exacerbation of a catarrhal condition, aggravated by the presence of adenoids. In fact the condition of the rhino-pharynx must be taken into consideration in the diagnosis and treatment of all ear diseases.

Finally, let me impress upon you the absolute necessity of an early recognition and prompt action in every case of acute suppurative otitis media, which subject forms the last division of our discussion.

#### CHRONIC SUPPURATIVE OTITIS MEDIA

It is not my intention to treat of the etiology, symptomatology or methods of treatment of aural suppuration, but to present as clearly and concisely as possible the dangers attendant upon neglect of this condition. The laity have never been educated to the fact that this symptom is more than an annoying but harmless evil

of the flesh, and to a certain extent the profession has failed to recognize these dangers. Suppuration of the ear has in these respects been likened to appendicitis, and the comparison is apt. With but little pain or annoyance the patient remains unaware of the impending danger until the crisis.

Confined in a small space with lack of sufficient drainage, the suppuration becomes a hot-bed for the propagation of bacteria, and the varieties become almost innumerable, the more virulent being streptococci and pneumococci. A cessation of the discharge may be an ominous symptom.

The chief and most dangerous complications are infection of the brain and its membranes, of the intracranial sinuses, and of the jugular vein. The carotid artery is seldom affected. The immediate danger is involvement of the mastoid antrum and cells without which the others rarely occur. The usual paths of infection are through the blood and lymph channels and by dehiscence of bone in necrotic areas. Infection of one of the sinuses of the jugular results in septic phlebitis, which may be accompanied by septic thrombosis. The dura mater is commonly affected by direct perforation of the tegmen tympani, giving rise to extra or intradural abscesses, i. e., localized pachymeningitis or to general pachymeningitis. Leptomeningitis may ensue from extension of the infection to the pia mater or arachnoid, or the substance of the brain may be invaded with resultant formation of cerebral abscess.

General septicæmia and pyæmia may occur through the agency of suppurative otitis. Septic conditions and pericarditis, septic pneumonia and pleurisy, abscess of the lungs, infarctions of the spleen or kidneys, metastatic abscesses of the joints are all conditions in which at times the primary infective cause can be traced to the middle ear. These disturbances are frequently negligently treated without reference to this casual factor.

Arthritis and synovitis may likewise occur.

Facial paralysis may result from necrosis of the Fallopian canal.

Cases of somnolence, or angina Ludovici, of Jacksonian epilepsy, of septic gastroenteritis, and of involvement of the Gasserian ganglion have been reported as complicating chronic suppurative otitis.

The liability of the inflammation being of tubercular origin should not be lost sight of.

All cases of purulent otitis should be regarded as serious, and in such patients any sudden rigor, rise of temperature, insistent headache or vomiting, vertigo or photophobia should be viewed with suspicion as probably indicative of complicating infection.



Remember that the majority of nontraumatic cerebral and meningeal inflammations are of otitic origin and infectious in character

Bacteriological examinations should be made in every instance to determine the virulence and chronicity, and when possible the responsibility of the case shared with the aural surgeon

In conclusion, let me emphasize the relative importance of special symptoms, however seemingly insignificant, to general disease, and impress the fact that occurring primarily in the routine of the general practitioner, upon him rests the responsibility for the serious conditions that may develop through failure of their early recognition and consequent neglect

## APPRAISAL OF THE SIGNS AND SYMPTOMS OF PULMONARY TUBERCULOSIS

By ROBERT E. PLUNKETT, M.D.

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**T**UBERCULOSIS is a disease which is caused by a specific micro-organism and there are so many factors which enter into its diagnosis that every possible link in the chain should receive the most severe test in order to eliminate the possibility of that chain being ruptured at a time when we feel most secure as to our diagnosis. There have been, during the past few decades, many diagnostic points brought forth which have been supposed to be pathognomonic of tuberculosis and even in the face of more recent claims it is universally agreed that the presence of tubercle bacilli is the one absolute fact which allows no contradiction. Some excellent men place a great deal of reliance on the history, others on symptoms, or a combination of these two, some on physical signs, others on X-ray and some on the laboratory, but it is recognized that some of the details of all of these factors have a very great bearing on the diagnosis of tuberculosis.

The man who is well balanced and cautious and who can deduce and use the positive links in making a diagnostic decision is the man who causes very few, if any, non-tuberculous individuals to be placed in sanatoria or be confined to their homes under the same sort of living régime, and be treated for a disease of which they are not a victim. This man, besides being an excellent clinician is a modern community economist. This country as well as others is in dire need of many such medical men, and for the past few years we have had every reason to be encouraged by the constant increase of conservative, conscientious medical men especially the tuberculosis specialists. These are responsible for a great many of both incipient clinical and non clinical cases of active tuberculosis being improved to a state whereby they are able to care for themselves and ultimately to be cured, and instead of being a handicap to society they become useful members of it.

### SYMPTOMS

**Cough** Cough is perhaps one of the most common of all symptoms of tuberculosis and

every case where it is persistent, especially over three or four weeks, should be considered suspicious. There are many conditions, as pharyngitis, sinus infection, infected tonsils, pleurisy and foreign body, and excessive use of cigarettes, which should be eliminated before placing the responsibility of the cough on a tuberculous infection in the lung. The character of the cough has some significance as in the emetic cough, which in the absence of rhino-pharyngitis and chronic alcoholism is considered suspicious. Furthermore the constant hawking or clearing of the throat with high pitched cough is to be regarded with more suspicion than the lower pitched voluminous cough of chronic bronchitis or asthmatic bronchitis. However, there may be incipient cases of tuberculosis with little or no cough.

**Expectoration** Cough and expectoration are very closely allied and the latter often relieves the former. The expectoration has no definite macroscopical characteristics. It may be slightly or markedly yellowish may be mucous or mucoid or may be slightly or greatly discolored with blood. Microscopically the only conclusive feature is tubercle bacilli.

**Hemoptysis** This is sometimes the initial symptom of tuberculosis, as many adults are unaware of any tuberculous infection until they have either a slight or violent hemorrhage from the lungs. This occurs according to the various observers, at some time during the course of the disease in from 30 to 60 per cent of all cases of tuberculosis. Any appreciable amount of blood coughed up or expectorated, the cause of which cannot be determined should be considered with suspicion and treated accordingly. The amount of blood may vary from slightly streaked sputum to a large amount of pure blood. One of my personal cases of advanced tuberculosis had discolored sputum constantly, with quite violent hemorrhage occurring every four or five days from the fifth of July to the tenth of June of the following year, at which time he was able to sit up. He eventually left,



the hospital but died about one year later, without the occurrence of any more hemorrhages

*Dyspnoea* Dyspnoea occurring in patients where cardiac and other etiological factors can be eliminated may be caused by tuberculous infection but the amount of dyspnoea has no relation to the amount of pulmonary involvement. An observation by a few observers has brought out that dyspnoea is evident in from 70 to 85 per cent of the tuberculous and is usually more apparent when the patient is running fever or on exertion. Early in the disease it is more marked in the nervous individual. It is of course more pronounced in advanced and terminal stages of the disease.

*Night Sweats* Much stress in the past has been laid on night sweats but to be of any significance they should be the pronounced cold clammy type coming on toward morning rather than sweating at the time or within the first two or three hours after retiring, as is commonly seen, especially in overtired children. Easy excessive sweating, especially under the arms, has been attributed by some as an early symptom of tuberculosis.

*Hoarseness* Changing of the timbre of the voice is seen quite frequently in early tuberculosis even though there be no tuberculous pathology in the larynx. This may be caused by irritation of recurrent laryngeal nerve by tuberculosis glands or it may be caused by simple irritative catarrh.

Any persistent attacks of hoarseness, especially those coming on in the late afternoon or evening, should be considered with suspicion and a thorough physical examination of the chest conducted.

*Amenorrhoea* This has been observed in some cases of early tuberculosis. This is often the cause of many young females consulting their physicians and has led to early diagnosis of pulmonary involvement. The flow often becomes scanty instead of an absolute amenorrhoea.

*Fever* The correct record of temperature is very important and is a means which is very much neglected. The single reading of clinical thermometer after meals or exercise, such as walking to the physician's office or clinic or after the drinking of cold liquids, is of no value. However, if a patient at rest shows persistent afternoon temperature of 99.5 to 101, day after day, taken under proper conditions with a good thermometer in the absence of other infectious conditions, it is a very strong link in the diagnosis of active tuberculosis even in the absence of physical signs.

*Loss of weight* A gradual and progressive loss of weight is characteristic of the disease and the more progressive or acute the infection the greater and quicker the loss of weight. This, associated with cough and fever, is almost con-

clusive of pulmonary tuberculosis. Not only is there a waste of fat but also some muscular atrophy. In many cases we see a striking contrast between wasted and flabby muscles of the chest and a comparative well preserved contour of the extremities.

*Digestive disturbance* When a patient presents himself with a history of gastric disturbance which cannot be accounted for by a thorough investigation and an examination of abdomen, a careful examination of the chest is imperative, as many cases of so-called stomach trouble will be found to be complications of pulmonary tuberculosis. Todd, Sir James Clark, Budd and some very early observers have said that dyspepsia is a forerunner of tuberculosis and Grancher has said that consumptives who are not dyspeptics will become the same.

*Malaise* A sense of weariness with or without exertion may be the first symptom which presents and may be the only symptom evident for some time. Any case presenting malaise which cannot be otherwise accounted for should be carefully observed.

*Pleurisy* Dry pleurisy is not considered positively of tuberculous origin so frequently as formerly but pleurisy with effusion, especially recurrent type, is almost always tuberculous.

*Pain* Pains in the chest are of variable character and without physical signs are far from being conclusive.

*Ischio-rectal abscess* This condition has been found to be tuberculous in majority of cases and requires careful chest examination. If, however, examination is negative the patient should be warned, as pulmonary tuberculosis often follows this condition by several years.

*Tachycardia* may occur but is usually not subjective.

There are many other symptoms and signs found in tuberculosis but they are as prevalent in other diseases.

## PHYSICAL EXAMINATION

Physical examination is divided into four parts, as inspection, palpation, percussion and auscultation.

*Inspection* There is much to be learned by an observer of detail on inspection, but it is true that inspection is far more valuable in moderately advanced or advanced tuberculosis than in early disease. Unilateral variation observed on inspection usually is significant of pathology, while bilateral changes are more likely to be normal variations of the normal chest. All anatomical variations not only of the chest but head, neck and extremities should be considered. On inspection the general nutrition of the body should be observed, also the general contour of the chest and upper extremities as well as color and appearance of the skin and mucous



membrane the condition, shape and size of each pupil, the presence of flushing of one cheek, which is more apt to exist in farther advanced disease than incipient. The dilatation of superficial veins of the neck or chest is a common sign of tuberculosis, especially in children. Any difference in size, shape or expansion of the two sides of the chest as unilateral supra or infra clavicular depressions should be noted as a unilateral variation is far more significant than a bilateral. Inspection should also include investigation of nasal cavities as well as pharynx and larynx in order to rule out some local pathology. The ends of fingers and nails should be observed for the presence of clubbing and curving of nails, both of which are rarely found in early tuberculosis. Observe the axilla for excessive sweating which may have some pulmonary significance.

**Palpation** The evidence elicited by palpation is of far more value in advanced types of the disease, but it is possible to bring out in some cases of early tuberculosis decreased expansion, increased fremitus and localized muscular rigidity. The latter especially on light finger tip palpation is looked upon by some observers as an early diagnostic sign of underlying pathology, especially tuberculosis. The presence of any glandular swelling should be noted on palpation. In more advanced or old tuberculosis the trachea may be pulled to one side.

**Percussion** In the practice of percussion there are so many personal and mechanical factors to be considered that slight variations from the normal are of only relative value in the summing up of the findings of various examiners. The percussion note depends on the size and character of containing air spaces in the underlying lung, the amount of elastic tissue in the same, the thickness of the chest wall, the force and direction of blow and acuteness of the same, whether or not one finger or whole hand is placed on chest. Percussion should be started in the axilla near the base of the lung, as it is here that we are most likely to get a good resonant note. On percussing up the front and back of the chest any change in note is more apt to be noticed, but a slight change over upper part of upper lobe and apex in the absence of other signs is far from being conclusive. The definite narrowing of one isthmus (Kronigs) always leads me to be very suspicious of either past or present tuberculous infection on that side. Para-vertebral or para sternal dullness especially in children, is very suggestive of broncho adenitis. The decrease of the excursion of the diaphragm on one side brought out by percussion is often found as an early sign of tuberculosis. The reflex hounds, described first by Abrams and modified by Riviere are given great value by some observers, but I have not

been able to satisfy myself as to their real value. Impairment of note at one apex leads to investigation. There may be apical thickened pleura, tubercles or apical collapse. This sign alone comes far from determining what the condition of lung tissue beneath may be and then again it may be only comparative, as we might have some local emphysema on the other side.

**Auscultation** Next to the finding of tubercle bacilli in the sputum the most valuable diagnostic sign is brought out on auscultation, and that is the rale. However there are other sounds which are mostly confirmatory in character. During auscultation the spoken voice is of little or no value in making the diagnosis of tuberculosis, as the vibrations set up are too diffuse and great to be of definite value. The whispered voice is heard in the healthy chest only over the upper third of the chest and more strongly on the right side. Any amplification of this implies increased sound conduction and points to consolidation or congestion of lung tissue. The normal variation in different shaped chests is marked, and the same holds true of breath sounds, especially in the right upper lobe. In listening to breath sounds we divide the cycle of breathing into two parts, inspiration and expiration, and an analysis of these two will bring many variations to our attention. It is important to recognize any change in length, pitch and quality of each.

Granular breathing is a change of inspiratory sound, which is of a dry rough, low-pitched character, giving the impression that you are to hear rales which do not appear. Grancher and Riviere both have insisted that it is a sign of incipient tuberculosis. Fishberg claims earliest changes during inspiration. Broncho vesicular breathing is found in early tuberculosis, but it is rather common to find an early lesion without that phenomenon present. Bronchial breathing is usually indicative of further advanced disease.

Cog-wheel breathing is of no value in the early diagnosis. To be of diagnostic importance bronchial or broncho vesicular breathing must be localized over a limited area and accompanied by other physical signs.

Weakened breath sounds, especially over small area in the upper part of chest which persists with deep breathing and cough, should make one cautious in calling a patient presenting the same non tuberculous.

#### RALES

If there is one sign which could be called pathognomic of tuberculosis it is the moderately coarse (latent) rales following expiratory cough and localized in the upper part of the chest. This is especially true if they persist and are found on two or more examinations.

The other types of rales may be found in more advanced disease but none of them are char-



acteristic of tuberculosis. If a patient presents himself with a history which is at all suspicious and has shadow of persistent latent rales over one or the other upper lobes, especially in the region of the third dorsal spine or below the clavicle, I feel safe in treating that patient as a tuberculous individual.

#### LABORATORY

Although positive sputum is usually delayed in pulmonary tuberculosis, many more positive sputums are being found since adoption of the Anti-Formin method of detection. The finding of tubercle bacilli is conclusive of tuberculosis, whereas negative sputum has no significance in early disease.

In cases where tubercle bacilli are not found and there is albumen and cytological changes denoting possibility of tubercle bacilli, *animal inoculation* might be used. Practically all cases of active tuberculosis contain albumen in sputum, and three successive negative albumen tests without tubercle bacilli is strong evidence against active tuberculosis. It is also found in bronchiectasis, neoplasm and pneumonias. It is recognized that the complement fixation test is of limited value in early disease and especially so when the result is negative. There are from 10 per cent to 20 per cent of tuberculous cases which fail to react to stages II and III.

*Tuberculin*. Von Pirquet test merely shows infection has taken place and is of no value in the adult, but is of very great value in infants. The subcutaneous method is dangerous, except when used prudently by experienced men, as an inactive lesion may be lighted up by its use, and its real diagnostic value is when it produces a focal reaction in addition to general and local reactions.

#### X-RAY

Interpretation of the shadows in a skiagram of the lung is not so easy as is generally supposed, and I venture to say that all of us are tempted to read more than is justified. For instance, we are inclined to confuse peribronchial fibrosis with a true fibrosis affecting lung tissue. It is established that there are many cases of pulmonary tuberculosis in which the physical signs are either negative or indefinite, and in which the X-ray shows parenchymatous change to an extent which makes a positive diagnosis justified and especially so in the presence of symptoms. There are, however, some cases in which the history and physical signs warrant a diagnosis of tuberculosis when the result of X-ray is negative.

The exaggeration of the shadows at the hilum or peribronchial tissue is of no value, *per se*, as positive evidence of pulmonary tuberculosis, having regard to the fact that any and every irritative affection of the bronchial tube element will produce shadows of equal density and significance. The very close co-operation of clinician

and radiologist is of great value, as the above may be valuable confirmatory evidence.

The findings of opacity with mottling and infiltration or fibrosis in the upper part of the chest is usually tuberculous in nature and especially so when combined with symptoms. Annular shadows have been held by some as evidence of tuberculosis, but the general consensus of opinion is that they are caused by localized pneumothoraces, and have no relation to tuberculosis. Sampson, in describing positive X-ray evidence, uses the following terms: coalescing of isolated densities, blotchy shadows, mottling, specking, marked exaggeration of linear markings.

#### SUMMARY

In making a final decision in the diagnosis of tuberculosis, all factors should receive serious consideration, and the history, symptoms, physical signs, X-ray and laboratory all have their important points, any of which may be the concluding factor in the positive determination of a given case.

In children, history and symptoms are of vital importance in determining the status of a case, but in adult tuberculosis, there is a more widespread variation of important factors. The finding of tubercle bacilli is conclusive evidence of pulmonary disease, and there is no other factor which has such positive features. The history of definite exposure, especially during childhood, is important, and history of hemoptysis of over one dram, especially followed by cough, is mighty suggestive and is almost conclusive of pulmonary involvement. The combination of persistent cough, afternoon temperature and loss of weight with malaise is quite conclusive evidence of tuberculosis. Pleurisy with effusion is now considered tuberculous, and if followed by malaise, loss of weight over an appreciable period of time, usually denotes pulmonary involvement.

Again, let me mention the one sign which comes nearer to being pathognomonic than any except tubercle bacilli, and that is persistent medium rales in one or the other upper lobes near the apex, which are brought out after expiratory cough and usually occurring during inspiration.

Parenchymatous change found by X-ray as infiltration and mottling, in the absence of physical signs or symptoms, is usually indicative of an inactive lesion. Physical signs simulating those occurring in tuberculosis and found persistently in the upper part of chest are usually tuberculous, while the same physical signs in the lower part of the chest are non-tuberculous until they can be proven otherwise.

Therefore, if the examiner will stop and thoroughly analyze the various normal and abnormal factors to be considered and place them in their proper category, the diagnosis of pulmonary tuberculosis will be simplified.



# INSULIN AND JUVENILE DIABETES, WITH DIETS IN GRAMS PER KILO BODY-WEIGHT\*

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From the clinic of Dr. E. P. Joslin at the New England Deaconess Hospital Boston.

THE most perplexing problem is the care of children, especially those under 10 years of age at onset. This task has received from the discovery of insulin an impetus no less than joyous. Insulin is necessary, for perhaps only 20 per cent of adults, but probably in children for 99 per cent. Let us therefore consider children. Judgment of results from various systems of treatment will be easier after agreement has been reached on the best of the many criteria used in today's surging flood of metabolic details. Among these are certain dietary rules which seem to me worth more systematic study than they have had. Their handicap is that all require a certain amount of arithmetic, but let us grapple with this, for without its aid we shall never succeed in rearing those diabetic children in the first decade, whom I have chosen for study in this paper. One secret of success lies in teaching the mother to do the calculating, partly to increase her familiarity with the details and partly to enable the physician to turn his attention from these details to general principles.

What now are the principles held by the best informed students today? Let us try to define them by analyzing the actual practice as recently reported from various clinics.

## RELATIVE INSTEAD OF ABSOLUTE UNITS FOR STATING DIET, BODY-WEIGHT AND HEIGHT

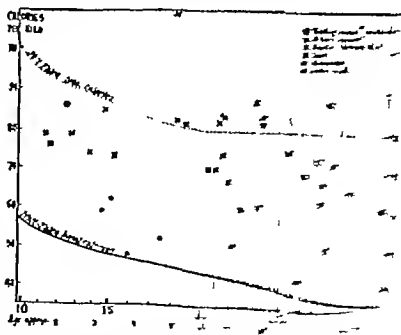
At present comparisons between clinics are needlessly difficult owing to the current practice of stating weights in grams alone. If these absolute units are reduced to percentages of normal, or otherwise compared with normal standards I believe that the present maze of dietary detail would be easier to penetrate. To this view I wish to draw your attention first, after which I shall try to show its practical application together with some of the more important established essentials of insulin treatment. (Omitted in publication see Symposium in this Journal for October.)

For example, let us suppose a diabetic boy on his fifth birthday<sup>1</sup> is said to be 42 inches tall<sup>2</sup> and 31 lbs 3 oz. in weight naked. Does that mean as much to you as the statement that compared with normal standards<sup>3</sup> his height is exactly normal and his weight 20 per cent below. Similarly diet distribution may be stated not in simple grams of carbohydrate, protein, and so forth, but in grams referred to the size of the diabetic organism.

Historically, this style of expression has been used for calories per kilo and protein per kilo by many, for fat in grams per kilo by Marsh and Waller<sup>4</sup>, by Woodyatt<sup>5</sup>, and by Bloor<sup>6</sup>, for carbohydrate per kilo and total glucose per kilo by Root and Miles<sup>7</sup>, and for all these simultaneously by me<sup>8</sup>.

The reference may be to either surface or weight, but according to Holt and Howland, the difference is not very great and the weight is usually employed. Following this authoritative opinion, it seems to me fair to submit this proposition. A diabetic child should be fed toward the normal allowance (C, P, F, and Cal) per kilo of actual weight. We should be fortunate to reach the lower limit of the normal zone, i.e., 10 per cent beneath the average normal. To aim at the strict average, much more to aim at feeding per kilo predicted weight for height would in Dr. Joslin's judgment be to risk spoiling a sure gain by grasping at an ideal. Support or condemnation of this belief obviously needs systematic records continued for considerable periods, and contributed from experience in all kinds of conditions and from all sorts of practice.

To test this thesis, I have searched for systematic records on children under 10 years of age at onset, and have reduced the absolute values to relative values. The results seem to me to clarify the actual practice in different clinics to illuminate the range of variation in diet and between them.



Calories per kilo requirements of Holt and Fales in the last three observations.



now compare with their standards my calculations on diabetic children treated with insulin in various clinics, taking up, in the same order as did Holt and Fales, calories per kilo, protein per kilo, and finally the division of the remainder of the food between carbohydrate and fat

Normal basal heat production (calories), well-known to vary at different body-weights, is here charted as a heavy solid line (Diagram 1), while the lighter dotted line represents the total caloric needs (i.e., basal and growth, exercise, etc.) These lines are taken from Holt and Fales' chart for boys, both as a matter of convenience and because they tell us that girls' per kilo needs are nearly identical

The juvenile diabetic cases, which I have recalculated per kilogram, are shown by the plotted points. The position of these with reference to the normal lines suggests the following conclusions regarding the consensus of practice by the physicians whose cases I have analyzed

1 About a quarter of the children were given a supply of calories actually above the normal total calory line. This is all the more remarkable because Holt and Fales admit that they "have allowed a much higher value for calories per kilo than have others"

Let us remember to distinguish clearly between total and basal needs in talking about diabetic children, particularly to their parents, since it is incontestably wiser to describe the calory allowance not as so much *below* a total admittedly unusually high, but as so much *above basal*

Theoretically some super-nourishment, covered by insulin, is at first thought the rational method to treat a growing organism, in pursuance for example of Holt and Fales' belief that "children who are underweight require more calories per kilo"

2 Practically it may be wise to contrast the group of children receiving the lowest calories per kilo (solid dots), representing the present belief of Joslin. His present attitude, while no doubt subject to change in the light of new observations in other clinics and in his own, may be urged upon you. Among the reasons for his

conservatism are these (a) Patients staying sugar-free under insulin tend almost unconsciously to stretch their diets (b) Even a faithfully kept diet, if high in calories, seems inseparable from the risk of coma if for any reason the insulin dosage be reduced (c) Also the higher the diet the greater the risk of insulin-shock from hypoglycemia, if for any reason (diarrhea or loss of appetite) the food intake be reduced. You may retort, why not then protect by suitable balancing of insulin and diet, the answer is, this protection so simple in theory, is found in practice to be none the less forgotten by the patient at times, and even one such upset may be no trifle. Williams<sup>11</sup> too states that the feeding of high diets and attempting to make their utilization possible by large doses of insulin has not been satisfactory

3 A more concrete idea of the practices represented by these plotted points may be gained by grouping the cases according to the several observers (Table 1). Thus we find that Banting fed his patient 86 calories per kilo versus an average of 58 cal/k for Joslin's ten children. Between these extremes the other authors may be arranged seriatim. For all the 41 cases the average intake was 68 calories per kilo. This actual intake may be compared with the estimated basal needs of the 41 children, the diabetics averaged 71 per cent above basal, whereas Holt and Fales advise about 85 per cent above basal. Hence we may say the diabetic percentage was not so bad and that a good round figure to fix in mind for planning diets for diabetic children in the first decade is the above average of 58 cal/k

The details (Table 1) are open to objections by the original observers, owing to possible different selection of standards for normal, but none the less may be claimed to afford a more objective summary than the usual descriptive method, which may so easily unintentionally misinterpret the views of the abstractee, as illustrated recently by the present writer<sup>10</sup>

*Protein grams per kilo*—The range of practice with the 41 children collected varied from

TABLE 1  
CALORIES PER KILO FED DIABETIC CHILDREN UNDER INSULIN BY VARIOUS OBSERVERS

OBSERVERS	No of Cases	Cal /K		Excess of Cal /K. above basal needs in per cent of basal	
		Av	Range	Av	Range
Banting, Campbell and Fletcher <sup>12</sup>	1	86		72	
Allen and Sherrill <sup>13</sup>	19	77	60-110	84	43-175
Geyelin, Harrop, Murray and Corwin <sup>14</sup>	7	73	51-87	91	49-135
Gray <sup>15</sup>	1	73		55	
Hamburger <sup>16</sup>	2	63	60-65	69	62-76
Nicholson and Hubbard <sup>17</sup>	1	59		48	
Joslin, Gray and Root <sup>18</sup>	10	58	43-85	31	12-51
General diabetic average	41	68	43-110	70	12-175
Holt-Fales normal average during first decade of life				85	



17 to 51 grams per kilo, with 2.9 as the average (Table 2). This may seem high even for children, but probably is not, since it is about 9 per cent below the average (3.2 g/k) computed from Holt and Fales' figures

TABLE 2.

PROTEIN GRAMS PER KILO FED WITH INSULIN TO  
DIABETIC CHILDREN UNDER THE CARE OF  
VARIOUS OBSERVERS

OBSERVER	Av	Range
Holt Fales' normal, approximate average for the age-range of the diabetic children in this paper	3.2	2.7-3.8
Allen and Sherrill	3.3	2.2-5.1
Geyelin, Harrop Murray and Corwm	3.1	2.0-3.5
Gray	2.9	
Joslin, Gray and Root	2.4	1.8-3.1
Nicholson and Hubbard	2.1	
Hamburger	1.8	1.7-1.9
Banting Campbell and Fletcher	1.3	
Total 41 cases	2.9	1.7-5.1

**Carbohydrate and Fat grams per kilo**—Now that the needs for calories and for protein have been satisfied, we have to allot the remainder of the diet by considering the relative emphasis on carbohydrate and fat. From the normal figures for ten years given by Holt and Fales, the average normal for the first decade may be reckoned as CH. 10.7 g/k and 3.4 g/k, or a 1.03 ratio. This carbohydrate and this ratio have been approached by so few cases that these cases have been recorded here in addition to the average and extreme values fed by different observers (Table 3). The main use of this table is to quantitate the differences in practice regarding carbohydrate-fat ratios in children.

To sum up, the outstanding conclusion seems to be that the mid-course of practice favors a CH of about 3 g/k, with a fat of 5 g/k, or a ratio of 1.16 with ratios varying from the abnormally high but still safe fat of CI to 1.33 to the nearly normal ratio 1.04.

**Weight in per cent above or below the normal**—The success of treatment is most commonly

gauged by the bodyweight. Convenience will probably continue this usage though experienced diabeticians would probably agree that this criterion must be interpreted with more reservations than the last and even the general medical profession are wont to expect. Edema has of late years been increasingly recognized as a factor both frequent and in large degree immeasurable. None the less the weight is ever worthy of consideration.

Instead of the prevalent custom of stating the absolute weight, I wish to urge general use of the calculation of the weight in per cent above or below the normal weight, preferably the normal for height rather than for age.

In these collected cases the relationship between the degree over or under weight at discharge (the end of the first course of careful treatment) and the degree of calories per kilo over or under basal is very loose, and may be briefly stated thus. Diabetic children receiving less than the Holt-Fales normal of about 85 per cent above basal are almost invariably under weight while those receiving more than this figure are nearly always above normal weight. The weights on discharge show a range of variability which is surprising even to one conscious of reservations such as made above. Hence the figures in Table 4 are offered only as a suggestive beginning.

TABLE 4

WEIGHT AT DISCHARGE IN PER CENT ABOVE (+) OR BELOW (—) NORMAL

Formula (Weight minus Predicted weight for height)  $\times 100 \div$  Predicted weight.

	Av	Range
Hamburger	+14	+2 to 25
Allen and Sherrill	—0.3	—25 to +43
Gray	—4	
Joslin, Gray and Root	—14	—37 to +4
Geyelin Harrop et al.	—22	—57 to +10
Banting Campbell and Fletcher	—25	
Nicholson and Hubbard	—28	

TABLE 3

CARBOHYDRATE AND FAT GRAMS PER KILO.

Arranged from high to low carbohydrate fat ratio

Figures given are grams fat for each gram of carbohydrate.

OBSERVERS	No. of Cases	C:F	Av	CH in g/k Range	Fat in g/k Range
Normal average computed from Holt Fales' values for same age range as these diabetic children		0.3	10.7	9.2-12.2	3.4
Gray	1	0.4	7.8		3.3
Joslin et al. Case 2979	1	0.6	5.2		3.1
Allen and Sherrill Case 1238	1	0.7	5.5		3.8
Nicholson and Hubbard	1	1.1	3.7		3.9
Ceyelin et al.	7	1.5	3.5	2.0-4.8	5.3
Allen and Sherrill	19	1.6	3.5	1.0-5.5	5.5
Joslin Gray and Root	10	1.6	2.6	1.4-5.2	4.2
Hamburger	2	2.9	1.9	1.7-2.1	5.4
Banting Campbell and Fletcher	1	3.3	2.4		7.9
General diabetic average	41	1.6	3.3	1.0-7.8	5.1



*Height in per cent over or under normal for age*—The degree of a patient's lag in growth is a notation probably of less value than anything else in this paper, because of ignorance of the individuals' racial family heredity of stature, and also of less value than the annual increment in height which should be 5 cm (2 inches).<sup>3</sup> The available calculations are, however, here put on record (Table 5)

TABLE 5

HEIGHT DEVIATION FROM NORMAL, IN PER CENT ABOVE (+) OR BELOW (—) NORMAL

	Average	Range
Gray	+ 20	
Allen and Sherrill	+ 29	— 406 to + 257
Joslin	+ 44	— 113 to + 147
Nicholson and Hubbard	+ 106	
Banting	+ 137	

*Gains under Treatment*, both in weight and calories, are of popular interest when spectacularly rapid, a phenomenon which we believe should be avoided. Steady gains under moderate feeding, we believe, attract more professional interest, especially to see whether such gains may not in the long run be as great and more permanent than the results of rapidly raised diets.

*The blood sugar* is intentionally omitted because (1) children under 10 years are apt to be more upset by it than is worth the added knowledge, hence it has been regularly recorded on few cases, and (2) even when recorded it has helped us much less than the other facts tabulated.

*Insulin Dosage per 24 Hours*—The amount of insulin administered to these children varied from 3 to 70 and averaged 20 units a day (Table 6).

TABLE 6

INSULIN PER 24 HOURS

OBSERVER	No. of Cases	Units Av.	Range
Hamburger	1	60	
Nicholson and Hubbard	1	41	
Geyelin et al	7	32	12-48
Allen and Sherrill	19	18	6-70
Banting, Campbell and Fletcher	1	15	
Joslin et al	10	10	3-16
Gray	1	10	
General diabetic average	40	20	3-70

### SUMMARY

A plea is made for the expression of diet in calories per kilo and grams per kilo body weight, and for the expression of weight in per cent above or below normal.

This style of expression offers two advantages. It clarifies comparison of the practices in different clinics, and facilitates the ordering of diets.

It shows that the consensus of current prac-

tice, so far as published to date by the best students of diabetes, favors for children of the first decade a diet of 68 calories per kilo, or about 70 per cent above the basal heat need of normal children of the same weight, a carbohydrate and protein allowance each of about 3 grams per kilo, and fat of 5 grams per kilo, insulin 20 units a day or less. Such a regime, therefore, may be commended to you.

### References

1 Age should be recorded to nearest month, because months in children are more important than years in adults.

2 Height is as a gauge of weight, more important than is age (Gray, H. *Am. J. Dis. Child.*, 22: 273 [Sept 1921], and should be recorded once in three months (Holt, L. E., and Fales, H. L. *Am. J. Dis. Child.*, 26: 9 [July, 1923]). This will enable us, first, to tell whether the bony frame is growing at the normal rate of at least 5 cm (2 inches) a year, and secondly, to tell how nearly the body weight approaches the normal weight for height. It may be added that the stature should be measured without shoes, to the nearest centimeter or nearest quarter-inch.

3 Holt, L. E., and Howland, J. *Diseases of Infancy and Childhood*, N. Y., ed 8, 1922, p 19, line 34, p 127, p 124. This table has been used because of its sponsors, although their preference for weights gross (with clothes) introduces an error of variable size, which one would prefer to avoid in diseases of metabolism.

4 Marsh, P. L., and Waller, H. G. *Arch. Int. Med.*, 31: 63 (Jan.) 1923.

5 Woodyatt, R. T. *J. Metabolic Res.*, 2: 795, 797 (Nov-Dec.) 1922.

6 Bloor, W. R. *Clifton Medical Bull.*, 9: 68 (June) 1923.

7 Root, H. F., and Miles, W. R. *J. Metabolic Res.*, 2: 177 (Aug.) 1922.

8 Gray, H. *Boston Med. and Surg. Jour.*, 189: 455 (Sept. 27) 1923.

9 Holt, L. E., and Fales, H. L. *Am. J. Dis. Child.*, 21: 1 (Jan.) 1921, 22: 371 (Oct.) 1921, 23: 471 (June) 1922, 24: 44 (July) 1922, 24: 311 (Oct.) 1922, 26: 1 (July) 1923.

10 Benedict, F. G., and Talbot, F. B. *Metabolism and Growth from Birth to Puberty*, Publ. No. 302, Carnegie Institution, Washington, 1921, p 140.

11 Williams, J. R. *J. Metab. Res.*, 2: 751 (Nov-Dec.) 1922.

12 Banting, F. G., Campbell, W. R., and Fletcher, A. A. *J. Metabolic Res.*, 2: 596 (Nov-Dec.) 1922.

13 Allen, F. M., and Sherrill, J. W. *J. Metabolic Res.*, 2: 937 (Nov-Dec.) 1922.

14 Geyelin, H. R., Harrop, G., Murray, M. F., and Corwin, E. *J. Metabolic Res.*, 2: 789 (Nov-Dec.) 1922.

15 Gray, H. Unpublished case.

16 Hamburger, L. *International Clinics*, Phila., Series 33, Vol. 2: 23, 26, 1923.

17 Nicholson, S. T., and Hubbard, R. S. *Clifton Med. Bull.*, 9: 45 and 47 (June) 1923.

18 Joslin, E. P., Gray, H., and Root, H. F. *J. Metabolic Res.*, 2: 651 (Nov-Dec.) 1922.

19 Gray, H. *Boston M. & S. J.*, 189: 711 (Nov. 8) 1923.



## WHY RE-REGISTRATION IS NECESSARY IN NEW YORK.

By S. DANA HUBBARD, M.D.,  
NEW YORK CITY

**I**N recent years there has been noticed a large increase in irregular practice of medicine, and not a few conservatives have viewed this with more or less alarm.

It was early in December of the past year that a climax was reached when there was revealed through the endeavors of an enthusiastic layman the tricky machination of one of the allied cults. It was the development of a system, interstate in character, for the foisting by the wholesale on the public of irregular graduates of medicine, from high school certificate to actual medical certification.

Prosecutions of detected cases of illegal practice of medicine were prosecuted with more or less apathy, and what few were attempted, and these were very flagrant in character, were met with more or less indifference both by the press and the public. It was estimated that no less than 50 per cent of the prosecutions were successful in convicting the offenders.

There was also observed an increasing tendency of cults to openly advertise most flamboyantly and audaciously. In fact, in outlying districts and in village communities these medical advertisements were engaged for on contract and occupied the best part of the newspapers' pages. The statements cooeyed in these papers about healing were extravagant, misleading and deceptive, while quite a few openly opposed regular clinical healing and characterized it as a monopoly, with many within its ranks who were downright quacks and crooks. Every prosecution of a doctor for any offense was hailed with delight by these gentry.

With the attitude of the public and the press apparently hostile, and with apathy on the part of prosecuting officials, and with considerable indifference on the part of the physicians, material headway was gained by a number of irregular cults.

In fact, the educational authorities stated that there were at least 1,500 irregular physicians practicing in this state and about 3,000 chiropractors in addition, all of whom were positively practicing medicine in open violation of the medical practice act.

With Mr. Brundage's exposé of the apparently organized system of foisting improper physicians on the community by several low-grade medical colleges in Kansas, Missouri and Massachusetts, the reaction to this imposition set in and quickly there was flooded news of a most unsavory character and quite extensive. It was shown that the practice had been going on for some time, that it involved State Medical Boards—at least one, any way, and was interstate in character, spe-

cial trains being chartered for the purpose of gathering up the barbers, chauffeurs, butchers, carpenters, and all who had the price and wanted to become a "Doctor," and take them from the "school" and deliver them to the State Examining Board. The preparatory work being done *en route*, inasmuch as the questions had been obtained and the "students" were to be crammed so that on arrival they could pass easily the so-called test.

In this way one of our neighboring states was literally flooded with improper physicians and the overflow extended in all directions. Some of the more ambitious of the young got into some of the oldest and best of our metropolitan institutions.

When the bars were down and the news got out these individuals departed for parts unknown. Since then the desire on the part of officials and citizens generally as well as the "press" has been to "get 'em and do 'em."

### HOW CAN WE GET THEM?

The public was requested to send in complaints to officials, reporting illegal or irregular medical practice, also the names of persons practicing medicine whom it was thought to be unworthy.

At first complaints came in at the rate of five to ten a day, and when the several county district attorneys commenced to serve warrants and the newspapers mentioned the reaction, the timidity of the people gave way and complaints poured in at the rate of one to two hundred a day.

An investigation was made of every licensed sanitarium and hospital in the city to ascertain if any irregular physician was on the staff—visiting, consultant, interne or resident—as well as local dispensaries, with the astonishing revelation that men were actually on the staffs of a number of institutions who were without adequate or proper credentials to practice medicine in this locality. In fact, in one establishment a doctor had been practicing medicine for twelve years and had never been licensed though he had endeavored on two occasions to "pass the board," each time unsuccessfully.

The newspapers gave daily publicity to the various irregularities uncovered and soon the news was a front page affair and held its space for a number of days.

Public clamor, like a coquettish maiden, soon lost its relish for the drab debacle and publicity grew less and less and soon it was passed over altogether. Not so with the officials first, they considered prosecuting these violators, and then to amend the present public health act, as it



related to the practice of medicine, to make punishment and detection more certain

Here it may be called to mind that the present act was the product of 1880 and, as a law, has stood the test well insofar as it has elevated education and training in medicine and has also raised the standards of licensure, yet beyond this it was a decided failure

The penalty part of the statute is about 16 years old. It relegates the duty of prosecution of violators of this act to County Medical Societies—of which in New York there are 62—which were not adequately financed nor otherwise equipped for such delegation of authority. The result was the supporting clause of an otherwise admirable statute was insufficient and the irregulars finding this out came in, literally in droves, to practice where they knew they could not, or would not be disturbed.

Is it any wonder that there are then the horde that the officials of the department of education estimate that there is today present in these parts? The wonder is, that there are not more!

As an evidence of the difficulty of enforcing medical regulation we might instance the acts relating to the adulteration of food and the sale of patent medicines. Here, year after year, it was endeavored to "get" the persons who wilfully misbranded or fraudulently deceived, and others wilfully violating protecting statutes of the life, comfort, and health of the people, only to find that as soon as a conviction was secured reversal by a higher court was the rule without exception. Something must be the matter with the law. The law was carefully studied by experts and a revision attempted. At first, the first trial in this direction was no better than the former law, then a little light was thrown upon this dark subject by the judges of the higher courts and with this knowledge a new act was drawn and today we find we are more successful in checking these miserable practices.

Similarly minded the educational authorities and the medical profession attempted to find out the weak spots of our medical practice act. It was soon discovered in our (a) delegation, (b) registration, (c) lack of funds.

*Delegation of Authority*—It has always appeared to us to be a serious error for the public to delegate its business to a private concern. It is a serious defect in any law. Detection of crime and prosecution is the work of public officials. They can be held responsible and they are free to act without fear of a libel suit or other embarrassment.

An act was needed to change the present law which delegates this work to the medical societies and to place it under a single control and yet not deprive any county of its constitutional rights.

This has been done—the single authority is the

attorney general and the criminal prosecutions are to be performed by the district attorney of the county in which the crime has been committed (Carroll-Latin Bill)

### *Registration of Physicians*

Every physician must register with a county clerk in the county in which he practices medicine.

But on a charge of practicing medicine illegally it is up to the people to prove that the defendant is not registered. The mere fact that he is not registered in any one county of the state is not sufficient. There are 62 counties. No one county list has any official standing in a court in such an action and to obtain certification from 62 makes a prosecution difficult if not practically impossible.

Suppose a person is brought into court on the charge of practicing medicine illegally. The very first thing to be proved is that the defendant is not a legal practitioner. The law gives the defendant the benefit of all doubt, and the court must assume that he is a legally qualified practitioner until it is clearly, reasonably, proven to the contrary. The prosecution may show that the defendant is not registered in a particular county but there are many other counties in the state in which he *might* be registered. Under the law of today a defendant does not have to state that he is a graduate from a recognized school, it is the duty of the prosecution to prove that he has not graduated from any of the 80 or 100 or more medical schools of the entire world. The burden of proof is upon the prosecution. Some job that, I hear you say.

The re-registration part of the "Practice of Medicine Act" (Carroll-Latin Bill) provides for the creation of an authoritative list of legal practitioners of medicine by making a personal registration in the Regents office a pre-requisite to the practice of medicine.

### *There Will Be Only One List to Consult*

Absence of a name from that list will be sufficient evidence to prove incompetency to practice medicine in this State.

The court will take judicial notice of this official list.

One very sharp tooth in the present Act is this one provision by which the court must take judicial notice of registration or failure to register.

If a name is not on the list that person has no right to practice medicine in this State. Registration shifts the blame, for the burden of proof now is up to the defendant. This is why registration should be required and which is a fundamental if we are to correct conditions and stop quackery through such means.



### *Lack of Funds*

What county medical society has amassed a fund for the protection of the community by properly prosecuting its duty in enforcing this law which has been duly delegated to their shoulders? Not one. There is not a county society in the entire State financially able to undertake this work. Very many of these organizations are very poor indeed. They struggle to maintain existence without extra expense of looking out for violators of the medical practice act.

Then the supporting clause to an otherwise excellent medical law has proven its weakness. It has let down the bars, and all avenues are open to fraudulent, irregular, and improper medical practice and the ignorant, the charlatan, and the quack have seized their chance and are making good while the sun shines.

To secure funds there is only one certain way in public effort and that is by taxation.

Appropriations could be made and would be correct and proper but these are subject to the vagaries of political interference.

The situation is indeed a trying one and must be met.

There is a precedent for raising funds from professional types by taxation and once a precedent has been established it is mighty difficult to get away from it in law. The easy way then is for all physicians to do their part as a whole and to forget their individuality and their personal opinions.

### *Now Is the Time for Constructive Action*

A tax of Two Dollars a year for five years will provide a fund which added to the fines and forfeitures, will make a start and once started it will not be long before organized irregular medical practice will be broken up.

Every one has been informed of every step taken in this effort. Every move has been made in the bright light of publicity.

### *Chiropractors*

At the recent hearing counsel for one of the groups of chiropractors admitted in the open hearing that they knew they were violating the law. That if this bill (Carroll-Lattin) was passed it would be their death knell.

The courts of this State have held that chiropractors practice medicine.

One chiropractor arose at the hearing and denied the very existence of disease. He did not believe in germs. Medicine as at present regulated by the State was a Monopoly.

The assumed dogma—that all disease is based upon a subluxation of one or more vertebrae—is, in the light of knowledge, simply incomprehensible and impossible.

There can be no question but that chiropractors, when they are accustomed to call, "*the practice of their profession*," are doing so in clear violation of the present existing New York Medical Practice Act. Chiropractic is scientifically Unsound. Its practice is a crime which no political expediency can condone.

Bacteriology is the corner stone of all modern medical achievement. It is a wonderful science. It has saved thousands of lives, cut down epidemics, and has safeguarded public health.

Chiropractors do not believe in it. They have openly so asserted. Any man who gets up before a public group of sane, intelligent men and denies the existence of a science like bacteriology, is analogous to the individual who denies the existence of pain, claiming such to be an error of the mind.

### *What Has the Department of Health Done?*

Not much nor could it under the circumstances do any more.

The law specifically delegates the authority to prosecute to the local medical societies and when such instances have been brought to light, they have been referred and conviction is the exception rather than the rule. Here and there a culprit has been detected and his business uncovered but where one or two have paid the penalty literally hundreds have sprung up and thrived as green bay trees. How well the story is told by graveyards and tombstones will never be told. But if the story of complaining victims—timid and afraid—is indicative of the enormity of the extent we may safely assert that it reaches out into millions upon millions of dollars. Many a precious life has been needlessly sacrificed upon this altar of Mammon.



## CHIROPRACTIC FROM THE INSIDE

By ARTHUR L. SEYSE, M D

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**I**N 1916 I went to the chiropractic city of Davenport to cast my lot with the Babylonians. My motive was curiosity, and partly too I was impelled by my belief that there was more in chiropractic than the physicians claimed. The following will give you some idea of what I, a physician, know concerning chiropractic.

I understand that you people are about to revise the medical practice act. Permit me to suggest that you put a clause in it obligating every physician to take a course in chiropractic for the good of his soul. After they come back from their course, it shall come to pass that the medical man that they thought knew nothing will appear unto them as intellectual giant, yea, they will even be glad to see his dog, and, peradventure, kiss the canine of the second rate medical man.

The absurdity of the pretensions of learning of the chiropractic can be appreciated only by one who has taken the course, lived under the same roof with them, breathed the stench of commercialism that reeks the halls of their so-called institution of learning, and heard the blatant mouthings of their ignorant and egotistical leader, whom they all adore. You think that you know them, but you do not, nor can you know them without being there for four months, but their course is from twelve to eighteen months, for the usual student—not a few weeks as is commonly believed.

As the train drew near the station, I saw great bill-boards which told the travel-worn wayfarer that he was now in Davenport, the "chiropractic city," and on reaching the depot I was nearly killed by runners from the different schools. At that time there were three schools of chiropractic, and there was a great deal of strife among them. On getting there I was escorted into the building and received the right hand of fellowship by their professional hand shaker, and he launched forth into a description of the City of Davenport in general, and the Palmer school in particular. Then he took us with him in his vision to the muddy waters of the Mississippi, yea, even across it, and we invaded the city of Rock Island, where he told us with bated breath, was the longest bar in the world! The day was hot and I was tired. Hence my recollection of that bar. After he had spoken his piece, he escorted me to the Secretary where I was prepared to produce my credentials, but all I had to do was to say that I was a physician, and he fell on my neck and lifted up his voice and wept. I came across with a check and was dismissed as a full-fledged student of that institution of learning. I never shall forget how fresh and pure the air seemed, even on that sultry day, after getting out of that man's office.

Of course they had means of looking me up and maybe they did, but I was not asked to even show my diploma, and I doubt if they ever investigated me. For, be it known unto you, educational requirements for matriculation are conspicuous by their absence. None is needed to get in, and but few to get out. They insist that you must be able to write. If not, it would lead to all kinds of trouble to cash your check. Now as to getting out after you are in, I asked some of the boys there about how many men failed to pass the examinations, and no one had ever heard of a single one being plucked. Well, if you stop to think about it, this is not strange. They have your money and you have your seat in the room. There are always a lot of men that are waiting to get your seat as soon as you are finished, so why have you there cluttering up the landscape when they can, by the simple act of graduating you, make room for another with his money. I was the only medical man there, until the last few weeks when another disciple of Aesculapius blew in and sat at the feet of this priest of Baal. I know not how long he tarried there, but I suspect it was not long, for he was a pious man and could not give vent to his pent-up emotions in an adequate manner.

But anyway I was there, a full-fledged student, and entitled to all the benefits, grips, and signs. I went to school the next morning and drifted around and had a look. It certainly was some different from anything that I ever had seen in the line of a school. The first thing that took my eye was a long line of busts of their leader, B J Palmer. I asked one of the boys what the grand idea was, and he said that B J Palmer had them made to sell to the boys so as to add to his revenue, but that they had not sold well. I was not on a sight-seeing trip, but was there to learn the way into everlasting health, and I betook myself to the hall of learning that was set aside for the post-graduate students, and here I found about ten students, some chiropractors, some osteopaths, but no disciple of Hippocrates but myself, and I felt like a lone wolf. We were but a small body compared to the rest of the school, as there were some fifteen hundred students among them, so it was claimed, but we made up in enthusiasm for that which we lacked in numbers. We ran along the trail of knowledge, like half spent hounds after wily fox, and we all ultimately received the coveted diploma.

Now, let us turn to the great and glorious personality of B J Palmer, the son of the discoverer of chiropractic, and when I come to write his name must use his two titles, D C and P H C, which means Philosopher of Chiropractic. When you mention this name, you must



always put the magical letters P H C after it if you expect to pass an examination. The egotism of the man passeth knowledge.

B J's education is nil. He never rose above the grades. Worse than this, for that might have been due to circumstances that were beyond his control, he has never tried to learn anything since. He decries education, because he has none, and anything that he has not amounts to nothing. His egotism is certainly a thing of beauty and a joy forever. He has taught himself that he is a great leader, a modern prophet, a voice crying in the wilderness. Look at his picture. It reminds you of some picture of Christ, that you have seen. He wears his beard long, something like we are taught that His was, and his hair, too, has been trimmed like unto that of Christ. Now don't get the idea that I am straining myself to be funny. This man takes great delight in hearing himself compared to the founder of our faith. In fact, I have heard him say that "The first man that cured by the laying on of hands, they crucified." Every summer, as his votaries gather there to tell the wonders that they have performed in his name, they never forget to compare him to Christ. Again I say that I am not trying to be funny. Only a fool jokes about sacred things.

The egotism of the man passeth all understanding, but when you take into consideration the fact that, before his father, there was no such thing as chiropractic, that he has no education, that his father was poor, and that he sees himself today, still a young man and head of a cult that has spread over all the country in a few years and that his pupils, its votaries, look upon him as being but little lower than the angels—you will understand that his little brain can not be blamed for suffering from an expansion of the ego.

This is what they told me there about the founder of chiropractic, and, too, how it was discovered. The father was a mental healer during the night time, and a fish peddler during the day. As he walked into the building where he had his office, his eyes chanced to fall upon the janitor, a son of Ethiopia, one who was stricken with deafness. He noticed that there was a bunch on the neck of the coon asked concerning it and found out that the bunch was a result of an accident and from the time that the unfortunate colored brother was hurt his deafness had developed. Now at this time it is hard for us to understand why some medical man had not connected cause with effect, but you must remember, gentle reader that this was the birth of chiropractic. This man, Palmer the Elder, grasped the sequence instantly. His vision is not beclouded with education. The medical man of that time could not see the forest because of the trees. Not so our founder. Says he to himself, says he 'I'll push that bunch back and I'll make

the fellow hear." He does so and the coon heard. From that, of course, it was simple to develop our science for it is obvious that, if you can restore hearing by manipulation, you can kill lice. Just take an adjustment of the kidney place. Get your organs of excretion working and the lice will move out. This is taught there, I am telling you.

The faculty was made up of a bunch of good fellows, with no education except an ex-minister of the gospel, who was rather effeminate. He told me once "I just love Dr. Palmer." One medical man—and he seemed to be a good one too—and one high school graduate. The rest were just ignorant, ordinary men who seemed to think that they were doing some good, but not much but more than the medical men. You know the chiropractors, the more intelligent of them, know they are fakery, but they know that we are too. The only difference, as they see it, is that we have been working the graft longer than they, and so have developed a finer technique.

The so-called students are a sight for gods and men. The night schools that are trying to teach the immigrant the rudiments of American history have a much brighter appearing student body. This bunch of ex-bartenders and barbers, or whatever else they have done, look upon the school and its head with reverent eyes, and they may well do so, for are they not to be raised from the ranks of the hewers of wood and drawers of water to the high plane of the profession of Doctor? They will be recognized as leaders in their community, have great wealth, and looked up to as the saviours of men. When I was there, they claimed that the medical man would have passed in ten years.

The chiropractor tells his patients that he studied the same things as the medical man except drugs and surgery. He studies Chemistry, Anatomy, Histology, and a little book called "Symptomatology." His Chemistry course consists in sitting and listening to lectures and once in a while the teacher performs some simple experiment before the class. Anatomy they learn from a book and from demonstration on the black board with a piece of chalk. There are a few little microscopes in a case, no pathology at all. If they really studied these subjects, and had minds that were prepared for them, how could a mere handful of teachers teach the three thousand students which I am told, are there now, and how large would the laboratories need to be?

There is the clinic where you learn to give the adjustments after you have developed your pun on an manimate bench. There are a lot of tables up on the platform, two rows of them, I do not know the number, but the stage is large. There must be at least twenty five patients being restored at the same time and the whole thing does not require more than three minutes, and there are



a lot waiting all the time. I suppose that there are, each day, several hundred patients in that place. It is pathetic too. People that anyone knows can receive no benefit come there with faces lit up by hope. The lame, the halt, and the blind, all are there. Hope springs eternal in the human breast, nor quits us when we die. The medical man has told you the truth. You are blind, have a cancer, pernicious anaemia, T. B., or anything else, especially epilepsy—I don't want to forget that, and blindness—it seems to me that was the commonest thing that I saw. Oh, yes, infantile paralysis was raging then. Parents brought their little ones there by the cart load. None was cured. I think that I felt the most sorry for the blind and for the little kids' parents. The study of the faces of the blind from the standpoint of contrast was particularly sad. The new ones were uplifted with the faith. The ones that had been there were beginning to show doubt. You heard the priest of the cult come out and say that little Johnnie Jones who came there three weeks ago suffering from infantile paralysis, after being given up by fourteen of the best doctors in Davenport, is now healed. (Just what there is to that number, fourteen, that appeals to them there, I don't know. But it is always fourteen of the best doctors in Davenport—never any more, never any less.) I investigated four or five of them, and I found not one who was any better than they would have been in the ordinary course of the disease, and one who was nearly dead—an acute case, that needed rest.

The reason for chiropractic is to be found both in the medical profession and among the public. We are looking for some great specific and will never find one. So is the public. The man with the incurable malady is told that there is no help for him. He goes to the medical quack, and is humbugged for a time. Then he goes to the chiropractor and is humbugged some more. He remembers the trimming that he got from the medical quack but neither his friends nor himself remember the chiropractic trimming. I suppose that he expected there was nothing in

it when he went there and so does not harbor any animosity toward the chiro. When you took away patent medicine from the people, you made a mistake. They needed the helping hand of hope. If they receive no benefit, which they rarely do, they are lifted up by the wings of hope. They are made to see the wells of cooling waters in the desert of affliction, and although they later find that the oasis was but a mirage, they harbor no animosity, for the period of hope, although brief, was worth the price. The medical man says that there is no such thing as a subluxation as is understood by the chiro, and, if there is, no one could reduce it with his two hands. Well there is, and you can. The only thing that they have there that is at all scientific is the X-ray. There you can see that there is such a thing as a subluxation, which according to them, consists of something like this—a vertebra is said to be subluxated when it is out of alignment with the one above and the one below. You give that vertebra a punch that is peculiar to ourselves and you will move it all right—have no fear. But the only way you can keep it out is to play on it for a long time. I took adjustments for the good of my soul every day for four months, and at the end of the time my vertebrae were the same as before, according to the X-ray. But there were some sore spots that were not so sore as before. I have taken exercise to keep them from being sore since. I want no more of punching on my back. As far as I am concerned, I know nothing that the chiro can do to your back that a medical man could not do, if he were not too lazy to tell you how to take exercise in the chronic conditions and to strap your back for a rest in the acute conditions.

I have tried to tell you something about this latest fake, and I am conscious that my object is far from being achieved. If I were blessed with the tongue of angels, preferably those of darkness, I might be able to tell that which is on my soul. I have investigated it here in Davenport. All I can say is that it is a fake. Most of the cases would be taking patent medicine if they did not use this, and so probably are better off





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer

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## TEACHING CHIROPRACTIC

The New York State Journal of Medicine for February 15th page 162 contains an article by Dr. L. J. Bragman of the staff of the Kings Park State Hospital, on what the managers of chiropractic schools say about themselves. Dr. Bragman based his article on replies which he received in response to his written inquiries addressed to chiropractic schools. This issue (page 550) contains an article by Dr. A. L. Seyse, Arcade, Wyoming County, N. Y., relating his experiences while he was actually attending the chiropractic school at Davenport, Iowa. Dr. Seyse is a graduate of Buffalo Medical School 1908 and

a member of his county society and of the American Medical Association, and is vouched for by colleagues who know him. He is a master of vivid, picturesque language and his descriptions are clear and pointed.

The revelations by Dr. Seyse confirm what physicians all feel, but heretofore we have not found a legally licensed physician who could speak from actual experience. It is to be hoped that every physician will turn to Dr. Seyse's article and read it for the sake of the information that it carries. A by-product will be a quarter hour of keen pleasure in perusing a literary gem.

F O



## WHAT HAVE WE DONE?

The major activity of the Medical Society of the State of New York since January 1, 1924, has been the promotion of medical legislation. A consistent plan of action has been carried out, and an efficient education campaign has been conducted through two major means

- 1 A legislative bureau in Albany, and
- 2 The publication of the NEW YORK STATE JOURNAL OF MEDICINE as a weekly periodical containing up-to-date news of the campaign. Although the results of our legislative efforts are in doubt at the present writing, and the legislature will have adjourned while this issue of the JOURNAL is in press, yet the broad results of the campaign may be estimated

The interest of physicians in the legal aspects of medicine has been increased ten-fold. Doctors have come to realize their share of the duty protecting the public against quacks and cultists and they have also been roused to protect their own interests. They have boldly met the contradictory challenges that on the one hand they constitute a selfish monopoly, on the other that they are bound by a high code of ethics which condemns them to be mere on-lookers in the game of practical politics. Physicians have seriously considered such questions as these

Who are we anyhow?

What do we amount to in civic affairs?

What are our altruistic duties to the public?

How can we reconcile our principles of ethics with the exigencies of political legislation?

What is the nature of our lofty principles?

Shall we sacrifice a practical piece of legislation because it contains a minor feature which is apparently opposed to our principles?

These questions sound academic and theological, but they express thoughts that lie at the very springs of our conduct and action. Their importance is indicated by the fact that members of county medical societies have argued upon them in the meetings until after midnight. While

we have not answered the questions didactically, they have been answered effectively by an increasing spirit of co-operation and united action by the medical profession. Whether or not the people in general and office holders in particular, have had time to absorb a portion of the new medical spirit, the influence of the doctors themselves will be greatly extended.

Another result of the strenuous legislative campaign is that we have uncovered the tactics of the chiropractors. We have hitherto allowed chiropractic to grow into a giant cult and have only just now awakened to the true source of the power of its votaries. They have always made rosy promises of cure to their clients, but at the public legislative hearing in Albany they boldly admitted and claimed that they were practising medicine. They even proclaimed that chiropractic would soon displace the scientific practice of medicine. Their self-assurance has been their strength, but it has carried them to a point where their claims begin to appear ridiculous to the laity.

The chiropractors' case at Albany has been handled by an extremely high-priced lawyer who has put his clients' case in the best possible light. His tactics have been to work quietly until the closing days of the Legislative Session, and then to spring a sudden action before it can be counteracted by the great body of physicians. Since the physicians have made a diagnosis of their own selves as well as of their principal opponents, they are prepared to deal with legislative problems more effectively than ever before. The Legislation has been well handled by Dr. Vander Veer, but he needs the backing which can be obtained only from physicians in their county societies. The net result of the three months' legislative campaign will be a very great gain in the interest which physicians take in civic medicine.

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## MEDICAL PUBLICITY

The leaders of the Kings County Medical Society are trying to solve the vexatious question of how the daily newspapers should handle items of medical news.

What are proper items? How much medical news should be told to the public? When should accounts of unusual skill or new discoveries be published? When should a sensational occurrence be used to give publicity to a medical truth?

These questions are answered in a diametrically opposite way by the editors and the physicians.

The newspapers want the novel and the sensational, and cannot wait until time has tested a newly-exploited medical scheme.

The doctors are conservative and are slow to adopt new procedures, knowing from bitter experience that most of the new "discoveries" are only old ones which had been discredited and forgotten. Publicity has a great money value to physicians, and a column account of a "cure" of an unusual condition brings patients who are willing to pay big money in order to "try" the new medical prophet. A conscientious doctor does not want this class of patients and will



instruct them regarding the true value of the new treatment. One publicity-seeking doctor will bring disrepute on forty of his conscientious colleagues. The publicity chaser is not a physician of high standing and is not connected with a first-class hospital, and so, when a newspaper editor calls up a hospital for news, he naturally is refused information, and the editors say that doctors are not co-operative and proceed to boom the doctor who seeks notoriety. Most medical items in the daily press are premature puffs of incompetent doctors. These are the thoughts that come to the mind of a conscientious physician when medical publicity is mentioned. There is thus a great gulf between the editor of the daily papers and the physician.

There is another angle from which physicians are irritated by medical publicity in the daily press. Organized bodies whose object is the promotion of health maintain publicity bureaus which are regular sources of supply of news items. They do an immense amount of good by giving hygienic advice in a simple manner, but physicians are often annoyed and pained by the publication of extraneous items varying from health rules that are infallible and impossible, to loud self-praise of their own work.

Organizations that are formed with the best of objects become like advertising physicians when they magnify their own importance and actions. Societies for the prevention of tuberculosis, cancer, heart disease, venereal afflictions and other forms of bodily ills put out propaganda of "hope" and assurances of sure "prevention" which no individual physician could issue without severe censure.

We have said nothing about the outright fakir and quack, for we are now discussing publicity by legal practitioners.

The medical profession is confronted with a serious problem in medical publicity. On the

one hand are a few physicians and organizations seeking the limelight of publicity, and on the other there are the great numbers of conscientious physicians who wish to live long lives in their home towns and maintain the respect of their own selves and of their neighbors. The great mass of family physicians feel that something is wrong with most medical items in the daily press but they are unskilled in publicity work and retain their schoolboy dislikes for writing.

The need of the day is publicity of the medical thoughts that family physicians think, and instruction of the people in simple fundamentals such as a family physician gives when he visits a sick child at home. This fundamental knowledge is needed in order that the people will keep themselves well, support hospitals and clinics and vote appropriations for public health nurses. These activities are not supported by flash-in-the-pan get-well-quick schemes or short cuts to health but by a sustained effort founded on a knowledge of the fundamentals of hygiene, and a confidence in the ordinary family physician.

Physicians are not satisfied with the medical items that appear in the daily newspapers. We have commented on the space occupied by items given out by the publicity bureaus of organizations (see page 425 of the March 21st issue of this JOURNAL). But there is only one cure for dissatisfaction, and that is constructive action. The Kings County Medical Society has recognized the problem and has taken an active step to solve it. Its March meeting was devoted to a consideration of the question of medical publicity in the daily press (see last week's issue of this JOURNAL, page 531). The editors of all the Brooklyn daily papers have promised their co-operation with the physicians. Doctors throughout the State will eagerly await the results of the Brooklyn experiment in medical publicity.

T O

## MEDICAL CIVICS

The great majority of physicians are engaged in private practice, by which is meant the practice of giving medical advice and assistance to individuals who seek their service. But sickness and unhealthy states of the body are often the result of civic conditions for which the patient is not responsible, and so the last decade or two has seen a great broadening of the field of departments of health, and the rise of organizations whose object is to provide the machinery for dealing with civic conditions which have a serious effect on the health of a considerable proportion of the citizens of a community or state, or nation. Departments of health and civic organizations are

absolutely necessary in supplementing the efforts of private physicians. For example tuberculosis in the average wage-earner can seldom be treated satisfactorily by a private physician, because of the financial inability of the patient to stop work and to make the family and personal adjustments which are necessary for his recovery and future maintenance of health. The efforts of the family physician are properly supplemented by public sanatoriums, public health nurses, and voluntary anti-tuberculosis organizations. Many of these organizations are managed by laymen, and misunderstandings arise for which both laymen and the physicians are responsible.



There is a growing sentiment toward a more perfect understanding between the lay health workers and physicians, and each group is recognizing the usefulness of the other. A new branch of the practice of medicine,—that of *Medical Civics*—is inevitably developing, and every physician must be prepared to practice it whether or not he wishes to do so. Every physician has patients to whom civic organizations can render essential help, and it is the duty of the physicians to prescribe that help, and to assist in its administration.

Moreover, it is the privilege of every citizen to give some portion of his time and means to public service, whether or not he receives immediate pay for this work. Practically every physician recognizes that privilege, and is ready to lend a healing hand to a suffering neighbor without regard to creed or social condition.

The ideal relation of physicians to lay organizations is that the organizations shall provide the means of relief, and that the physicians shall manage their application to particular cases. For example, it would be ideal if the lay board of trustees of a hospital should provide the money and supplies, and the doctors should spend the money and manage all branches of the hospital work. It would also be ideal for a tuberculosis association to provide nursing and social service, all to be done under the direction of the family doctor. This is no academic ideal that is unattainable. The ideal is clearly seen by both the physicians and the leaders in the lay organizations.

The education of both the doctors and the public is the first essential in the practice of medical civics. This is a new branch of practice. Its principles are not yet standardized, and physicians harbor conflicting opinions regarding it, ranging from open condemnation to enthusiastic praise. As is usual in such disputes, the truth lies half way between the extremes. Lay organizations that promote medical civics have two main objects in view.

- 1 To educate the people regarding the need and value of co-operative action in disease prevention.

- 2 To finance and manage a demonstration of methods of prevention with the expectation that the board of health or school board or other governmental agency will continue the work. The whole system of family practice of medicine is founded on the private relation of the doctor to his patient. The doctor resents interference with his cases. When the workers of an anti-tuberculosis association suggest to a patient that fresh air, or good food, or rest, or sanatorium treatment is needed, the doctor is likely to oppose that organization. The way to avoid the difficulty is that the lay organization shall always work through the private physicians or through their organizations. The most successful public health work is that in which physicians themselves have been leaders. Some county medical societies have promoted tuberculosis sanatoriums, and some have secured public health nurses, and these counties are the ones which have done the best work in medical civics.

Physicians are criticized for their conservatism and their opposition to change. But no class of men are more up-to-date than physicians, or are more willing to adopt new methods of proved efficiency, or to work with any organization that meets them half way.

Medical societies are recognizing more and more their duties in medical civics. It is now easy to get the hearing of any county medical society on any project of medical civics, and the societies will investigate the project and give it a trial, provided its lay promoters will work through the medical profession. Lay leaders are likely to get impatient and to attempt campaigns for which the physicians and the public are not prepared. Time and tempers would be saved and progress would be hastened if the lay leaders would patiently wait until they had convinced the physicians of the desirability and practicability of their ideas. The leaders of the Medical Society of the State of New York desire to promote medical civics. They believe that plans for all forms of public health work should be approved by the leaders of the medical societies before they are launched upon the public. They also believe that physicians will support any public health work that is conducted along practical lines.

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## THE ANNUAL MEETING

The final programs of the annual meeting have gone to all the members. We have printed the by-laws that will be presented to the House of Delegates for action. Arrangements have been made for three social suppers for the members. We are now printing the program of the Women's Medical Society of the State of New York. The field officers of the State Department

of Health will hold a conference some time during the sessions. All is ready for the Annual Meeting. LET'S GO!

We will try to report the meeting in such a way that those present will wonder how they missed any of its attractive features, and those who did not go will resolve to go next year.

F O







that a charitable institution is absolutely exempt from liability even though it failed to use due care in the selection of its doctors and nurses (*Hamburger v Cornell University*). The *Hamburger* case is now pending in the Court of Appeals and all lawyers and doctors should await its decision there with interest.

That the trend of the public policy of this State is in favor of affirming the *Hamburger* decision would appear from a recent case which we tried in Queens County, wherein Judge Van Sicken, speaking of the *Hamburger* authority said

"The fair probability is that it will become the settled law that charitable institutions cannot even by special contract or by waiver incur liability to patients or be held for negligence in the choice and selection of physicians and nurses"

Another interesting question is presented does the fact that the person injured is a pay patient change the charitable character of the service rendered? In the case tried before Judge Van Sicken, the plaintiff paid \$28 a week for her room, board and service. The learned judge at the trial thought that this raised a question of fact for the jury as to whether the hospital remained charitable so far as its relation with the plaintiff was concerned. The case was sub-

mitted to the jury upon this theory, but the resulting verdict was set aside on the ground that the payments made by the plaintiff did not alter the character of the hospital or make it any the less a charitable institution.

In a case recently tried by us in New York County a woman claimed that she had been burned by a hot water bag left in her bed after she had been returned from the operating room. She offered to prove that several of the nurses in and about her ward had not been selected with due care, that is, that the hospital had been guilty of negligence in selecting them. Inasmuch, however, as she was unable to prove that the particular nurse causing the alleged burning had not been selected with due care, the learned trial judge quite properly refused to submit her case to the jury and dismissed the complaint on the theory that she had not proven negligence of the defendant in the selection of the nurse to whose culpability the alleged injury could be attributed.

The importance of making full and complete inquiry and using great care in the choice of nurses and physicians by a hospital is emphasized. If the *Hamburger* decision is not affirmed by the Court of Appeals and the rule of absolute exemption from liability is not adopted, there will be even a greater emphasis upon this important phase of a hospital's duty.

G W W



Section 1 Definitions As used in this act, "Regents" means board of regents of the university of the state of New York "Society" means New York State Chiropractic Society, Incorporated

"Board" means the state board of medical examiners of the state of New York, as provided in section one hundred and sixty-two of the public health law as modified by this act.

"Chiropractic school" means any school, college or department of a university teaching and giving instructions in the subjects required for a proper chiropractic standard as herein defined, which schools upon making proof of giving such teaching and instruction may be registered and approved by the regents

"Proper chiropractic standard" means a course of study extending over a period of twenty-four months, during which an aggregate of at least two thousand one hundred hours of sixty minutes each of instruction is given in the following subjects Anatomy including histology and embryology, hygiene and sanitation including bacteriology, physiology, biological chemistry including dietetics, diagnosis and symptomatology, pathology, chiropractic analysis, and science and practice of chiropractic.

"Practitioner" means one who practices chiropractic.

"License" means a license granted and issued by the board of regents of the university of the State of New York under this act to practice chiropractic within this state

"Licensed practitioner" means one who has received a license and is entitled to practice chiropractic within this state under the provisions of this act

The practice of chiropractic is defined as follows A person practices chiropractic within the meaning of this act, who holds himself out as being able to locate and to adjust by hand misaligned or displaced vertebrae of the human spine, for the purpose of relieving nerve pressure caused thereby

§ 2 The society The New York State Chiropractic Society, Incorporated is continued and the officers thereof shall be entitled to hold offices until the expiration of their respective terms and the elections and qualification of their successors but the existence of said society shall in no way affect the validity of this act

§ 3 Board of examiners, organization Within thirty days after this act takes effect, the regents shall appoint one additional member to the state board of medical examiners from a list of ten candidates nominated by the society Before entering upon his term of office such examiner shall file with the secretary of state his oath of office The regents shall annually thereafter appoint one member of such board to fill vacancy caused by expiration of term and may at any time fill vacancies on the board Before

the day when the official term of a member of the board shall expire, the regents shall appoint his successor to serve for the term of three years Such appointment shall be made from a list of five candidates nominated by the society after notice given by the regents to the secretary of the society, or in default of such nomination from the licensed and registered chiropractors of the state The regents in the same manner shall also fill vacancies in the board After the board of examiners shall have issued ten licenses under the provisions of this act no person shall be eligible for appointment as an examiner unless he be a duly licensed chiropractor Cause being shown before them, the regents may remove an examiner from office on proven charges of misconduct, unfairness, incapacity or neglect of duty

§ 4 Powers of the board 1 Any member of the board may administer oaths, summon witnesses and compel their attendance and take testimony concerning any matter within the jurisdiction of the board

2 The board of examiners shall, by a majority vote of its members subject to the approval of the regents, make such rules and regulations, not inconsistent with law, as may be necessary for the proper performance of its duties

3 The board of examiners shall have charge of the preparation and grading of examination papers required by this act, which examination shall be uniform in respect of subjects required of applicants for license to practice medicine and shall hold examinations in at least four places in the state during each calendar year

4 The board shall after a hearing upon notice given, recommend to the regents the suspension or revocation of the license of a practitioner and the suspension or annulment of his registration, for any misrepresentation or false or fraudulent statement in his application or examination for a license, for his conviction of a crime involving moral turpitude or for a violation of any of the provisions of this act Upon such recommendation being made the regents may suspend or revoke such license and may suspend or annul such registration Whereupon the practitioner must surrender his license to the regents who shall certify the facts to the county clerk of each county in which the practitioner is registered

5 The board may investigate violations of the provisions of this act and conduct hearings in respect thereto when, in its discretion, it appears to be necessary, and to bring the same to the notice of any state or county official.

§ 5 Present practitioners exempt from examination For the period of six months after the appointment of the additional member of the state board of medical examiners as provided by this act the board of examiners upon application made in writing and the payment of a fee



all proper expenses incurred by them in administering this act, including the salary and expenses of the board

§ 16 Violations Any person who shall violate any of the provisions of this act shall be guilty of a misdemeanor Any person not duly licensed under this act who engages in the practice of chiropractic shall be guilty of a misdemeanor

§ 17 In effect This act shall take effect September first, nineteen hundred and twenty-four

In Re Report of Number of Births, Deaths and Other Vital Statistics by Registrars—Senate Int 1413 (Pr 1619), concurrent Assembly 1619 (Pr 1858), will be dropped

A joint legislative committee to investigate business of persons dealing with immigrants submitted its report to the legislature on March 17th

Sub-section 6 of this report made the following recommendation

"Sub-section 6 In relation to medical frauds and exploitation

"That a law be enacted providing for the hearing of charges of professional misconduct on the part of physicians before an official referee and revocation of licenses to practice by the supreme court in accordance with the findings of the referees"

Senate Bill Int 1428, emanates from this recommendation

In Re Revocation of License to Practice Medicine by Supreme Court—Senate Int 1428 (Pr S 1643), by Senator Duncan O'Brien of New York County, adds new section 170-a Public Health Law, providing Supreme Court may direct revocation of license of a practitioner of medicine, in addition to method prescribed for revocation by regents Referred to Public Health Committee

No concurrent Assembly Bill

STATE OF NEW YORK

No 1643

Int 1428

IN SENATE,

March 25, 1924

Introduced by Mr O'Brien—read twice and ordered printed, and when printed to be committed to the Committee on Public Health

AN ACT

To amend the public health law, in relation to the revocation of licenses to practice medicine by direction of the supreme court

*The People of the State of New York represented in Senate and Assembly, do enact as follows*

Section 1 Chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in

relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by inserting therein a new section, to follow section one hundred and seventy, to be section one hundred and seventy-a, to read as follows

§ 170-a Revocation of license by direction of the supreme court In addition to the method prescribed by the preceding section for revocation by the regents, the supreme court shall have power to direct the revocation of the license of a practitioner of medicine as prescribed in this section The state commissioner of health, the local health office, the state board of medical examiners, or a county medical society, may present to the supreme court of the county in which the physician therein mentioned resides a verified petition alleging that such physician is guilty of fraud or deceit in his practice or is guilty of a crime or misdemeanor or has violated sections eighty or eleven hundred and forty-two of the penal law or is guilty of malpractice or professional misconduct and praying that the license of such physician be revoked The court shall thereupon refer the matter to an official referee, who shall take proofs of the allegations and report to the court, with his findings If the court confirm the report of such official referee it shall make such order as justice may require If the report of such referee and the order confirming the same shall determine that the allegations of the petition have been substantially sustained, such order shall contain a direction to the regents of the University of the State of New York that the license of such physician to practice medicine in this state be revoked by such regents, and his registration annulled, and such regents shall forthwith make such revocation and annulment If the court shall determine that the allegations of the petition have not been substantially sustained the court shall dismiss the petition and may make an order directing the expenses of the proceeding to be paid by the petitioner

§ 2 This act shall take effect immediately

*Comment* The Medical Society has nothing to fear from such a bill but believes that ample power now rests with the State Department of Education and therefore remains neutral on the question unless the bills as amended include all licensed professions as well as those who are extra jure in relation to certain professions

In Re Providing of Health Certificates by Pupils Entering Public Schools for First Time and Each Third Year Thereafter—Senate Int 1439 (Pr No 1654), by Senator William T Byrne of Albany County, concurrent Assembly Bill Int 1742 (Pr No 2097), by Assemblyman Frederic S Cole of Herkimer County, amends



572 Education Law, by providing health certificates shall be furnished by each pupil on entering public school for first time and each third year thereafter beginning September 1927. This bill has been referred to Public Education Committee

STATE OF NEW YORK

No 1654 Int 1439

IN SENATE,

March 25 1924

Introduced by Mr. Byrne—(by request)—read twice and ordered printed and when printed to be committed to the Committee on Public Education

AN ACT\*

To amend the education law, in relation to health certificates

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1 Section five hundred and seventy-two of chapter twenty-one of the laws of nineteen hundred and nine, entitled "An act relating to education, constituting chapter sixteen of the consolidated laws" as added by chapter six hundred and twenty-seven of the laws of nineteen hundred and thirteen, is hereby amended to read as follows:

§ 572 Pupils to furnish health certificates. A health certificate shall be furnished by each pupil in the public school upon [his entrance in such public schools and thereafter at the opening of such schools at the beginning of each school year] *entering such public schools for the first time and at the opening of such schools each third year thereafter beginning with September nineteen hundred and twenty-seven.* Each certificate shall be signed by a duly licensed physician who is authorized to practice medicine in the state, and shall describe the condition of the pupil when the examination was made which shall not be more than thirty days prior to the presentation of such certificate and state whether such pupil is in a fit condition of bodily health to permit his or her attendance at the public schools. Such certificate shall be submitted within thirty days to the principal or teacher having charge of the school and shall be filed with the clerk of the district. If such pupil does not present a health certificate as herein required, the principal or teacher in charge of the school shall cause a notice to be sent to the parents of such pupil that if the required health certificate is not furnished within thirty days from the date of such notice, an examination will be made of such pupil as provided herein.

§ 2. This act shall take effect immediately.

No comment at present

EXPLANATION—Matter in italics is new matter in brackets [ ] is old law to be omitted

In Re Prohibiting the Distribution and Sale of Certain Dangerous Caustic or Corrosive Acids—Senate Int 1449 (Pr No 1664) by Senator George R. Fearon of Onondaga County, concurrent Assembly Bill Int 1766 (Pr No 2121), by Assemblyman George M. Haight of Onondaga County, was referred to Agriculture Committee

STATE OF NEW YORK

No 1664 Int 1449

IN SENATE,

March 25 1924

Introduced by Mr. Fearon—read twice and ordered printed, and when printed to be committed to the Committee on Agriculture.

AN ACT

To amend the farms and markets law in relation to the distribution and sale of certain dangerous caustic or corrosive acids

*The People of the State of New York represented in Senate and Assembly do enact as follows:*

Section 1 Chapter forty-eight of the laws of nineteen hundred and twenty-two, entitled "An act in relation to farms and markets, constituting chapter sixty-one of the consolidated laws," is hereby amended by inserting therein, after article eleven, a new article to be article eleven a, to read as follows:

Article 11-A

SALE OF CERTAIN DANGEROUS CAUSTIC OR CORROSIVE ACIDS, ALKALIS AND OTHER SUBSTANCES

Section 151-a Definitions

151-b Forbidden acts respecting caustic or corrosives

151-c Confiscation and destruction or sale of misbranded substances

151-d Penalties

151-e Powers and duties of the commissioner

151-f Duties of certain officers

151-g Saving clause.

§ 151-a Definitions. Within the meaning of this article the term "dangerous caustic or corrosive substance" means each and all of the acids, alkalis and substances named below: (a) Hydrochloric acid and any preparation containing free or chemically unneutralized hydrochloric acid in a concentration of ten per centum or more. (b) sulphuric acid and any preparation containing free or chemically unneutralized sulphuric acid in a concentration of ten per centum or more. (c) nitric acid or any preparation containing free or chemically unneutralized nitric acid in a concentration of five per centum or more. (d) carbolic acid otherwise known as



phenol, and any preparation containing carbohic acid or phenol in a concentration of five per centum or more, (e) oxalic acid and any preparation containing free or chemically unneutralized oxalic acid in a concentration of ten per centum or more, (f) any salt of oxalic acid and any preparation containing any such salt in a concentration of ten per centum or more, (g) acetic acid or any preparation containing free or chemically unneutralized acetic acid in a concentration of twenty per centum or more, (h) hypochlorous acid, either free or combined, including calx chlorinata, bleaching powder, chloride of lime, chlorinated soda, and chlorinated potash, and any preparation containing any of the aforesaid substances so as to yield a concentration of ten per centum or more of available chlorine, (i) potassium hydroxide and any preparation containing free or chemically unneutralized potassium hydroxide, including caustic potash and Vienna paste, in a concentration of ten per centum or more, (j) sodium hydroxide and any preparation containing free or chemically unneutralized sodium hydroxide, including caustic soda and lye, in a concentration of ten per centum or more, (k) silver nitrate, sometimes known as lunar caustic, and any preparation containing silver nitrate in a concentration of five per centum or more, (l) ammonia water and any preparation yielding free or chemically uncombined ammonia, including ammonium hydroxide and "hartshorn," in a concentration of five per centum or more, and (m) any other alkali, acid, salt, or preparation thereof having caustic or corrosive properties equivalent to those of any of the alkalis, acids, salts, and preparations named above. Within the meaning of this article, the term "misbranded parcel, package, or container" means a retail parcel, package, or container of any dangerous caustic or corrosive substance for household use, not bearing a conspicuous, easily legible label or sticker, containing (a) the name of the article, (b) the name and place of business of the manufacturer, packer, seller, or distributor, (c) the words "POISON," running parallel with the main body of the reading matter on said label or sticker, on a clear, plain background of a distinctly contrasting color, in uncondensed gothic capital letters, the letters to be not less than twenty-four points size unless there is on said label no other type so large, in which event the type shall be not smaller than the largest type on the label, and (d) directions for treatment in case of accidental personal injury by the dangerous caustic or corrosive substance.

§ 151-b Forbidden acts respecting dangerous caustic or corrosives No person shall sell, barter, or exchange, or receive, hold, pack, display, or offer for sale, barter, or exchange any dan-

gerous caustic or corrosive substances in a misbranded parcel, package, or container, said parcel, package or container being designed for household use

§ 151-c Confiscation and destruction or sale of misbranded substances Any dangerous caustic or corrosive substance in a misbranded parcel, package, or container for household use, that is being sold, bartered, or exchanged, or held, displayed, or offered for sale, barter, or exchange, may be seized by any peace officer, and if seized shall be delivered to a magistrate before whom the person in possession thereof might be taken if arrested for a violation of the provisions of this article. If such person is arrested, such substances shall be delivered to the magistrate before whom such person is taken. The magistrate shall make an examination and determine whether such substances were misbranded and were held in violation of the provisions of this article, and if he finds such to be the case shall cause such substances to be destroyed or sold. Unless the person having possession of such substances when seized is under arrest and such examination is had in connection with the examination of the defendant under the complaint or information on which he was arrested, such person shall be given at least two days' written notice of the time and place at which such substances are to be examined and their disposal determined. If the substances be directed to be sold, the magistrate shall make a direction of the time and place of sale, public or private, specifying a peace officer to make the sale. The proceeds of sale, less the actual expenses incurred thereby, shall be paid over to the treasurer or chief fiscal officer of the city, village or town where the seizure occurred, to be used and applied for the general purposes of the municipality, but such substances shall not be sold contrary to the provisions of the laws of the state. Provided, however, that upon payment of the costs and expenses of such proceedings and the execution and delivery to the magistrate of a good and sufficient bond or undertaking approved by the magistrate to the effect that such substances will not be unlawfully sold or otherwise disposed of, the magistrate may, by order, direct that such substances be delivered to the owner thereof.

§ 151-d Penalties A violation of any of the provisions of this article shall be a misdemeanor, punishable by a fine of not more than two hundred dollars, or by imprisonment for not more than ninety days, or both, in the discretion of the court.

§ 151-e Powers and duties of the commissioner The commissioner shall enforce the provisions of this article, and he is hereby authorized and empowered to approve and register such brands and labels intended for use under the provisions of this article as may be submitted to



him for that purpose and as may in his judgment conform to the requirements of this article. Provided, however, that in any prosecution under this article, the fact that any brand or label involved in such prosecution has not been submitted to the commissioner for approval, or if submitted, has not been approved by him, shall be immediately

§ 151-f Duties of certain officers. The commissioner and every sheriff, deputy sheriff, constable, city or village police officer or member of the state police to whom is presented, or who in any way procures, satisfactory evidence of any violation of the provisions of this article, shall cause appropriate proceedings to be commenced and prosecuted in the proper courts, without delay, for the enforcement of the penalties as in such cases herein provided

§ 151-g Saving clause. Nothing herein contained shall be construed as modifying or interfering with the institution or continuance of any prosecution based upon any violation of law commenced before this article takes effect, nor with the enforcement of the penalties provided for any such violation

§ 2 This act shall take effect September first, nineteen hundred and twenty-four

*Comment* The Medical Society is in favor of this bill

In Re Discharge or Parole of Inmates Transferred From State Hospital for Criminal Insane to State Institutions for Mental Defectives—Senate Int No 1465 (Pr No 1680), by Senator Henry G Sebackno of New York County, concurrent Assembly Int 1756 (Pr No 2111), amends section 140, Insanity Law, by providing for discharge or parole of any inmates transferred from State hospital for the criminal insane to State institution for mental defectives. Referred to Penal Institutions Committee.

In Re Power and Privileges of New York Academy of Medicine.—Senate Int 1515 (Pr S 1753), by Senator Thomas I Sheridan of New York County, concurrent Assembly Bill Int 1638 (Pr A. 1887), by Assemblyman Joseph McGinnies of Chautauque County, amends generally the powers and privileges of the New York Academy of Medicine. Referred to Judiciary Committee

STATE OF NEW YORK

No 1753

Int. 1515

IN SENATE,

March 27 1924

Introduced by Mr Sheridan—read twice and ordered printed and when printed to be committed to the Committee on the Judiciary

## AN ACT

To amend generally the powers and privileges of the New York Academy of Medicine.

*The People of the State of New York represented in Senate and Assembly do enact as follows*

Section 1 Section three of chapter two hundred and seventy-four of the laws of eighteen hundred and fifty-one, entitled "An act to incorporate The New York Academy of Medicine," is hereby repealed.

§ 2 Section five of chapter two hundred and seventy-four of the laws of eighteen hundred and fifty-one, entitled "An act to incorporate The New York Academy of Medicine," as amended by chapter three hundred and eight of the laws of eighteen hundred and fifty-three is hereby repealed.

§ 3 Section one of chapter three hundred and seventy-five of the laws of eighteen hundred and seventy-seven, entitled "An act to confer certain powers and privileges upon The New York Academy of Medicine," is hereby amended to read as follows

§ 1 The present board of trustees of The New York Academy of Medicine, as now organized, shall be continued, and shall consist of not less than ten nor more than fifteen trustees, the number to be determined by the constitution of the corporation. The trustees shall be classified into five classes, so that the term of office of all the trustees of one class only shall expire each year. On any vacancy occurring otherwise than by expiration of term, a successor shall be elected for the remainder of the unexpired term. On any vacancy occurring by expiration of term a successor shall be elected who shall hold office for five years, and until his successor shall have been elected and shall have qualified

§ 4 Sections two, three four and five of chapter three hundred and seventy-five of the laws of eighteen hundred and seventy seven, entitled "An act to confer certain powers and privileges upon The New York Academy of Medicine," are hereby repealed.

§ 5 This act shall take effect immediately

In Re Empowering County Supervisors to Provide for Expenses of Public Health Nurses—Senate Int 1525 (Pr No 1785) by Senator William L. Love of Kings County, amends section 12, County Law, by empowering county supervisors to provide for expenses of public health nurses who shall work under general direction of health committee of the board. Referred to Internal Affairs Committee.



STATE OF NEW YORK

No 1785

Int 1525

IN SENATE,

March 28, 1924

Introduced by Mr Love—read twice and ordered printed, and when printed to be committed to the Committee on Internal Affairs

## AN ACT\*

To amend the county law, in relation to public health nurses

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Subdivision forty-four of section twelve of chapter sixteen of the laws of nineteen hundred and nine, entitled "An act in relation to counties, constituting chapter eleven of the consolidated laws," such subdivision having been added by chapter one hundred and thirty of the laws of nineteen hundred and twenty-one, and amended by chapter sixty-seven of the laws of nineteen hundred and twenty-four, is hereby re-numbered as subdivision forty-four-a, and amended to read as follows

[44] 44-a The board of supervisors of any county, except a county constituting a general health district created under the public health law, shall have power to appoint and employ and provide for the expenses of such number of public health nurses as it may deem proper. *Such nurses shall work under the general direction of a committee of members of the board of supervisors to be known as the committee on public health. Any such public health nurse may be assigned by such committee to prenatal care and maternity protection, the reduction of infant mortality, the safeguarding of the health of children, the discovery and visitation of cases of tuberculosis, the care of the sick who may otherwise be unable to secure adequate care, the instruction of members of households in which there is a sick person, or to such other nursing duties as may seem appropriate to such committee. With the approval of such committee the trustee or board of trustees of any common school district or the board of education of any union free school district within the county, may designate any such nurse as a school nurse to perform, in addition to her other duties, the duties of a school nurse for any school or schools under such respective trustee, board of trustees or board of education. Any such nurse so designated shall perform her duties as school nurse under the direction of the appropriate school authorities and under the provisions of the education law and under the regulations prescribed pursuant thereto. The board of supervisors may appoint an advisory committee of citizens, of*

\*EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted

*whom at least one shall be a physician and at least one a woman, to advise with and assist the hereinabove mentioned committee on public health in the organization and supervision of the work of such public health nurses*

§ 2 This act shall take effect immediately

No comment at present

In Re Entering of Homes Over Objection of Owners Pursuant to Provisions Relative to Maternity, Infancy and Child Hygiene—Senate Int 1532 (Pr No 1792), by Senator William T Byrne of Albany County, adds new section 18-d, Public Health Law, providing no representative of State Health department shall have right to enter any home over objection of owner or take charge of any child over objection of parents, or either of them, or of person having custody of child, pursuant to provisions relative to maternity, infancy and child hygiene. Referred to Public Health Committee

No concurrent Assembly Bill

STATE OF NEW YORK

No 1792

Int 1532

IN SENATE,

March 28, 1924

Introduced by Mr Byrne—read twice and ordered printed, and when printed to be committed to the Committee on Public Health

## AN ACT

To amend the public health law, in relation to restriction on certain powers of officials, agents or representatives of the state department of health, in the division of maternity, infancy and child hygiene.

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Article two-a of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws, as added by chapter four hundred and two of the laws of nineteen hundred and twenty-two, is hereby amended by adding thereto a new section, to follow, section eighteen-c, to be section eighteen-d, to read as follows

§ 18-d Restriction on certain powers No official, agent, or representative of the state department of health shall by virtue of this article have any right to enter any home over the objection of the owner thereof, or to take charge of any child over the objection of the parents, or either of them, or of the person having custody of such child. Nothing in this article shall be construed as limiting the power of a parent or guardian to determine what treatment or cor-



rection shall be provided for a child or the agency or agencies to be employed for such purpose.

§ 2 This act shall take effect immediately

No comment at present

### ASSEMBLY

**Medical Inspection in Schools Bill.**—Assembly Int 66 (Pr No 66), still in Education Committee

**In Re State Institute for the Study of Malignant Disease.**—Assembly Int 195 (Pr A 195), concurrent Senate Int 175 (Pr 175) referred to Public Health Committee February 14th reference changed to Ways and Means Committee

**In Re Revocation of License to Practice Optometry.**—Assembly Int 228 (Pr 228, 1361), will be dropped

**In Re Increasing Penalty for Violation of Provisions Regulating Practice of Optometry.**—Assembly Int 229 (Pr 229), will be dropped

**In Re Extending Provisions for State and in Public Health Work to Counties of More Than 50,000 Population.**—Assembly Int 232 (Pr 232), Senate concurrent Int. 128 (Pr 128), referred to Public Health Committee February 13th reported, February 14th advanced to third reading, February 19th, passed, February 20th to Senate Public Health Committee March 20th reported March 27th, third reading

**In Re Giving Control of Hospital for Care of Crippled and Deformed Children at West Haverstraw to Health Commissioner.**—Assembly Int 234 (Pr A. 234) concurrent Senate Int 176 (Pr S 176), still in Assembly Public Health Committee

**Requiring Employers to Furnish Nursing and First Aid Service in Factories, Mercantile and Other Establishments.**—Assembly Int No 309 (Pr A. 309 and 1306), this bill is still resting in Assembly Labor and Industry Committee

No concurrent Senate Bill

**In Re Appointing an Eye and Ear Specialist to the Medical Inspector of Schools.**—Assembly Int. No 370 (Pr A 372 1766, and 2168) concurrent Senate Int. No 317 (Pr S 321,

1510), referred to Assembly Public Education Committee March 12th Rept amended, March 27th amended

**In Re Distribution of Information Concerning Results of Scientific Study.**—Assembly Int No 588 (Pr A 592), concurrent Senate Int 436 (Pr S 445), referred to Assembly Judiciary Committee where it is still resting

**In Re Workmen's Compensation Law, Authorizing Physical Examinations and Practical Tests to Determine Loss of Member.**—Assembly Int 682 (Pr A. 693), concurrent Senate Int 468 (Pr S 477), referred to Assembly Labor and Industry Committee where it is still resting

**In Re State Department of Education Bill to Amend the Medical Practice Act.**—Assembly Int 888 (Pr A. 927), concurrent Senate Int 637 (Pr S 663), referred to Assembly Ways and Means Committee where it is still resting

See report of hearing held on Wednesday, March 26th, under Hearings

**Making It a Misdemeanor to Print, Sell or Utter Information Relative to Birth Control.**—Assembly Int. 1070 (Pr 1151) referred to Assembly Codes Committee, where it is still resting

No concurrent Senate Bill

**The Anti-Vivisection Bill.**—Assembly Int 1094 (Pr A. 1180), concurrent Senate Int 588 (Pr S 612), referred to Assembly Codes Committee where it is still resting

**In Re Licensing of Private Institutions for the Treatment of Drug Addicts.**—Assembly Int 1117 (Pr A. 1203), concurrent Senate Int. 1024 (Pr S 1120) referred to Assembly Committee on Public Health where it is still resting

**In Re Defining a Drug Addict as a Disorderly Person.**—Assembly Int 1158 (Pr A 1268, 1724), concurrent Senate Int 908 (Pr No 981), referred to Assembly Codes Committee March 11th Rept amend March 14th third reading, March 19th Lost, March 20th, vote reconsidered. Tabled



Relating to County Mosquito Extermination Commission—Assembly Int 1313 (Pr A 1455), referred to Assembly Public Health Committee, where it is still resting  
No concurrent Senate Bill

In Re Providing for Medical or Surgical Care of Children Under Sixteen Years of Age at Expense of County—Assembly Int 1389 (Pr 1538), concurrent Senate Int 967 (Pr S 1063, 1708), referred to Assembly Social Welfare Committee March 27th, Rept, March 28th, third reading

In Re Appointment of Industrial Council to Advise Industrial Commissioner.—Assembly Int 1423 (Pr A 1572), concurrent Senate Int 882 (Pr S 952), referred to Assembly Labor and Industry Committee March 12th, Rept, March 13th, third reading, March 19th, passed, March 20th, Senate substituted for S 882 in Com of Whole Third reading

Creating a Board of Chiropractic Examiners—Assembly Int No 1434 (Pr A 1583), referred to Assembly Public Health Committee, still in committee

See report of Hearing, April 4th issue NEW YORK STATE JOURNAL OF MEDICINE, page 503

In Re Amendment to Membership Corporations Law for Establishment and Maintenance of Hospitals, Infirmaries, Dispensaries and Homes for Aged and Indigent—Assembly Int. 1452 (Pr A 1622), concurrent Senate Int 892 (Pr S 962), referred to Assembly Judiciary Committee March 26th, Rept, March 27th, third reading

In Re Establishment of School Hygiene Districts—Assembly Int 1485 (Pr A 1674, 1764), concurrent Senate Int 1205, referred to Assembly Public Education Committee March 12th, Rept amended, March 27th, third reading

In Re Employment of Deputy Medical Inspectors to Make Rules for Management of Insane, and Reciprocal Agreements for Prompt and Humane Return of Insane Residents—Assembly Int 1495 (Pr A 1684), concurrent Senate Int 1135 (Pr S 1255), referred to Assembly Judiciary Committee, where it is still resting

This bill will be dropped

Amending Workmen's Compensation Law, by Permitting Injured Employee at Expense of Employer, to Engage Medical or Other Attendance—Assembly Int 1508 (Pr A 1697), referred to Assembly Labor and Industry Committee where it is still resting

No concurrent Senate Bill

In Re Habit-Forming Drugs—Assembly Int 1549 (Pr A 1745 and 2030), concurrent Senate Int 1198 (Pr S 1329 and 1624), referred to Assembly Public Health Committee, where it still rests

Requiring the Licensing of Private Institutions for the Treatment of Narcotic Drug Addiction—Assembly Int 1603 (Pr A 1840), referred to Assembly Judiciary Committee Still in committee

No concurrent Senate Bill

In Re Powers and Privileges of New York Academy of Medicine—Assembly Int 1638 (Pr A 1887), concurrent Senate Int 1515 (Pr S 1753), referred to Assembly Judiciary Committee

See concurrent Senate Bill for digest

Child Experimentation Bill—Assembly Int 1647 (Pr A 1896), concurrent Senate Int 584 (Pr S 608), referred to Assembly Codes Committee, where it still rests

Defining and Regulating the Practice of Chiropractic—Assembly Int 1661 (Pr A 1915, 2205), concurrent Senate Int 1382 (Pr S 1561), referred to Assembly Judiciary Committee March 28th, Rept amended

See concurrent Senate Int 1382 for amended bill

In Re Apportionment of Public Money on Account of Medical Inspection in Schools—Assembly Int 1697 (Pr A 1971), concurrent Senate Int 1351 (Pr S 1530), referred to Assembly Ways and Means Committee, where it is still resting

See concurrent Senate Int 1351 for comment

Providing for Licensing of Persons to Practice Massage and Hydrotherapy—Assembly Int 1726 (Pr A 2049), by Assemblyman Edw Coughlin of Kings County, adds new sections 260, 261, Public Health Law, providing for licensing persons to practice massage and hydrotherapy, those now engaged therein to



receive certificate on offering evidence satisfactory to regents

Referred to Assembly Public Health Committee

STATE OF NEW YORK

No 2049

Int 1726

IN ASSEMBLY

March 25 1924.

Introduced by Mr Coughlin—read once and referred to the Committee on Public Health.

#### AN ACT

To amend the public health law in relation to the practice of massage and hydrotherapy

*The People of the State of New York represented in Senate and Assembly do enact as follows*

Section 1 Chapter forty nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended by adding a new article, to be article twelve-a, to read as follows

#### Article 12-A

#### HYDROTHERAPY, MASSAGE

Section 260 Eligibility to practice without examination

261 Application for license, examination

§ 260 Eligibility to practice without examination All persons engaged in the practice of hydrotherapy or massage within the state of New York, at the time this act takes effect, may, upon application to the regents of the university of the state of New York, and upon offering evidence satisfactory to said regents, receive a certificate which shall entitle the person to whom it is issued to practice hydrotherapy and massage within this state, provided that said certificate be filed with the county clerk of the county in which such person desires to practice, and provided, further, that application be made to the regents of the university of the state of New York within two months after this act takes effect. Every such application shall be accompanied by a fee of fifteen dollars to be paid to the regents

§ 261 Application for license, examination. Every person desiring to engage in the practice of massage or hydrotherapy, in any of its branches, in this state and not already engaged therein, shall make written application to the board of medical examiners of the state of New York for certificate of registration so to practice and shall present to such board satisfactory evidence of having completed a preliminary edu-

cation equivalent to graduation from an accredited high school of this state and of having completed in a scientific or professional school or college an adequate course in physiology, descriptive anatomy, pathology and hygiene and submit satisfactory evidence of good moral character. All such applicants shall submit to a written examination in physiology, descriptive anatomy, pathology and hygiene, to be given and held by the regents in the same manner as examinations to applicants for license to practice medicine. At the close of each examination the regents examiner in charge shall deliver all questions and answers to the board, or its duly authorized committee, who shall examine and mark each examination and report to the regents in the same manner as on examinations for licenses to practice medicine. After such examination the regents shall if it find the applicant qualified and to have successfully passed the examination, issue to him a license to practice massage or hydrotherapy. The fee for the examination shall be twenty dollars, with five dollars additional if license is issued, such fee to accompany the application for examination and be paid to the regents. A person licensed to practice hydrotherapy or massage shall not treat for a specific disease except upon the advice of a duly licensed physician of the state.

§ 2 This act shall take effect immediately

*Comment* There should be in section 260 after the words "all persons" the words inserted "except duly licensed and registered physicians and nurses", also in Section 261, there should be inserted after the words "every person," the words "except duly licensed and registered physicians and nurses".

There should be a clause which would require registration at some future period or periods in order that a check might be made upon those who had supposedly registered

Again there should be some restraining clause permitting the holder of the license to advertise only in a restricted manner and under the proper title as a "masseur" or "hydrotherapist," possibly allowing the type of massage or the limited manner of hydrotherapy as given by the applicant to be mentioned

Also it will be noticed that the waiver clause in this bill gives the Regents the discretionary power to determine who of those now claiming to be engaged in the practice of massage or hydrotherapy are to receive certificates to practice the same and puts a time limit of but two months on the fulfillment of the law in regard to registry

Further than this your Committee on Legislation has no comment to make.

**In Re Providing of Health Certificates by Pupils Entering Public Schools for First Time**



and Each Third Year Thereafter—Assembly Int 1742 (Pr A 2097), concurrent Senate Int 1439 (Pr S 1654), referred to Assembly Public Education Committee

See concurrent Senate Int 1439 for digest

**In Re Discharge or Parole of Inmates Transferred from State Hospital for Criminal Insane to State Institutions for Mental Defectives**—Assembly Int 1756 (Pr A 2111), by Assemblyman Louis A Schoffel of Bronx County, concurrent Senate Int 1465 (Pr S 1680), by Senator Henry G Schackner of New York County, referred to Assembly Judicial Committee

See concurrent Senate Int 1465 for digest

**In Re Prohibiting Distribution and Sale of Certain Dangerous Caustic or Corrosive Acids**—Assembly Int 1766 (Pr A 2121), by Assemblyman George M Haight of Onondaga County, concurrent Senate Int 1449 (Pr S 1664), by Senator George R Fearon of Onondaga County, referred to Assembly Agriculture Committee

See concurrent Senate Int 1449 for digest and comment

**Appropriating \$50,000 for a Commission to Determine to What Extent Medicine Is Being Unlawfully Practiced in the State, etc**—Assembly Int 1793 (Pr A 2180), by Assemblyman Alfred J Kennedy of Queens County, appropriates \$50,000 for a commission consisting of State Education and Health Commissioners and Attorney General to determine to what extent medicine is being unlawfully practiced and to prosecute violations of medical practice act and recommend remedial legislation Referred to Assembly Ways and Means Commission

STATE OF NEW YORK

No 2180

Int 1793

IN ASSEMBLY,

March 28, 1924

Introduced by Mr Kennedy—read once and referred to the Committee on Ways and Means

AN ACT

To create a commission to investigate and prosecute the unlawful practice of medicine, and making an appropriation therefor

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 The state commissioner of education, the state commissioner of health and the attorney general are hereby constituted a commission and as such commission are hereby empowered and directed forthwith to institute and

conduct an inquiry, examination and investigation to determine to what extent medicine is being unlawfully practiced in this state and to prosecute any and all violations of the laws regulating the practice of medicine

§ 2 The commission shall have power to take proofs and testimony, subpoena witnesses and require the production of books, papers and documents and otherwise shall possess all the powers of a legislative committee Such commission is authorized and empowered to employ such assistants as it may deem necessary within the appropriation herein provided and to report the results of its inquiry, examination, investigation and prosecutions to the legislature, on or before February first, nineteen hundred and twenty-five, with such remedial legislation as it may deem appropriate to correct the evils, if any, disclosed

§ 3 The sum of fifty thousand dollars (\$50,000), or so much thereof as may be needed, is hereby appropriated, from any moneys in the treasury not otherwise appropriated, to pay the expenses of the commission, to be paid by the treasurer on the warrant of the comptroller upon vouchers certified by the commission

§ 4 This act shall take effect immediately  
No comment as yet

**Providing That Physicians and Nurses May Disclose Professional Information as Witness in Actions to Annul Marriage on Ground of Fraud**—Assembly Int. 1794 (Pr A 2181), by Assemblyman Samuel Rosenman of New York, would amend section 352, Civil Practice Act, by providing that physicians and nurses may disclose professional information as witnesses in actions to annul marriage on ground of fraud Referred to Assembly Codes Committee

STATE OF NEW YORK

No 2181

Int 1794

IN ASSEMBLY,

March 28, 1924

Introduced by Mr Rosenman—read once and referred to the Committee on Codes

AN ACT\*

To amend the civil practice act, in relation to the competency of testimony of physicians in certain cases

*The People of the State of New York, represented in Senate and Assembly, do enact as follows*

Section 1 Section three hundred and fifty-two of the civil practice act is hereby amended to read as follows

§ 352 Physicians and nurses not to disclose

\*EXPLANATION—Matter in italics is new, matter in brackets [ ] is old law to be omitted



professional information. A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity, *except, as a witness in an action to annul a marriage on the ground of fraud pursuant to the provisions of section eleven hundred*

*and thirty nine*, unless where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurse may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry.

§ 2 This act shall take effect immediately

## HEARINGS

On March 18th, your Chairman appeared before the Assembly Codes Committee, and submitted a brief in favor of Assembly Int 1158 relative to defining a drug addict as a disorderly person.

Also on March 18th, he attempted to appear before the Joint Committees on Labor and Industry, which hearing was held in the Assembly Chamber, but owing to the immense number of bills to be considered therein he simply rendered a brief against the bill known as Assembly Int 309, relative to nursing and first aid in factories etc.

On March 25th, a number of hearings were scheduled, which necessitated the presence of the entire Committee on Legislation, and there were also called to the aid of the Society, Dr Orrin Sage Wightman, President of the State Society, and the Counsel Mr George W White-side.

Hearings had been called for 1 P M before the Codes Committee on the Birth Control Bill, the Anti-Vivisection Bill, the Child Experimentation Bill, and the bill relating to the dissemination of information concerning the results of scientific study.

As sometimes happens, the Senate adjourned earlier than anticipated, and as a result the hearings before the Codes Committee were called at 11 A M, and your Committee on Legislation was compelled to ask permission at the set time, 1 P M, to file its briefs and to state its case, before only a small number.

Thanks however are due to Commissioner of Health Nicoll, to Dr William H Park, to Dr Simon Flexner and to Dr Augustus B Wadsworth of the State Department of Health, who received notification at the last moment when in the Capitol, and who appeared before the Committees and stated the position of physicians on the bills as enumerated.

In the afternoon your Chairman and Dr Critchlow made the rounds of the Committees and presented the arguments.

On March 26th the next day, before the

Assembly Ways and Means Committee and the Senate Public Health Committee, the hearing was held on the State Department of Education bill, A Int 888, Pr A 927, conc. Senate Int 637, Pr S 663, in relation to the amendment to the Public Health Law relative to the practice of medicine.

Opposition to this bill arose mainly from the chiropractic cult who boldly stated in their opposition, that the passage of this bill and its enactment into law would wipe out the cult in the State of New York, and in the argument made against the bill by their learned Counsel in answer to a question put to him by one of the Assemblymen he stated that he had advised the New York State Society of Chiropractors that they were practicing medicine according to the present definition in defiance of the law.

The objects of the bill were presented by Dr Augustus S Downing, Assistant Commissioner for Higher Education and Director of Professional Education of the University of the State of New York, and the arguments in favor of the bill were taken up by Dr Matthias Nicoll, Jr, Commissioner of Health State of New York in behalf of the protection of the public health, by Mr Edward C Griffin representing the Attorney General in relation to the legal aspects of the bill, Dr Orrin Sage Wightman President Medical Society of the State of New York, Dr Ralph Williams, President New York State Osteopathic Society, Dr John W LeSeur, and Dr James N Vander Veer, Chairman Committee on Legislation, Medical Society of the State of New York.

Dr Eden V Delphey of New York, Dr W L Heeve, of the New York State Homeopathic Society, and the Counsel for the Bay Ridge Medical Society spoke in opposition to the bill, confining their remarks chiefly to the registration feature.

The bill was objected to in toto by those who spoke for the chiropractic cult.

As is usual in such hearings, as we have seen year after year, there were present a large number of the chiropractic cult who frequently applauded the efforts of their representatives.

The hearings lasted until 6 P M when it was



called to an end by the Chairman of the Assembly Ways and Means Committee, who had great consideration for the speakers and had given them as much time as could reasonably be asked in such a hearing

It was noted that the Chairman of the Senate Committee on Public Health, Mr Carroll, was absent from the hearing, but his place was ably filled by Dr William L Love, who seemed to be particularly interested in directing questions of such a nature as to lead one to believe that he was occupying neutral ground in relation to the bill

Assemblyman Esmond of Saratoga County, as usual, appeared in the role of advocating a non-passage of the bill, inasmuch as it would deprive the chiropractors, in his portrayal of the bill, of their *right* to practice, even though it had been admitted by the learned Counsel for the chiropractors that they were practicing their cult in defiance of the law

Assemblyman Kennedy intimated that in his opinion he did not believe the State Department of Education bill was necessary, but that if the practice of medicine was being illegally practiced in this State, would Dr Downing support a measure for its investigation, and in furtherance of that made the statement that he would introduce a bill for the appointment of a commission to investigate the question of illegal practice of medicine in the State of New York, and from that has emanated Assembly Bill Int 1793 This would mean a delay in the protection of public health in contradistinction to the protection offered through the State Department of Education bill

Following this hearing, a hearing was held before the same committee on the Narcotic bills pending before the legislature Dr Frank D Jennings appeared for the State Society in favor of the measures, such as the Society has acquiesced in

In the evening, following the hearing on the State Department of Education Bill, at 7 30 P M, a hearing was held on Assemblyman Snyder's bill, A Int 1434, Pr A 1583, entitled, "An Act, to amend the public health, creating a board of chiropractic examiners and regulating the practice of chiropractic and prohibiting the practice of any other mode or system under the name of chiropractic" See April 4th issue, NEW YORK STATE JOURNAL OF MEDICINE, page 503

The members of the Medical Society of the State of New York acted as listeners only, reserving the right of any decision whatsoever as to a chiropractic bill inasmuch as the Medical Society of the State of New York and the Conference of County Legislative Chairmen are on record as opposed to the licensing and recognition of any cult which does not take into consideration in its theory and premises of diagnosis and treatment, the existence and correlation in the healing art of the present day sciences, and are opposed to any person being admitted to practice the healing art unless examinations in the basic sciences are taken by all in accordance with the regents requirements

YOUR ATTENTION IS INVITED TO THE AMENDED CHIROPRACTIC BILL AS IT APPEARS IN THIS ISSUE APPARENTLY EMANATING AS A RESULT OF THIS CONFERENCE BETWEEN DR DOWNING AND THE REPRESENTATIVES OF THE NEW YORK STATE CHIROPRACTIC SOCIETY

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## BRIEF IN OPPOSITION TO CHIROPRACTIC BILLS PENDING BEFORE THE LEGISLATURE

The Medical Society of the State of New York, composed of more than 10,000 physicians and representing to a large degree the sentiment of all the physicians of New York State engaged in the healing art through the various specialties which have developed and through the ever broadening scope of the demands made upon them, respectfully enters its objection against the bills now before the legislature, known as Assembly Introductory Number 1434, Print Number 1583, and Senate Introductory Number 1382, Print 1561, concurrent Assembly Introductory Number 1661, Print Number 1915

As a body of physicians they represent in public health matters, without question, the vast majority of the inhabitants of the State, and as their acts and licensure have been granted by the same inhabitants through our form of govern-

ment, so must there have been developed a theory and a practice within this State relative to the care of the health of the public as to who shall administer to them, and then as representatives of this same body of citizenry there has been delegated to them the guidance of the citizenry in opposition to such as would foist upon them false and misleading methods of treatment dangerous to the "public health" as it is already established by law

Throughout the years of the formative period of government there have been evolved laws and regulations which have been proven wise in their adoption in the decrease of contagious diseases together with the absolute obliteration of some diseases which formerly made such great inroads upon the inhabitants of a given community or country.



The sciences of chemistry, of physiology, of anatomy, of bacteriology and pathology, of hygiene and sanitation, interlocking hand in hand have brought a condition in the body politic wherein governmental departments assume jurisdiction and restriction of the individual inhabitants in the interest of the public health which is no more and no less than the health of any group in a community.

To accomplish this purpose from time to time there have been passed laws, and there have been adopted rules and regulations in the various departments of the State to guard the interests of the citizenry of that State, and we have seen in the State of New York our wonderful Department of Health, the State Department of Education and legal machinery brought to such near perfection as to be copied by many of the States in this, our Union.

But throughout this period of transition from the chaos of the old typhoid fever and smallpox epidemics, from the deaths of the so-called croupus pneumonia which we now know as diphtheria and its ravages among the children, to the present day of the single cases with but an occasional outbreak controlled by immediate isolation, there have been constant assaults against the sciences which have brought about this wonderful change. Especially have these assaults been levelled against that group of citizens who have been educated in that combination of these sciences known as the practice of medicine.

Legislative bodies and the courts have struggled to define the "practice of medicine," butasmuch as there still remains in the minds of the people that the practice of medicine has to do only with the portioning out of nauseous mixtures or pills, no satisfactory and all-inclusive definition has yet been made nor has that definite course of education been prescribed which would seem to satisfy the entire body politic and guarantee to their individual members a safety in the determination of the nature of their human ills, and a safe procedure looking toward their recovery and longer life.

In fact, there has constantly recurred from the time when the barber surgeon was the only one who used the knife, and the physician depended entirely upon pills and potions to heal all human ills to the present day, groups of persons who have claimed to have found a panacea for all ills and have held out through their promise a cure for all diseases.

This is seen in ancient history in "mesmerism," "mental healing" "heliotherapy," "herbalists," "physio-therapists," and so on down to the present day of "electronics," "physical culturists," "telathermists," "zodiac therapists," and the like, to such a degree that recently an enumeration of the occupational classification of those who would offer cures for the sick was made by the Department of Health of New York City, to the num-

ber of 69, omitting many of the larger cults which have great bodies of deluded followers.

So late as 1907, in order to guard the public health and that there might be no legal breaking down of the bars of defense, a definition termed "the practice of medicine" was accepted by the legislature of the State of New York, as follows:

"A person practices medicine within the meaning of this article, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition and who shall either offer or undertake by any means or method, to diagnose treat operate, or prescribe for any human disease, pain, injury, deformity or physical condition."

So all inclusive and safe for the individuals of any State has this definition proven that it has been adopted almost word for word by a number of States in the Union in the interest of the public health.

In conformity with this definition, the education of those who would undertake the healing art has been so gradually shaped as to compel the adoption, through direction of the State Department of Education of courses of instruction uniform throughout the State in the various institutions, that makes for the ultimate safeguard of the citizens of this State.

And in addition for those who would hold themselves out as capable of applying their knowledge to the alleviation of the sick another safeguard was created in the nature of a board of examiners, now termed the State Board of Medical Examiners, before which every candidate must appear and prove his knowledge and ability to its satisfaction.

Having gained the seal of approval of the representatives of the people in whom the people have trusted for so many years, the applicant may then proceed upon the mission of aiding in the conservation of the public health and alleviating the individual human ills.

This has worked well in our State when the individual groups of physicians in political subdivisions have aroused themselves to their responsibilities and duties in the protection of the citizens of their communities, but when they have become so immured in their personal work and have neglected the larger field open to them, then have their fellow citizens suffered through neglect of the little things and through mental disruption, and inroads have been made upon the credulity of those who have not the power to grasp the larger things of life and the protections which the State offers.

When one but realizes that the structure of public health enters into all phases of civic life such as exhibited through a well organized State



Health Department, an active and aggressive State Education Department, a group or groups of labor representatives demanding constantly the preservation of the health and lives of their members, by groups of scientists in all fields constantly striving to solve the problems of medicine (as used in its broadest judicial sense), the statistical bureaus which have to do with the State Labor Department, and the life insurance companies, the manufactories and hundreds of other types of business constantly calling upon the efforts of physicians to lengthen life, it may readily be surmised that the evolution of him who is termed physician has not been through a chance or a wonderful revelation of God transmitted to one human being alone and by him to be developed into a panacea. Nor has this evolution been through any small group who have created a theory as to the efficacy of a certain type of healing, but in all and through all, has it been by the slow and thorough steps of study and application of results of the combined efforts of educated men throughout the universe.

How wonderful is it to realize, that from the standpoint of one who prescribes drugs, his prescription will be filled in Turkey or China, in Iceland or South America in exactly the same manner and with the same ingredients as in any apothecary shop in these, our own United States.

Such is the evolution of one of the branches in close correlation with the healing art, and who can gainsay that there has not been from this branch in equal participation with him who furnished the knowledge for the ingredients, a saving of life beyond enumeration?

But as evolution has grown to protect the public health on the part of its administration so have there grown up groups of citizens who are not in accord with the present ways of life and who would by their non-acceptance of present day facts disrupt within the body politic all of the good that has come down through these years and would institute another type of healing to the disruption of the health of the majority of the citizens.

We, as citizens, now have before us in our legislative body which you honorable gentlemen as committeemen are empowered to pass upon before bringing to the attention of the larger body, bills pertaining to one such group of citizens.

The bills lying before you propose to legalize a supposed system of healing which has originated in the mind of one man, and is not new to him who has pursued the logical study of human ills through the well governed avenues of the science of this day.

That there is some good within its folds, perhaps, and we maintain it very guardedly, there can be no cavil. But when unprejudiced groups of statisticians who deal with cold figures tell us that 60 per cent of human ills are cured in the

persons themselves through the natural forces within the body, it can readily be estimated that he who is dishonest with his surroundings may readily bring himself into a mental state whereby credit for some wonderful cure is given to that group which has apparently helped him in his trouble.

Today you have before you the so-called method of healing designated under the term "chiropractic."

In the minds of those who believe in this, originally was proclaimed the thought that it was a cure all and we find that as the attrition of science gradually wears away the faults and brings to the surface only that which is true and irrefutable, so is the original declaration of the theory and practice of this body undergoing its change, as have all such groups who have formed themselves in opposition to the laws of nature.

In September, 1895, one D. D. Palmer had a vision, and from this vision and so-called "subsequent investigations and prosecution of the newly discovered health mode by him resulted in practical and lasting benefits to his patients, inasmuch that he investigated still further and soon brought to light the fundamental principles continuing in the science later named Chiropractic and now being practiced all over the world."

In 1903, B. J. Palmer, D. C., Ph. C., son of the founder of the chiropractic science, became interested in the work of his father, and thence on to the present has devoted himself to a well defined non-therapeutical health system that bears no resemblance whatever to any therapeutical method and proves itself superior to any such.

Reference in the previous portion of this article and to medical history once more recalls that this wonderful "method of healing" came through the vision of one man.

The inaccuracy is to be noted that long before there existed within the confines of the United States many who claimed to be "bone setters" and "adjusters" of the spine.

In fact, some years before this same method of treatment had been incorporated in the so-called science of osteopathy by one A. T. Still, and it will thence be seen that again a small portion of the vast science of medicine was segregated by the founder of this new cult and made to appear as if it were the equal of the whole. But it was necessary that the cult flourish and a definition was not extant which seemed to be satisfactory to the success for we find the following definition as quoted from page 11 of the "Science of Chiropractic," by B. J. Palmer, D. C., Ph. C., Davenport, Iowa, in 1906, as follows:

"Chiropractic is a name given to the study and application of a universal philosophy of biology, theology, theosophy, health, disease, death, the science of the cause of disease, and art of permitting the restoration of the trine



relationships between all attributes necessary to normal composite forms, to harmonious quantities and qualities by placing in juxtaposition the abnormal concrete positions of definite mechanical portions with each other, by hand, thus correcting all subluxations of the three hundred articulations of the human skeletal frame, more especially those of the spinal column, for the purpose of permitting the recreation of all normal cyclic currents through nerves that were formerly not permitted to be transmitted through impingement, but have not assumed their normal size and capacity for conduction as they emanate through intervertebral foramina—the expressions of which were formerly excessive or partially lacking—named disease.

It will be noted that this definition is an attempt to be all inclusive and yet to avoid recognition of any of the present day accepted methods of healing the sick, and might parenthetically be said to simulate a close corporation in its desire to take unto itself all of the attributes of the medical profession and to avoid those things which appear to be too strenuous for its followers to grasp.

Originally this cult refused to recognize the study of any portion of the human body save the spinal column and made its claims that the human hand and fingers of any person could be so trained in deft palpation as to discover so called misalignments of the vertebral column, and strunge is it may seem, in the early days the so-called spinal analysis consisted of the manipulation of that portion of the spine to which ran the afferent nerves from the portion of the body which the patient stated was ill at ease. By this means from the study of human anatomy and neurology which had been largely perfected many years before, the afferent nerves leading outward to the affected part were supposed to be relieved from the pressure existing at the vertebral foramina and thus allow of the clean cut and full impulses being conveyed to the part claimed to be affected.

Of such originally consisted the so-called spinal analysis and treatment without reference to any of the other methods of determination known to the medical profession, of what is termed disease.

In contravention to the laws of States, the cult began its sinister work in undermining the credence of people as to the causes of disease, but soon had need to recognize the attention constantly at work of the various and well known and well established precepts of the correlated sciences, after the perfection of the X-ray we find another evasion of scientific result in the adoption of the use of the X-ray, quietly brought about under the title of 'Spiniography'.

And now there are but few of this cult who are considered of the higher type practitioners

who do not have within their offices a complete X ray apparatus.

From these spiniograph accessories with pictures taken by any and every one, many of whom have received their instructions only from the commercial man selling the machine, are the spinal analyses (diagnoses) being made and treatment being given.

There now enters into the life of this cult the factor of intensive competition. This can well be reasoned when all that is necessary at the present time for the teaching of the so-called science seems to be a room, some charts of the spinal vertebra, together with the nerves leading therefrom—originally published by well known medical publicists but now issued as a commercial venture by the Fountain Head at Davenport, Iowa, together with some type of adjusting table and several coverings or garments for the prospective patients, and a flood of literature inviting those prospective students to enroll right promptly.

In fact, there exists now in the State of New York some eighteen so-called colleges which are turning out practitioners to an amazing degree.

That the cult already feels the pressure from competition on all sides is evidenced by the fact that there has grown up within its ranks those who would desire to leave the straight and narrow path and utilize other methods as well in their diagnosis, to perhaps guide them in their treatment.

In fact in the City of New York there has existed a school for the study of the so-called 'Naturopathy' which has added to itself the teaching of Chiropractic, and because of the desire on the part of certain of the practitioners to perfect themselves still further in diagnosis that truly the public may be served with what they consider a full diagnosis in the light of the present sciences and there has grown up a split in their ranks, and we now read of the term 'mixers' and 'straight chiropractors'—so much so that the Fountain Head as it is termed, located in Davenport, Iowa, is attempting to separate the sheep from the goats and to return into the fold only those who would follow the original in chiropractic.

Many laws have been attempted to allow chiropractors to practice in various States, and in many States there has been acceptance of their sophistry.

However in 1923, because of the legal difficulty into which the cult was falling and the load necessarily carried by the cult in legally defending their position B J Palmer carefully restated his definition of chiropractic in such a way as to minimize the legal implications of the definition and gave forth the following:

Chiropractic is defined to be the science of palpating and adjusting the articulations of the



human spinal column by hand only This definition is inclusive and any and all other methods are hereby declared not to be chiropractic "

In this he has tread once more upon the definition of osteopathy, the original reading of which was as follows

"Osteopathy is the knowledge of the structure, relation and function of each part of the human body applied to the adjustment or correction of whatever interferes with the harmonious operation the same "

G V WEBSTER, D O

"Osteopathy is not a remedy It is not a part of medicine or surgery It is not a treatment for some particular class or group of diseases It is a complete system of therapeutics applicable alike to all curable diseases

PERCY H WOODALL, D O

"Osteopathy has for its object the maintenance of the complete circuit of the motor, sensory and sympathetic nerves, to and from all the organs and tissues and the restoration of that harmonious action which must ensue when all parts are unirritated by any cause, thus permitting a perfect freedom of all fluids, forces and substances pertaining to life "

CARL P McCONNELL, D O

"The recognition of pressure as the cause and continuation of disease, and the adoption of manipulative measures for the relief of such pressure, are the essential characteristics that differentiate Osteopathy from all of the other therapeutic systems Adjustment is the keynote of Osteopathy "

J W BANNING, M D, D O

And notwithstanding his modification of his definition there is continued preachment in the *Chiropractor and Clinical Journal*, which is the official Journal of the Palmer School of Chiropractic and the Universal Chiropractic Association, of the so-called "Innate Intelligence," a definition of which would seem to be somewhat obscure and to smack of Christian Science, in fact quoting from the February, 1923 Journal, in an article by John H Craven, D C, Ph C, Professor of Philosophy at the Palmer School of Chiropractic, one reads

"the expression 'Innate Intelligence' has been adopted by chiropractic as a proper term to use in reference to the 'Innate Intelligence' body

"We make no more effort to define 'Innate Intelligence' than we do to define life There is no definition great enough to define life No words can define the undefinable We may define the word, but not what the word represents "

Further along is the statement

"chiropractic maintains that this life known in chiropractic terminology as 'Innate Intelligence' resides within the brain The brain is considered as the transformer through which the force is transfused into a current somewhat the same as electricity is transfused from the magnetic field into an electric current This current is known as mental impulses "

And again

"thoughts are not produced by the brain, but through the brain The emotions such as fear, joy, hate, love, reverence, etc, are all the result of the expression of the Innate Intelligence, through the educated brain This Innate Intelligence that is being thus expressed through the educated brain in consciousness is the same intelligence which is being expressed through 'Innate Brain' in the production of the vital functions of the body This life is expressed through one part of the brain in the production of the vital functions of all parts of the body and in another part of the brain in the production of the conscious mind It is ridiculous to consider the mind as coming from 'a fluid secreted by the sexual organs' THE MIND IS THE EXPRESSION OF INNATE INTELLIGENCE THROUGH THE BRAIN "

Thus do we find chiropractic heading toward Christian Science and going through the usual evolutions such as have been the tendencies of all cults toward mysticism in order to befog their followers

And as a further quotation in an article entitled "Chiropractic—Christian Science—Which" under a sub-heading "Criticism" by one Charles C Ryckman, D C, which reads as follows

"Christian Science refuses to accept, or even consider, the chiropractic theory of the normal completed cycle, or that a break in it—a subluxated vertebra—is the cause of disease, whether it be physical or mental For, as he (the Christian Scientist) maintains, all is mind The medical man takes the same position against chiropractic, but the basis of his contention is just in opposition, for he maintains that all is matter

"With this viewpoint of Christian Science and medicine clearly fixed in our minds, as being exactly opposite, you can readily understand the possibilities of chiropractic and the wonderful co-ordination, harmonious, whole, but man perfect in the image and likeness of God, for that does exist in the perfect union of the two mind and matter, harmonious, complete, CHIROPRACTIC "

Therefore since such a cult proposes to cure all



human ills as boldly declared in its first years of growth through the simple method of spinal analysis (diagnosis), determining the course and adjusting the poor misligned vertebra, and the fact that chiropractic is passing through the usual evolution of such cults, engineered by a group of excellent commercial managers and with funds furnished by a deluded public, the Medical Society of the State of New York takes the stand that those who would wish to practice any type of the healing art, after due proof of its efficiency in a majority of all cases which may be submitted to it by an impartial board, in truth, the practice of medicine, should be made to take the basic examinations offered by the State in which they would practice in those sciences which have withstood the tests of years.

And, as New York State has already in its governmental functions a legal and authorized

board of examiners in these basic subjects who are impartial and as the examinations are given in a manner as that the candidates who offer themselves are unknown to the examiners, the Medical Society of the State of New York and the public at large as well as the present governmental departments of the State, would ask that the legislature through its committees hold these bills within their committees and further would recommend that those who proclaim themselves to be competent to heal the sick should present themselves with proper credentials to the State and undergo the same examinations by the same board as do all others who hold themselves out as capable of curing or alleviating disease.

JAMES N. VANDER VEER, *Chairman,*  
*Committee Legislation, Medical Society,*  
*State New York*

**BRIEF IN FAVOR OF ASSEMBLY BILL INTRODUCTORY NUMBER 888, PRINT 927, CONCURRENT SENATE INTRODUCTORY NUMBER 637, PRINT 663 ENTITLED "AN ACT TO AMEND THE PUBLIC HEALTH LAW, RELATIVE TO THE PRACTICE OF MEDICINE"**

The Medical Society of the State of New York, as represented by and through its State Committee on Legislation, begs leave to record the data collected relative to the various Counties in relation to Senate Bill Introductory Number 637, Print Number 663, concurrent Assembly Bill Introductory Number 888, Print Number 927.

Throughout the State there has been unanimous favor in relation to requesting the legislature to pass a bill in favor of the last three clauses of the bill introduced by the State Department of Education.

Opposition has developed however, in several of the Counties which have voted against the entire bill because it contains a re-registration and an annual registration feature to which they maintain they are opposed, throughout the discussion which has been going on among the physicians of the State and many arguments for and against re-registration and an annual registration have been advanced.

The Society may be said to be unanimous by County in its prayer to the legislature to pass such laws as would forever prohibit the practice of the healing art by those who would essay to hold themselves out as competent so to do, unless these same aspirants receive a sufficient education in the fundamentals of the healing art such as are taught in all the well regulated public and private schools, universities and medical colleges of the State and whose courses have been supervised and laid down by the State Department of Education, following the many convocations of

curring yearly among scientists of the various branches which go to make up the practice of the healing art.

The Society is unanimous in its declaration that the present requirements for those who would practice this art are sufficiently rigorous to guarantee to the public a safety which should not be lowered to any degree by those who claim within their own folds that there is no need of expending the time as now required in these fundamental principles leading up to practice.

The Society is unanimous in its declaration that in the many cults and groups which have sprung up and who make loud protestations through their commercial bureaus of persecution by the so-called "American Medical Trust" there is but little newness, and less of general therapeutic value and that in the majority of such cults are found those who are unwilling to take the present basic examinations because of their rigid demands and would seek a short cut to legal recognition of their practice, by which the people would be deluded in the false premise that the State guaranteed fitness of such members and of the practice employed by them for the healing of the sick.

The Society would place itself on record in the eyes of the legislature by the following statistics recorded in these three groups:

(1) Those who are unqualifiedly in favor of the entire bill—49 Counties composed of 8,002 members.

(2) Those who are in favor of the bill but protest in one manner or another concerning the



re-registration feature, and yet seek the favorable action of the legislature in behalf of the measure for the further protection of the public health—7 Counties, composed of 1,956 members

(3) Those who have not replied in any degree, and therefore as in parliamentary law may be recorded as an affirmative vote—2 Counties, composed of 52 members

Thus it will be seen that the Medical Society of the State of New York is in favor of the bill by a majority vote, and that the main opposition arises simply from the re-registration and registration feature which is sought by the State Department of Education in its desire to bring up to date a complete enumeration of the physicians of the State—a thing which has not been done since 1892, in spite of the progress of educational fields since that date

There is no attempt to change the present definition of the practice of medicine, and in view of the fact that many Counties are unable to bring those who are deemed illegal practitioners of medicine, as so defined by law, to trial, the Medical Society of the State of New York is unanimous in its prayer to have the interpretation and prosecution of the present law placed in the hands of a State Department—the Attorney General—as has been done with all of the professions, that the public health may be better protected against those who would essay the healing art, but who have not complied with the present laws and thus allow an impartial official to take up the prosecution and forward to completion the stabilizing of this profession—so vital to the public health

JAMES N VANDER VEER, *Chairman,*  
*Committee on Legislation, Medical Society*  
*of the State of New York*

## RECORD OF COUNTY MEDICAL SOCIETIES

FAVOR	No MEMBERS	FAVOR	No MEMBERS
Albany	215	Steuben	74
Bronx	562	Suffolk	115
Cattaraugus	44	Sullivan	33
Cayuga	56	Tioga	23
Chautauqua	99	Tompkins	60
Chemung	56	Ulster	63
Clinton	35	Warren	33
Columbia	37	Washington	43
Dutchess-Putnam	106	Wayne	36
Erie	757	Westchester	309
Essex	21	Wyoming	31
Franklin	46	Yates	21
Genesee	24	Broome	101
Greene	21	Livingston	30
Herkimer	55	Allegany	37
Jefferson	82	Queens	212
Monroe	399	Nassau	87
Montgomery	48	OPPOSING	NUMBER
New York	3084	REG	MEMBERS
Niagara	80	Kings	1505
Oneida	183	Orange	102
Onondaga	290	Rensselaer	108
Ontario	76	Schenectady	114
Oswego	55	Otsego	49
Richmond	68	Fulton	40
Rockland	38	Madison	38
St Lawrence	32	NOT HEARD FROM	
Saratoga	47	Chenango	38
Schoharie	19	Lewis	14
Schuyler	11		
Seneca	27		
Total number in favor of bill			8002
Total opposed to registration feature			1956
Number not heard from			52



# Medical Society of the State of New York

This revision of the Constitution and By-Laws prepared under the Resolution of the House of Delegates by the Executive Committee of the Council with the aid of Mr George W White-side, legal Counsel, will be submitted to the House of Delegates for action

## CONSTITUTION

### ARTICLE I

#### *Purposes of the Society*

The purposes of the Society shall be to federate and bring into one compact organization the medical profession of the State of New York, to extend medical knowledge and advance medical science, to elevate the standard of medical education, to secure the enactment and enforcement of just medical laws to promote friendly intercourse among physicians, to guard and foster the material interests of its members, and to protect them against imposition, and to enlighten and direct public opinion in regard to the great problems of medicine

### ARTICLE II

#### *Membership*

The membership in this Society shall be divided into three classes (a) active, (b) retired and (c) honorary

### ARTICLE III

#### *House of Delegates*

The House of Delegates shall be the legislative body of the Society, shall be charged with the general management, superintendence and control of the Society and its affairs and shall have such general powers as may be necessarily incident thereto, except as otherwise specifically provided by the Constitution or By-Laws. It shall pass upon the credentials and qualifications of delegates and shall finally decide who are entitled to be members of the House of Delegates. It shall have power and authority to suspend or otherwise discipline its own members, district branches, component county medical societies or any member of the Society, charged with special duties for and under authority of the State Society. It shall provide for a division of the scientific work of the Society into appropriate sections for the organization of the District Branches, for rules and regulations for its own government and for the administration of the affairs of the Society. It may delegate any of the affairs of the Society to the Council with power and authority to act thereon while the House of Delegates is not in session.

### ARTICLE IV

#### *Council*

The Council shall be composed of (a) officers of the Society, except the assistant secretary and assistant treasurer, (b) chairmen of the standing committees, (c) the retiring President for a term of one year after his term of office expires

### ARTICLE V

#### *Officers*

The officers of the Society shall be a President, two Vice-Presidents, a Speaker and a Vice-Speaker of the House of Delegates, a Secretary, an Assistant Secretary, a Treasurer, an Assistant Treasurer, and one Councilor from each District Branch, who shall be the President thereof. He shall be elected by the District Branch in which he resides for a term of two years. The officers, except the councilors, shall be elected for one year or until their successors have been duly chosen. They shall take office at the termination of the annual meeting.

### ARTICLE VI

#### *Censors*

The President, the Secretary and eight district councilors shall be known as the Board of Censors of the Society. The House of Delegates shall elect them annually.

Five Censors shall constitute a quorum. The President and Secretary shall be the President and Secretary, respectively, of the Board.

The Board of Censors shall meet upon the call of the President. The Secretary shall prepare and submit the report of the Board of Censors to the House of Delegates.

### ARTICLE VII

#### *Meetings*

The Annual and the Intermediate Stated Meetings of the Society or of the House of Delegates shall be held at the time and the place designated by the House of Delegates. The Council, for sufficient cause, may change the time and the place of such meetings, provided the House of Delegates is not in session.

### ARTICLE VIII

#### *Funds*

Funds shall be raised by an annual per capita assessment on each component county society at a uniform per capita rate throughout the State.



Funds may also be raised in any other manner approved by the House of Delegates or by the Council when the said House of Delegates shall not be in session. No funds of the Society shall be appropriated for any purpose, except by the authority of a resolution of the Council, nor shall any indebtedness be incurred by any officer, by members of Committees or members of the Society as a charge against the Society until the same shall have been approved by the Council.

## ARTICLE IX

### *Referendum*

At any annual or stated meeting of the Society or of the House of Delegates a majority of the members present may order a referendum on any question consistent with the Constitution and By-Laws and in accordance with such regulations respecting the submission of the question as the House of Delegates or the Council may prescribe. The members shall vote thereon by mail. The poll shall be closed at the expiration of fifteen days after mailing the question, and if the members voting shall comprise a majority of all the active members of the Society, a majority of such vote shall determine the question and be binding on the Society and the House of Delegates.

## ARTICLE X

### *District Branches*

The membership of the Society shall be divided into eight district branches, as follows:

The First District Branch shall comprise the members of the Medical Societies of the Counties of New York, Bronx, Westchester, Rockland, Putnam, Orange, Dutchess and Richmond.

The Second District Branch shall comprise the members of the Medical Societies of the Counties of Kings, Queens, Nassau and Suffolk.

The Third District Branch shall comprise the members of the Medical Societies of the Counties of Albany, Rensselaer, Schoharie, Greene, Columbia, Ulster and Sullivan.

The Fourth District Branch shall comprise the members of the Medical Societies of the Counties of St. Lawrence, Franklin, Clinton, Essex, Hamilton, Fulton, Montgomery, Schenectady, Saratoga, Warren and Washington.

The Fifth District Branch shall comprise the members of the Medical Societies of the Counties of Onondaga, Oneida, Herkimer, Oswego, Lewis, Madison and Jefferson.

The Sixth District Branch shall comprise the members of the Medical Societies of the Counties of Otsego, Delaware, Chenango, Cortland, Tompkins, Schuyler, Chemung, Tioga, Broome and Steuben.

The Seventh District Branch shall comprise

the members of the Medical Societies of the Counties of Monroe, Wayne, Cayuga, Seneca, Yates, Ontario and Livingston.

The Eighth District Branch shall comprise the members of the Medical Societies of the Counties of Erie, Niagara, Orleans, Genesee, Wyoming, Allegany, Cattaraugus and Chautauqua.

Each District Branch may adopt a constitution and by-laws for its government and may amend the same, but before becoming effective they must be approved by the Council. They shall be consistent with the Constitution and By-Laws of this Society.

## ARTICLE XI

### *Component County Medical Societies*

The terms county medical society and component county medical society shall be deemed to include all county medical societies now in affiliation with this Society or which may hereafter be organized and chartered by the House of Delegates.

There shall be but one county medical society in each county affiliated with this Society.

## ARTICLE XII

### *Amendments*

Amendments to this Constitution, except such as are obligatory by law, shall be made only at an annual meeting of the House of Delegates.

Notice of the proposed amendment shall be given at a previous annual meeting of the House of Delegates, and before the same can be acted upon, it shall be published once before the annual meeting in the official publication of the Society.

A two-thirds vote of the delegates present and voting shall be necessary for adoption.

Amendments made necessary by law shall be made either by the Council or House of Delegates whenever such necessity exists.

## BY-LAWS

### *Membership*

Sec 1 The active members shall be all members in good standing of the component county medical societies. A copy of the roster of such members certified to be correct by the Secretary of such county society shall be evidence of the right of the members whose names appear therein to membership in this Society. No applicant shall be eligible to membership if his diploma or license be of a sectarian character unless the applicant declare in writing his or her abnegation of sectarian title, nor shall any applicant be elected to membership until he has established that he is of good moral and professional char-



acter and reputation, and that admission would not be prejudicial to the best interest of the Society

Sec. 2 Any member suspended or expelled from a component county society shall likewise be suspended for the same period or expelled from this Society Any member suspended or expelled from this Society shall likewise be suspended for the same period or expelled from a component county society His right of appeal to this Society shall not be impaired nor shall such appeal prevent the carrying out of the judgment of the county society pending such appeal Any member not in good standing in his county society shall not be a member in good standing in this Society and any member ceasing to be a member of his county society shall also cease to be a member of this Society

Sec. 3 Retired members of this Society shall be active members of component county societies, seventy years of age or over who have applied for such retired membership All such applications shall be signed by the President and the Secretary of the county society of the applicant and then sent to the Secretary of this Society for presentation to the House of Delegates for approval Retired members desiring to become active members shall apply for such membership to the component county society in the county of the residence of the applicant Such applications shall be governed by the constitution and by-laws of the component county society relative to active membership

Sec. 4 The honorary members of the Society shall be all persons now on the roster as such and in addition such distinguished physicians residing outside of the State of New York All nominations for honorary membership must be endorsed by three members of the Society and forwarded to the Secretary for presentation to the House of Delegates, which by a two thirds vote of the delegates voting shall be declared elected honorary members of this Society provided the nomination shall have been made at a previous annual meeting

Sec. 5 Honorary and retired members shall be entitled to the privilege of attending and addressing the meetings of the Society, but shall not be accorded the other rights and privileges of membership or be subject to assessments

### *House of Delegates*

Sec. 6 The House of Delegates shall be composed of (a) Delegates elected by the component county medical societies, (b) officers of the Society, (c) chairmen of standing committees, and (d) the past presidents of the Society who shall be life members with voice but without vote Each component county society shall be entitled to

elect as many delegates as there shall be State Assembly Districts in such county at the time of the election, and each component county medical society shall be entitled to elect at least one delegate A component society representing by its name more than one county shall be entitled to as many delegates as there are Assembly Districts in the counties named in the title of such society

Sec. 7 The annual meeting of the House of Delegates shall be held at 2 p.m. on the day before the annual meeting of the Society The sessions of the House of Delegates may be adjourned from time to time as may be necessary

Sec. 8 Thirty delegates shall constitute a quorum

Sec. 9 It shall hear and finally determine all appeals taken from decisions of the Board of Censors

Sec. 10 It shall provide for the issue of charters to county societies in affiliation with the Society

Sec. 11 It shall have authority to appoint special committees from among members of the Society

Sec. 12 The following shall be the order of business at the sessions of the House of Delegates

- 1 Calling the meeting to order
- 2 Report of Reference Committee on Credentials
- 3 Roll call by the Secretary
- 4 Reading of the minutes of the previous meeting
- 5 Address of the President
- 6 Address of the Speaker
- 7 Report of the Council
- 8 Report of the Board of Censors
- 9 Report of the Secretary
- 10 Report of the Treasurer
- 11 Reports of the standing committees
- 12 Reports of the special committees
- 13 Reports of reference committees
- 14 Unfinished business
- 15 New business

Sec. 13 The officers and committees of the Society, to be elected by the House of Delegates, shall be elected at an adjourned session of the annual meeting of the House of Delegates, which adjourned session shall be held at a convenient hour on the first day of the annual meeting of the Society No member shall be eligible for any office or entitled to vote for any officer, chairman of Standing Committees or delegates, who is in arrears for county dues and State Society per capital assessment



Sec. 14 The first order of business on the day designated in the preceding section shall be the nominations for officers, censors, chairmen of standing committees, members of Committee on Prize Essays and delegates to the American Medical Association and the appointment of a sufficient number of tellers by the Speaker. After all nominations shall have been made the Secretary shall cause to be displayed in full sight of the delegates a list of the nominees for each office arrayed in alphabetical order, and shall also cause to be distributed a sufficient number of blank ballots for the use of the House of Delegates. These ballots shall have printed or stamped thereon the appropriate headings for each office with spaces thereunder in which may be written the name of the candidate or candidates to be voted for.

Sec. 15 All elections for such offices shall be by ballot, each member depositing his ballot on roll call individually or by counties. In the event of a single nominee only for any office, a majority vote without ballot shall elect. In case no nominee for an office receives a majority of votes on the first ballot the nominee receiving the lowest number of votes shall be dropped and a new ballot taken for that office. This procedure shall be continued until one of the nominees receives a majority of the votes cast when he shall be declared elected.

Sec. 16 The following method shall govern the election of delegates to the American Medical Association. Nominations shall be made for not less than double the full number of delegates to be elected, and the delegates shall be declared elected in the order of the highest number of votes cast until the allotted number shall have been chosen, a corresponding number in the next highest order of votes cast shall be declared alternate delegates.

Sec. 17 The Censors shall be nominated as provided in Article VI of the Constitution and elected by a majority vote without ballot.

Sec. 18 The delegates to the American Medical Association shall be elected in accordance with the Constitution and By-Laws of that body. Delegates may be elected to other medical societies or similar bodies as the interests of the Society may require, and credentials shall be issued to all delegates, signed by the President and Secretary.

Sec. 19 A delegate shall not be considered in good standing or entitled to vote in the House of Delegates if the component county medical society by which he was chosen is in default in the payment of any dues or assessments imposed by the House of Delegates, or if such component county medical society shall at the time be under sentence of suspension imposed by the House of Delegates, or if such delegate is not in good standing in this Society, or in the component county medical society to which he belongs.

## Council

Sec. 20 The Council shall meet at the close of the annual meeting of the Society to organize for the ensuing year and shall continue in office until their successors are elected and qualified.

Sec. 21 It shall meet once during the months of May and December of each year, the time and place to be selected by the President, and it shall meet at other times upon the request in writing of five members of the Council, or upon the call of the President.

Sec. 22 Seven members shall constitute a quorum.

Sec. 23 The Council shall be the executive and administrative body of the Society and shall have charge of all properties and the financial affairs of the Society and shall control all arrangements for the annual meeting, shall elect an Executive Committee of the Council to carry on during the interim between the regular meetings of the Council the affairs and the business of the Society. Its action shall be governed by the Constitution and By-Laws of the Society and the rules and regulations of the House of Delegates. It shall have power to employ legal counsel.

Sec. 24 The Council shall take such action as is necessary to carry out the Constitution and By-Laws and to give full effect to any resolution or vote of the House of Delegates. It shall also have power to legislate as a House of Delegates, when the latter is not in session, on all matters consistent with the Constitution and By-Laws. Such legislative action of the Council shall not become effective or binding on the Society until approved by a majority of a referendum vote of the House of Delegates, provided a majority of the House of Delegates vote thereon within fifteen days after the mailing of the question submitted for referendum. The Secretary shall send the question for referendum vote to all the members of the House of Delegates.

When the House of Delegates is not in session the Council shall have power to fill any vacancies which may occur in any elective or appointive office not otherwise provided for.

Sec. 25 All moneys of the Society received by the Council or any member or agent thereof shall be paid to the Treasurer of the Society. The Council shall approve the bond of the Treasurer as to amount, form and surety, it shall employ a public accountant to audit the accounts of the Treasurer and Secretary and other agents of the Society and present a statement of the same in its annual report to the House of Delegates. The Council shall make a report to the House of Delegates of its transactions for the



year and of the amount of money belonging to the Society under its control

Sec 26 The standing or special committees of the Society shall report to the Council and shall be subject to the jurisdiction of the Council at all times when the House of Delegates shall not be in session

Sec 27 The following shall be the order of business at meetings of the Council

- 1 Calling the meeting to order
- 2 Roll call by the Secretary
- 3 Reading of minutes
- 4 Communications
- 5 Reports of chairmen of standing and special committees
- 6 Unfinished business
- 7 New business

Sec. 28 At the first regular meeting of the Council, held at the close of the annual session of the Society, the Council shall choose by a majority vote five members of the Council, who together with the President and the Secretary shall constitute the Executive Committee. Candidates for election to the Executive Committee shall be nominated by the President, but other candidates may be nominated by any member of the Council. Executive Committee shall hold office until the following annual meeting of the Council or until their successors shall be duly chosen. The Executive Committee shall, when elected, organize immediately and elect a Chairman, a Vice-Chairman and a Secretary. The Executive Committee shall hold regular meetings at times and places that shall be fixed by the Chairman and any two members of the Executive Committee may require the Chairman thereof to call a meeting for such time and place as shall be designated by them in writing, of which the members shall have at least two days' notice. Four members shall constitute a quorum. It shall prepare a budget to be acted upon by the Council.

Sec. 29 The following shall be the order of business at meetings of the Executive Committee

- 1 Calling the meeting to order
- 2 Roll call
- 3 Reading of minutes
- 4 Communications
- 5 Report of committees
- 6 Unfinished business.
- 7 New business

Sec. 30 The Executive Committee shall superintend all publications of the Society and their distribution and shall have authority to appoint an editor and such assistants as it may deem necessary. The Executive Committee shall have such other powers and duties as may be delegated to it from time to time by the Council. It shall act as adviser to the legal counsel of the Society in suits brought against members of the

Society for alleged malpractice. It shall, with the aid of the legal counsel, examine the Constitution and By-Laws and all amendments thereto which may be submitted to the Council for approval and shall report to the Council its approval or disapproval thereof. The Chairman of the Executive Committee may order or any two members of the Committee may require the Chairman to order a referendum vote of the Council on any question that may come before the Executive Committee and members of the Council may vote thereon by mail or telegram. The poll on the question so submitted shall be closed at the expiration of one week after the mailing of the question and if the members of the Council voting shall comprise a majority of all the members of the Council, a majority of such vote shall determine the question and be binding upon the Council and the Executive Committee.

Sec 31 In case of any vacancy in the Executive Committee through death, resignation, disqualification or other cause, the President shall appoint a successor to fill such vacancy until the next meeting of the Council.

Sec. 32 The Executive Committee shall have charge of the administrative and business affairs of the Society while the Council is not in session, and may adopt rules and regulations not repugnant to the Constitution and By Laws of the Society or to the rules, regulations or orders of the House of Delegates or of the Council.

### *Duties of Officers*

Sec. 33 The President shall preside at all meetings of the Society, the Council and the Censors. He shall appoint all committees not otherwise provided for. He shall deliver an address at the annual meeting of the Society. He shall perform such other duties as the House of Delegates or the Council shall require.

Sec. 34 The ranking Vice-President in the absence of the President shall perform the duties of such officer. In the event of the President's death, resignation, removal, incapacity or refusal to act, the ranking Vice President shall succeed him.

Sec. 35 The Speaker shall preside at all meetings of the House of Delegates. He shall deliver an address at the annual meeting and shall perform such other duties as custom and parliamentary usage may require. He shall appoint all special committees serving during the meeting of the House of Delegates.

Sec. 36 The Vice-Speaker shall perform the duties of the Speaker when requested by the Speaker to do so or in case of the absence, death, resignation or refusal of the Speaker to act.

Sec 37 The Secretary shall attend all meet-



ings of the Society, the House of Delegates, the Council, the Executive Committee of the Council and the Censors, and shall keep minutes of their respective proceedings in separate records. He shall be the custodian of the seal of the Society, and of all books of records and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep an account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members at all sessions of the Society. With the aid and co-operation of the secretaries of the county societies, he shall keep a proper register of all the registered physicians of the State by counties. He shall aid the Councilors in the organization and improvement of the county societies and the extension of the power and influence of the Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall affix the seal of the Society to all credentials issued to members of the Society elected by the House of Delegates and to such other papers and documents as may require the same. He shall make an annual report to the House of Delegates and also the reports of the Council and the Board of Censors. He shall supply each county society with the necessary blanks for making their annual reports to this Society. Acting in co-operation with the Committee on Scientific Work he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council. He shall be ex-officio a member of all standing committees. He shall record the name and date of admission of each member of the Society.

Sec 38 The Assistant Secretary shall aid the Secretary in the Work of his office and in the absence or disability of the latter, he shall perform the duties of the office until the Secretary resumes the work, or in case of a vacancy until a successor shall be elected.

Sec 39 The Treasurer shall keep accurate books of accounts of all moneys of the Society which he may receive, and shall disburse the same when duly authorized by the Council or the Executive Committee, but all checks drawn by the Treasurer upon the funds of the Society shall be countersigned by the President or by the Secretary of the Society. He shall collect, on or before the first day of June in each year, from the Treasurer of each component county society the State per capita assessment. He shall at the expense of the Society give a bond for the faithful performance of his duties, which shall be approved by the Council as to amount, form and surety. He shall make an annual report to the House of Delegates. The Treasurer shall be a trustee of the Merritt H. Cash Fund, the Lucien Howe Fund, and such other special funds

as may be established. His salary shall be fixed by the Council.

Sec 40 The Assistant Treasurer shall aid the Treasurer in the work of his office, and in the absence or disability of the latter, he shall perform the duties of the office until the Treasurer resumes the work, or in case of a vacancy until a successor shall be elected.

Sec 41 Each District Councilor shall visit the counties of his district at least once a year and make a careful inquiry of the condition of the profession in each county in his district and shall report thereon to the House of Delegates.

Sec 42 The expenses actually incurred in the performance of the official duties of delegates of the Society to the meetings of the House of Delegates of the American Medical Association, of officers, members of the Council and Executive Committee thereof, presidents of the District Branches, shall be paid by the Society upon submission in conformity with the conditions hereinafter described. The Delegates of the House of Delegates of the American Medical Association shall be reimbursed or allowed the actual cost of railroad transportation from the place of their residence to the place where such meeting is held and return, including the cost of Pullman accommodation and such allowance shall be made to such delegates, provided such delegates shall have attended each session of the meeting of the said House of Delegates to which he was elected and presented to the Secretary of this Society, evidence of such attendance, and the incurrence of such expenses. The President and the Secretary of the Society shall be reimbursed or allowed for traveling within the State, that is necessary for the performance of their duties as such officers, and which is actually done in the performance of such official acts as such officers, the actual cost of railroad transportation or its equivalent from the place where such officer resides to his destination, including the cost of Pullman accommodation and return and a further allowance, where the same is actually incurred and necessary during the time actually occupied in such official activities, of a sum for maintenance not to exceed ten dollars per diem and such officers shall present to and file with the Secretary, a proper voucher therefor. The members of the Council and the Executive Committee thereof, shall be reimbursed or allowed for expenses incurred in the attendance upon meetings of said Council or Executive Committee, the actual cost of railroad transportation or its equivalent, including Pullman accommodation, from the place of the residence to the place where such meeting or meetings shall be held and return, and such member of said Council or Committee shall present to and file with the Secretary, a voucher therefor. *Each District Branch* shall be entitled to receive a sum not to exceed one hundred dol-



lars per annum to defray the expenses of holding the annual meeting of such District Branch, and shall present to and file with the Secretary a voucher therefor if such funds are desired by such District Branch. All bills or claims or vouchers hereinabove provided for, shall be filed within thirty days after the date of the incurring of such expenses unless further time, not to exceed ninety days in any given case for good cause shown, shall be allowed by the said Council or its Executive Committee.

### *Censors*

Sec. 43 The Board of Censors shall have jurisdiction to hear and determine all appeals from decisions on discipline of component county medical societies or decisions of such societies which may involve the privileges, rights or standing of members whether in relation to one another or to county medical societies or to this Society. Any member of any component county medical society, feeling aggrieved by the decision of such Society may within three months after such decision appeal to the Board of Censors of this Society from the decision of such component county medical society by filing a notice of appeal with the Secretary of this Society and the Secretary of the component county society.

Sec. 44 Any applicant for membership in a component county medical society who may have been excluded from membership in such Society, may likewise appeal from the action of said Society excluding him. All decisions shall be subject to appeal to the House of Delegates.

Sec. 45 The notice of appeal shall set forth in writing the name of the appellant the name of such component county medical society and the date and substance of the decision appealed from, and shall indicate the ground or grounds upon which such appeal is taken.

Sec. 46 Upon filing a notice of appeal, the appellant and the component county medical society shall submit to the Secretary of the Board of Censors all records, minutes, letters, papers and all written evidence including a digest of all testimony not stenographically reported relating to the matter. All data so submitted shall be confidential and privileged and shall be available only to the Censors and, on appeal, to the members of the House of Delegates.

Sec. 47 The Board of Censors shall consider the appeal on the data so submitted to it, and may affirm, modify or reverse, by a two-thirds vote of the Censors present and voting the decision so appealed from. If, in its opinion, the taking of further evidence is advisable, the Board of Censors may summons witnesses and proceed to take such evidence in such manner as it may deem proper and render its decision by a two-thirds vote of those present and voting which

decision shall be binding until reversed or modified by the House of Delegates.

Sec. 48 The Board of Censors shall investigate all charges preferred (a) by a member of one component county medical society against a member of another such county society, (b) by a member of a component county society against any component county medical society of which he is not a member, and (c) by a component county medical society against another such county society or a member thereof, and the Secretary of the Board of Censors shall submit the report to the House of Delegates for action thereon.

Sec. 49 A party desiring to appeal to the House of Delegates from the decision of the Board of Censors shall, within three months after such decision, file with the Secretary of this Society and the Secretary of the component county society a notice of appeal. Such notice of appeal shall set forth in writing the name of the appellant the name of the component county society, the date and substance of the decision appealed from and the ground or grounds upon which such appeal is taken.

Sec. 50 Upon the filing of a notice of appeal the appellant and the Secretary of the Board of Censors shall submit to the House of Delegates the decision and all records, minutes, letters, papers and all written evidence including a digest of all testimony not stenographically reported relating to the matter.

Sec. 51 The House of Delegates shall consider and decide the appeal on the data submitted to it, and may affirm, modify or reverse the decision so appealed from. Such decision of the House of Delegates shall be final and binding.

### *Committees*

Sec. 52 The Committees shall be classified as Standing, Reference and Special Committees. Standing and Special shall report to the Council and the House of Delegates.

#### *Standing Committees*

Committee on Scientific Work  
Committee on Legislation.  
Committee on Public Health and Medical Education  
Committee on Medical Economics  
Committee on Arrangements

Sec. 53 The Committee on Scientific Work shall consist of the Chairman, a member to be nominated by the President of the Society and elected by the Council and the Chairman of the different sections. It shall hold meetings and prepare the necessary programs for the annual meeting of the Society and for such other spe-



cial meetings as may be designated by the House of Delegates. It shall forward programs in ample time for publication, and not later than thirty days before the annual session shall send a completed program to the Secretary for the printing of the final program.

Sec 54 The Committee on Legislation shall consist of three members including the Chairman. It shall be the representative of the Society on all matters of medical legislation and shall have charge of all hearings before the Committees of the Legislature. The component county societies and their committees on legislation shall co-operate with this Committee and act in harmony with it on all such matters. It shall keep in touch with professional and public opinion on matters relating to medical legislation. It shall represent the Society in procuring the enactment of the medical laws of the State, in the interest of public health and of scientific medicine as will best secure and promote the welfare of the whole people. It shall take all legal and honorable means of opposing and preventing all vicious legislation detrimental to the best interests of the profession and the welfare of the public.

Sec 55 The Committee on Public Health and Medical Education shall consist of nine members, including the Chairman. It shall investigate, report upon and present to the Society such matters as may seem to the Committee to be of special importance in their relation to the public health and Medical Education and in this work like committees of component county societies shall co-operate with this Committee.

Sec 56 The Committee on Medical Economics shall consist of five members, including the Chairman. It shall keep informed on all matters affecting the economic status of physicians and shall investigate and report on such matters as it deems necessary.

Sec 57 The Committee on Arrangements shall consist of nine members, including the Chairman. It shall provide suitable accommodations for the meeting places of the Society, the House of Delegates and the Sections and shall make all necessary arrangements for these meetings. The Chairman of the Committee shall send an outline of the arrangements to the Secretary for publication in the program, and shall make such announcements during the session as occasion may require.

Sec 58 The Chairman of all standing committees shall be elected by the House of Delegates, unless otherwise provided for in the By-Laws. The remaining members shall be elected by the Council.

Sec 59 Immediately after the organization of the House of Delegates the Speaker shall announce such committees as he shall deem expedient for the purposes of the meeting, and the names of the members thereof. Only members

of the House of Delegates are eligible for appointment on the reference committees. Such committees shall consist of five members, three members constituting a quorum, and shall serve during the meeting at which they are appointed.

Sec. 60 All recommendations, resolutions, measures and propositions presented to the House of Delegates and which have been duly seconded shall be referred immediately to the appropriate reference committee.

Sec 61 Each Reference Committee shall, as soon as possible, take up and consider such business as may have been referred to it, and shall report when called upon to do so.

#### *Special Committees*

Sec. 62 Special Committees may be created by the House of Delegates to perform the special functions for which they are created. They shall be appointed by the officer presiding over the meeting at which the committee is authorized, if such committee is to conclude its work during said meeting of the House of Delegates. The President shall appoint all other Committees unless otherwise ordered by the House of Delegates.

Sec 63 A Committee on Medical Research consisting of ten members shall be appointed by the President. It shall adopt such measures as may be necessary, to instruct the public and the profession in the desirability of animal experimentation and shall use all honorable means to oppose such bills as may be presented to the Legislature with the view of limiting or restricting scientific progress. In legislative work it shall act in co-operation with the Committee on Legislation.

Sec 64 The Committee on Prize Essays shall consist of three members, including the Chairman, elected by the House of Delegates for two years. Its duty shall be to receive all essays offered in competition for prizes which may be offered by this Society.

The Committee shall make all necessary rules and regulations for the award of prizes subject to the terms of the deeds of gift, and shall report the result at the next annual meeting of the House of Delegates. They shall give notice through the Society's publication or by other methods within thirty days after their appointment, of the amount of the prize and when the essays shall be submitted to the Committee.

#### *Membership of Committees*

Sec 65 Any member of the Society shall be eligible to serve on Standing or Special Committees. All members of committees, who are not members of the House of Delegates, shall have the right to present their reports in person to the House of Delegates and to participate in the debate thereon, but shall not have the right to vote.



## Meetings

### General and Special

Sec. 66 The notices of the annual, regular and special meetings of the Medical Society of the State of New York, its House of Delegates, Council and Censors shall state the date, place and hour and shall be mailed in securely post-paid wrapper to each member of the body holding such meeting at least ten days before said meeting. The affidavit of mailing by the Secretary of the Society to the last recorded address of the member shall be deemed sufficient proof of the service upon each and every member for any and all purposes.

Sec. 67 Each member in attendance at the annual meeting, special or intermediate stated meetings of the Society shall enter his name and the name of the component county medical society to which he belongs in a register to be kept by the Secretary of the Society for that purpose. No member shall take part in any of the proceedings of such a meeting until he shall have complied therewith.

Sec. 68 All members in good standing so registered may attend and participate in the proceedings and discussions of the general meetings of the Society and of the sections.

Sec. 69 The following shall be the order of business at all general meetings of the Society:

- 1 Calling the Society to order
- 2 Address of welcome by the Chairman of the Committee on Arrangements
- 3 Reading the minutes of the last meeting
- 4 President's address
- 5 Special addresses
- 6 Reading and discussion of papers
- 7 Miscellaneous business.

Sec. 70 Special meetings of the Society shall be called by the President upon the request, in writing of one hundred members, and in case of the failure, inability or refusal of the President to act, such meeting may be called by a notice thereof subscribed by one hundred members.

Sec. 71 Special meetings of the House of Delegates shall be called by the Speaker upon the request, in writing, of fifty delegates, and in case of the failure, inability or refusal of the Speaker to act, such meetings may be called by a notice thereof subscribed by fifty delegates.

### Scientific Sections

Sec. 72. The Scientific Sections designated by the House of Delegates shall each organize by the election of a Chairman and Secretary. The Chairman shall be elected annually, the Secretary for such term as the section may deem fit.

Sec. 73 The Chairmen of the various Sections shall be members of the Committee on Scientific Work.

Sec. 74 The election of officers of Sections shall be the first order of business of the afternoon session of the second day of each annual meeting. To participate in the election of any Section, a member must be registered with such Section and must have recorded his name and address in the Section registry.

Sec. 75 Each Section shall hold its meetings at such times as designated by the Committee on Scientific Work.

### District Branches

Sec. 76 Each District Branch shall elect a President for two years, who shall be the Counselor for that Branch.

Sec. 77 Each District Branch shall elect such officers as are provided for in its By-Laws, who shall attend the business meetings of the Branch.

### Component County Societies

Sec. 78 Whenever an active member in good standing in any component county medical society removes to another county in this State, his name, upon his request, shall be transferred to the roster of the component county medical society of the county to which he removes, without cost to him, provided that he files a certificate with the Secretary signed by the President and Secretary of the component society from which he removed as to his good standing in such society. No member, however, shall be an active member of more than one component county society.

Sec. 79 If there should be an insufficient number of physicians and surgeons in any of the counties of this State to form themselves into a component county medical society, such physicians may become members of the component county medical society of an adjoining county when eligible by the Constitution and By-Laws of such county society.

Sec. 80 At its annual meeting each component county medical society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in accordance with the Constitution and By Laws of this Society.

Sec. 81 The Secretary of each component county medical society shall keep a roster of its members and of all other registered physicians of such county in which shall appear the full name of each of said physicians, the date of his admission to such society, his residence and the date when his license to practice medicine in this State was granted. He shall note any changes in



said roster by reason of removal, death, revocation of license or other disqualification.

Sec 82 He shall forward said roster and information, together with the names and places of residence of each of the officers of said society, the names and residences of each delegate of the House of Delegates of said society to the Secretary of this Society thirty days before the date of its annual meeting

Sec 83 The Treasurer of each component county medical society shall forward to the Treasurer of this Society, the amount of the State per capita assessment on or before the first day of June of each year

Sec 84 Each component county medical society may adopt a Constitution and By-Laws for the regulation of its affairs and may amend the same provided they shall be first approved by the Council before becoming effective. The Constitution and By-Laws of component county societies must not be in conflict with the Constitution and By-Laws of this Society

#### *Miscellaneous*

Sec 85 No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak upon any question before the House of Delegates for longer than five minutes nor more than once on any subject, except by the consent of a majority vote

Sec 86 All papers read before the Society by its members shall become the property of the Society. Permission may be given, however, by the Council, House of Delegates or the Executive Committee to publish such paper in advance of its appearance in the NEW YORK STATE JOURNAL OF MEDICINE

Sec 87 Any distinguished physician of a foreign country or a physician not a resident of this State, who is a member of his own State Association, may become a guest during any annual session upon the invitation of the President or officers of the Society, and may be accorded the privilege of participating in all the scientific work of the session

Sec 88 The rules, contained in Robert's Rules of Order, shall govern the Society and the House of Delegates in all cases in which they are not inconsistent or in conflict with the Constitution and By-Laws of the Society or the standing or special rules of the House of Delegates

Sec 89 Officers, members of Standing and Special Committees of the Society, may be removed from office or otherwise disciplined for malfeasance or nonfeasance in office, upon written charges made by any member and transmitted to the President. The President may, in his discretion, order a trial upon said charges by the Council or a Committee thereof and in the event of such trial, the accused shall be given at least ten days' notice of such charges and have full opportunity to defend the same, but no such officer or member of the committee shall be removed or otherwise disciplined except by a two-thirds vote of the Council. In case any such officer or member of the committee shall be removed, he may appeal from the decision of the said Council to the House of Delegates, but pending the determination of such appeal, he shall not exercise the functions of his office

Sec 90 Sections of the By-Laws, which refer to the order of business and to reference committees may be suspended by a two-thirds' vote of the House of Delegates

#### *Seal*

Sec 91 The seal of the Society shall be as follows



#### *Amendments*

Sec 92 Amendments to these By-laws, except such as are obligatory by law, shall be made only at an annual meeting of the House of Delegates

Sec. 93 Notice of the proposed amendment shall be given at a previous annual meeting of the House of Delegates, and before the same can be acted upon, it shall be published once before the annual meeting in the official bulletin or journal of the Society

Sec 94 The affirmative vote of two-thirds of the delegates present and voting shall be necessary for adoption

Sec 95 Amendments made necessary by law shall be made either by the Council or House of Delegates whenever such necessity exists





# NEWS NOTES



## MEMORIAL HERMANN M BIGGS

A meeting will be held in memory of the late Dr Hermann M Biggs at The New York Academy of Medicine on Tuesday evening, April 29th, at 8 30 P M

The late Dr Hermann M Biggs devoted the major part of his life to the prevention of disease and promotion of public health

For a period of thirty five years, Dr Biggs was connected with the Health Departments of the City, and State of New York, first as pathologist of the City Health Department and later as General Medical Officer, from which position he retired in 1913 in order to accept the position of Commissioner of Health of the State of New York

It seems peculiarly fitting that the memorial meeting for Dr Biggs should give an opportunity to those who were associated with him to describe the advances made in the progress of Public Health and Preventive Medicine under his leadership

The Academy of Medicine considers itself fortunate in having persuaded Dr William H Welch, Director of Johns-Hopkins School of Hygiene and Public Health to preside at the meeting and he will speak on the life work of Dr Biggs

It is expected that Governor Smith will speak on the Public Services of Dr Biggs

Dr Walter B James, Emeritus Professor of Medicine at Columbia University will speak on Dr Biggs's work as a physician

Dr Biggs's success as a Teacher and Hospital Physician will be described by Dr George David Stewart, President of The New York Academy of Medicine

Dr William H Park, Director of Municipal Laboratories will describe the development of the New York City Health Department under Dr Biggs's leadership

Dr Matthias Nicoll, State Commissioner of Health, will make an address on the development of the State Department of Health

Addresses will be made by friends and associates of Dr Biggs, as follows

Voluntary Agency in the Public Health movement by Mr Homer Folks of the State Charities Aid Association

A tribute from friends and patients, by Mr Ira A. Place Vice-President of the New York Central Railroad Company

The work of a Cornell Alumnus by Dr Livingston Farrand, President of Cornell University

## WOMEN'S MEDICAL SOCIETY, NEW YORK STATE

The annual meeting of the Council of the Women's Medical Society of New York State is called Sunday April 20th at 7 P M at the Hotel Seneca Rochester The New York City delegates are urged to come and join us on Train 3 Grand Central, leaving New York City at 8 45 A M, April 20th Leave Albany 2 35 P M arriving Rochester 5 26 P M

The annual meeting will be held on April 21 1924 in the Hotel Seneca Rochester New York

### PROGRAM

Invocation Eliza M Mosher M D  
Address of Welcome, Mary E Dickinson, M D, President Blackwell Medical Society  
Greeting Orrin Sage Wightman, M D, President Medical Society of the State of New York  
Response—President's Address, Mary Dunning Rose M D

The Use of Insulin Agnes Brown, M D, Assistant to John R Williams M D, Rochester

Posterior Positions in Obstetrics (treatment and case reports), Edith R. Hatch, M D, Buffalo  
Paper, Florence L. McKay, M D, Director of Division of Maternal, Infancy and Child Hygiene, New York Department of Health, Albany

Heart Decompensation, Alta L. Sager, M D, Intern, Buffalo City Hospital

Health Education through the Rochester Y W C A, Sarah G. Pierson, M D, Rochester State Hospital

The Relation of Mal Nutrition to the Pre-School Age Child, M. May Allen, M D, Formerly Assistant Director of the Child Hygiene Division Department of Health, Indiana.

A Study of Tuberculosis in Infancy, Martha Wollstein M D, New York City

### LUNCHEON, 2 P M

Afternoon Session Open to the Public  
Nerve Tone, Rosalie Slaughter Morton, M D, Chairman International Serbian Education Committee, New York City

Experiences in Teaching Public Health through a Newspaper Syndicate, Lulu Hunt Peters M D, Author of Diet and Health, New York City

### BANQUET

Pompeian Room Hotel Seneca 7 P M Tickets, \$3 50 Reserve tickets early of Chairman of Arrangements, M. Louise Hurrell, M D, 1657 East Avenue, Rochester, N Y





# THE DAILY PRESS



Popular interest in health is shown by our habitual salutation "How are you?" Subjective bodily feelings are the most common of all topics of conversation, except possibly the weather, and the reason that the weather ranks first is because of its supposed effect on health and comfort. The health items in the daily press reflect the popular opinions of the supposed effect of environmental conditions on health. It is always possible to get space in a newspaper in order to expose an unsightly nuisance. This week's clippings contain more than the usual number of items relating to nuisances.

The *Buffalo Commercial*, March 27th, gives half a column to a discussion of the smoke nuisance. The article states that the harmful constituents of Buffalo smoke have not been identified or traced to their sources, and leaves the impression that the actual effect of the smoke on health is problematical. But the article quotes two prominent women who assume that the smoke is deadly. An engineer is quoted as saying that smoke can be prevented, and that black smoke from a chimney is the result of poor combustion in a boiler. An efficient operation of a boiler in a power plant seems to be as difficult as the stoking of the human furnace.

The *Newburgh News*, March 27th, contains a notice of violations of the law forbidding the sale of bob veal, by which is meant the meat of calves under six weeks old. The article also mentioned the seizure of a number of cases of iceberg lettuce, by which is meant lettuce that has been frozen. Just how either the bob veal or the iceberg lettuce was unhealthful is not stated.

The *Rochester Democrat*, March 25th, contains an article with the caption "Rats seem worst enemy to public. Ways to destroy this menace to health of Home told and aid offered by Washington." The article is an ordinary description of the work of the U S Public Health service. It makes the sage suggestion that, if the female rats are caught and destroyed, the males will kill one another.

The *Rochester Herald*, March 25th, describes a new peril to which stowaways on ships are exposed. It describes a system of fumigation by means of cyanogen chloride. This is not so deadly as potassium cyanide, but it is irritating and drives rats and other vermin out of the ship,

and will also kill them if they are exposed to its full effects.

Smallpox cases are frequently occurring in various parts of New York State, but they seldom receive more than a passing notice from the newspapers. The *Amsterdam*, *Schenectady*, and *Dunkirk* papers carry brief accounts of smallpox cases, and in nearly every case the disease has been definitely traced to its origin and its spread definitely checked. There seems to be little objection to vaccination when smallpox is actually present.

The present indifference to smallpox, or rather the present confidence of the public in the ability of the Health Department to handle the disease, is in marked contrast with the fear that existed a generation ago, and which led one Long Island community to build a hut for a smallpox patient in the woods, to carry him to it in a buggy, and then to burn the buggy and shoot the horse.

Several newspapers carry notices of a new regulation made by the State Department of Health that physicians should make reports to health officers regarding every vaccination that they do, and shall include a statement that they have inspected the vaccination sore, and shall state whether or not the vaccination has been successful. One effect of the regulation will be that physicians will keep track of their vaccinations and will protect the public against accidents that might follow.

Several newspapers give lengthy publicity to a radio talk broadcasted by Commissioner of Health Nicoll, on "Why we should drink water." The talk is not at all a prohibition lecture, but it gives simple reasons why an abundance of water helps all the living actions of the body. There is a great need of simple talks on ordinary hygienic topics, such as this one on drinking an abundance of water.

The *Schenectady* newspapers continue to give a large amount of space to information regarding the Health Week in the city. The speeches are reported and the exhibits are described. The combination of attractive displays and speeches with newspaper publicity, will make the people think about their health as they have never thought before.

The *Schenectady Gazette*, March 27th, contains a description of the methods of teaching aliens to read English. It mentions particularly the use of health texts and says



The department has used health topics for some of the lessons sent out, taking such subjects as diphtheria and sore throat and telling simple ways to guard against such diseases. Other subjects which have been used as lesson topics are the hospital, Red Cross, washing the hands, going to work and so forth. School nurses and doctors in their work find that these lessons are a great help to the people who receive them, teaching them to guard against sickness as well as instructing them to act promptly when children or older members of the family are taken with a contagious disease.

### Lesson Sent Out for Health Week

The department lesson for the current week is most appropriate for it contains a little treatise on health and a group of "Daily Doesn't."

"Don't give your hugs to the baby  
"Don't kiss the baby on the lips  
"Don't put your lips to the baby's bottle  
"Don't touch your fork to the baby's food  
"Don't touch your spoon to the baby's food  
"Don't breathe in the baby's face.  
"Don't give the baby tea or coffee.  
"Don't give the baby poison 'Any form of liquor is poison'  
"Don't let flies crawl over the baby's food  
"Don't let flies crawl over the baby's nipple.  
"Don't let the flies crawl over the baby's nipple.

"Good health is a treasure worth guarding."  
It would seem that this attempt to kill two birds with one stone has a fair chance of succeeding.

The Rochester Democrat contains a double column portrait of a prominent leader in one of the big health associations that will stage a health week throughout the land. This is the kind of publicity to which doctors object. They say it is not necessary to advertise the organization which is trying to promote a good cause. One of the principal objections to the uplift organizations is that they give themselves great credit for the good that is accomplished.

The New York Times March 24th carries a description of the Last Harlem Health Center. This was established by the Health Department of New York City in co-operation with twenty-two private health agencies, in order to make a demonstration of what the combined health forces in a congested district could do. The center gives service to about 112,000 people and has doubled the service that was formerly given by overlapping agencies, at an increase in cost of only eleven per cent. The center is operated just as a center in a small town would be run. It conducts clinics, gives the toxin-antitoxin immunizations and makes home to home visits. The account ends.

"Wherever the death and sickness rates revealed a gap in service, we have tried, as with our General Medical Examination Clinic, to build up the weakness. Seventeen thousand children in the district have received the Schick Test. About one-third were found to be susceptible to diphtheria and received antitoxin. Recently our Board of Health nurses assisted with the house to house canvass of the district in order to acquaint each family with the Health Center and to notice any cases in the homes that needed medical attention. At every turn we have offered both our practical aid and our good will."

The Auburn Citizen, March 26th, gives the program of a tuberculosis campaign in Auburn. The program seems to be so sane and sensible that we are quoting the article in full.

The public Health Committee of the Cayuga County Medical Society, composed of Dr. C. F. McCarthy, Dr. H. I. Davenport of Auburn, Dr. N. L. Woodford of Union Springs, Dr. C. E. Goodwin of Weedsport, is conducting a tuberculosis campaign in Auburn this week.

Motion pictures sent out by the United States Government showing tuberculosis films of both bovine and human victims and the methods of meat inspection are being shown at the local theaters.

The campaign will culminate Thursday with afternoon and evening meetings at the Chamber of Commerce. The afternoon meeting will be for dairymen of the county starting at 2 o'clock. An address will be delivered by Prof. H. A. Hooper of Cornell on "The Feed for Milk," and a talk will be given by Dr. George L. Flanders on "Milk." Doctor Flanders is a representative of the State Department of Farms and Markets at Albany.

In the evening a mass meeting will be held at which address will be delivered by Dr. E. T. Faulder of the United States Bureau of Animal Husbandry on Meat Inspection. Dr. F. W. Sears of Syracuse will give a talk on "A Model Milk Code." W. E. Davis, president of the Cayuga County Committee for the Eradication of Bovine Tuberculosis and Leon Cooley, the new county veterinarian of the county will also be called upon for remarks.

The New Rochelle Star, March 31st, contains an account of a council of Parent-Teachers Association of the city. Among other addresses was one by a woman who described a new eye treatment that is now being started in New Rochelle. It consists of exercises which will do away with the necessity for wearing glasses. The speaker is reported to say that she hopes to make treatment available for the poor children of the city. This seems to be an example of unwise publicity of a hopeless measure.



# BOOK REVIEWS

**DIAGNOSIS AND TREATMENT OF ACUTE ABDOMINAL DISEASES, INCLUDING ABDOMINAL INJURIES AND THE COMPLICATIONS OF EXTERNAL HERNIA**, by JOSEPH E. ADAMS, M.B., M.S., Lond., F.R.C.S., Eng. Surgeon to St. Thomas's Hospital, Senior Surgeon, East London Hospital, Children. Second Edition. William Wood & Co., New York, 1923. Price, \$6.00.

Practically every possible acute abdominal condition is considered in this book, and, with characteristic clearness, the clinical picture of each disease is well presented, and adequate treatment outlined. The exception is the chapter on appendicitis. No less than 150 pages are devoted to this subject. A more compact description would lead to a better conception of the disease, especially with reference to diagnosis.

In cases with general peritonitis, the author states that the mortality is 70 per cent. This is unfair to surgery. In desperate cases, the Ochsner treatment should be resorted to. Dr. Ochsner's name is unfortunately not even mentioned.

The grid-iron or muscle-splitting incision is referred to only once in relation to appendicular abscess. With more confidence in his diagnostic ability, the surgeon would utilize this incision in at least 90 per cent of the cases, and with gratifying results.

The subject of purgation. "In cases of spreading peritonitis," says the author, "purgatives should be given magnesium sulphate or calomel every hour until the bowels act." Our patients have done better since we abandoned this practice.

On the whole, however, one can state without hesitation, that this is one of the best books published during recent years. Due credit should be given particularly for the excellent description of such conditions as pneumococcus peritonitis, acute pancreatitis, acute hemogenous suppurations of the kidney, and a few other topics which are hardly touched upon in the average text-book.

HERMAN SHANN

**LOCAL ANAESTHESIA METHODS AND RESULTS IN ABDOMINAL SURGERY**, by PROF. DR. HANS FINSTERER, Surgeon-in-Chief, Vienna Hospital of the Brothers of Charity. Forty-two illustrations. Authorized English Version. By JOSEPH P. F. BURKE, M.D., Sc.D., LL.D., Buffalo, N. Y., Attending Surgeon, Buffalo City Hospital. Rebman Co., New York, 1923. Price, \$5.00.

This book is divided into two parts, and has 42 illustrations. Part I is divided into seven chapters.

(1) Introduction. Reviewing the advantages of local anaesthesia over general.

(2) Development of local anaesthesia in abdominal surgery. Paying tribute to the works of Drs. Farr and Crile of this country.

(3) The importance of local anaesthesia for the result of abdominal operations. Reviewing many personal cases and also giving percentages of mortality and morbidity in several clinics.

(4) Indications and contra-indications for local anaesthesia and general narcosis.

(5) General consideration concerning solution and technique of injection.

(6) Sensibility and innervation of the abdominal cavity.

(7) Methods of anaesthetizing. This chapter contains several illustrations showing the methods used by the author to produce local anaesthesia.

Part II is divided into three chapters.

(1) Minor operations, or the operations that can be done by simply infiltrating the abdominal wall.

(2) Operations of medium severity, such as ventral hernia, epigastric hernia, umbilical hernia, appendicitis, and exploratory laparotomy.

(3) Major operations, such as gastric resection and other operations on stomach, operations on gall bladder, spleen, small and large intestines, kidney, and pelvic organs.

The author not only describes the technique of anaesthesia in these operations, but describes, with illustrations, his method of doing many of them.

The book as a whole shows that the author is a surgeon of the highest order, and he deserves great credit for showing us the wonderful possibilities of local anaesthesia. As a work on local anaesthesia, the reviewer can find very little in this volume that has not already been written and published by American authors.

J. M. SCANNELL

**LA CHRONAXIE CHEZ L'HOMME, ÉTUDE DE PHYSIOLOGIE GÉNÉRALE (NORMALE ET PATHOLOGIQUE) DES SYSTÈMES NEURO-MUSCULAIRES ET SENSITIFS**, par le DR. GEORGES BOURGUIGNON, Docteur es Sciences, Chef du Laboratoire d'Electro-Radiothérapie de la Salpêtrière, Membre correspondant de l'Académie Royale de Médecine de Turin. 50 figures, 192 Tableaux dans de texte. Masson et Cie, Editeur Libraires de l'Académie de Médecine, 120 Boulevard Saint Germain, Paris, 1923.

This is a treatise primarily meant for and interesting to the neurologist and electro-therapist. Lapicque applied the term "chronaxia" to the measure of muscular excitability as indicated by the amount of current necessary to obtain a response as well as the latent interval involved.

Bourguignon's work is based on two main premises namely, that normally synergic muscles have the same excitability, and that the appearance of unequal excitability accompanies the disappearance of normal synergy. The appearance of equal excitability in regions where unequal reactions normally are found accompanies the appearance of abnormal synergy.

An immense amount of work must have been entailed in the preparation of this book, and it cannot but be of great interest and value to those doing special and intensive work on the nervous system, particularly the peripheral nerves.

WM. HENRY DONNELLY

**LES FERMENTES DES LEUCOCYTES EN PHYSIOLOGIE, PATHOLOGIE ET THÉRAPEUTIQUE GÉNÉRALES**. By DR. NOËL FIESSINGER with a preface by PROFESSOR A. CHAUFFARD. Published by Masson et Cie, Paris, 1923. Paper, pp. 238. Price 16 fr.

This work is an authoritative treatise on the biochemistry of the leukocyte. The activity of the white blood cell is not limited to the environs of its own protoplasm, for the enzymes elaborated by this cell are more numerous and varied than those of the pancreas itself. To quote Chauffard, the leukocyte is a unicellular endocrine gland. One has only to mention the oxidases, peroxidases, catalases, reductases, proteases, peptases, nucleases, lipases, lecithinases, monobutyrinases, amylases, and the glycolytic ferments, to gain some idea of the complexity of the biochemical functions of this cell. The part which these enzymes play in various physiologic and pathologic processes and some therapeutic deductions from these observations are described by the author in a most fascinating style.

HENRY M. FEINBLATT



**MODERN ASPECTS OF THE CIRCULATION IN HEALTH AND DISEASE**, by CARL J. WIGGERS, M.D. Second edition, thoroughly revised. Octavo of 662 pages, illustrated with 204 engravings. Philadelphia and New York: Lea & Febiger, 1923. Cloth \$7.50.

This text offers a complete review of the subject both for laboratory and bedside study.

It is the intention of the author to incorporate the ideas of other cardiologists for discussion, together with his own conceptions and latest experiments.

The illustrations, which number 204 engravings are all well chosen, and are an excellent help to the reader. Painsstaking descriptions accompany the engravings adding to their value. Bibliographical references are plentiful throughout the entire text. New subjects are all included. The significance of the circus movements submitted by Lewis and his associates covers a half dozen pages. Flutter and fibrillations are explained at length and understood.

The text is conveniently arranged into three sections. Section one deals with the fundamental conceptions and ideas pertaining to circulation in health. The physiological properties of the heart are reviewed. All influences directly affecting the heart such as chemical, mechanical and nerve disorders are explained. The dynamics and efficiency of the heart beats are well understood by the author.

Section two gives an excellent description of the various mechanical procedures which are available for studying the circulation and heart muscle. The significance of the electro-cardiogram is told in health and disease, with the technique of the apparatus. Section three gives the results of the direct application obtained by experimental investigation in abnormal conditions together with symptoms and signs related at the bedside.

The work has successfully fulfilled its object and it is emphasized, that any physician engaged in heart work, or anyone who wishes an excellent reference work on this subject, should familiarize himself with this book. A. T. M.

**MANAGEMENT OF THE SICK INFANT** By LANGLEY POKITA, B.S., M.D. M.R.C.S. (Eng.), L.R.C.P. (Lond.), Professor of Clinical Pediatrics, University of California Medical School Consulting Pediatrician, Babies Hospital Oakland and WILLIAM E. CARTER, M.D., Assistant in Pediatrics and Chief of Out Patient Department University of California Medical School. Second Revised Edition. Illustrated. C. V. Mosby Company St. Louis 1924. Price, \$8.50.

We are glad to note that the good form and press work of the first edition have been continued in the new revised edition. It is printed on good paper, the type is large, the headings are in black type, and the illustrations are clear. These things together with the fair size of the book make for easy reading.

A comparison of the table of contents of the first edition with the table of contents of the new revised edition would lead one to believe that many additions had been made. An examination of the text however reveals that in some instances headings have been given in the revised edition where they were not given in the first edition.

Among the additions to the text, which help to bring it abreast of the times are: Recognition of the value of heliotherapy in the treatment of Rickets and nutritional disturbances, the importance of gradual weaning and the early addition to the nursing baby's diet of one bottle feeding which makes gradual weaning so much easier, brief description of intracranial hemorrhage of the newborn with treatment, treatment of tetanus and a chapter on prematurity.

Diabetes is partially covered in its dietetic treatment but insulin is barely mentioned. Since insulin is now generally available, and can be used with proper controls it is a vital deficiency not to include the details of its use.

It is a good book, thoroughly practical and will be of great help to many physicians.

ARCHIBALD D. SMITH

## BOOKS RECEIVED

**GOITRE, A CONTRIBUTION TO THE STUDY OF THE PATHOLOGY AND TREATMENT OF THE DISEASES OF THE THYROID GLAND**. By F. DE QUIRVAIN, Professor of Clinical Surgery in the University of Berne. Translated from the French by J. SNOWMAN, M.D. M.R.C.P. With 118 illustrations and a Bibliographical Appendix. William Wood & Co. New York 1924. Price \$6.00.

**DIET FOR CHILDREN (AND ADULTS) AND THE CALORIC KIDS**. By LULU HUNT PETERS, A.B. M.D. author of Diet and Health, With key to the Calones. Pediatrician, Los Angeles County Hospital. Attending Physician, Florence Crittenden Home, Los Angeles, California. Dodd Mead and Company 1924. Price \$2.00.

**VENEREAL DISEASE, ITS PREVENTION, SYMPTOMS AND TREATMENT**. By HUGH WATNEY BAYLY, M.C., Hon. Sec. Society for the Prevention of Venereal Disease. Second Edition with 58 illustrations. The Macmillan Company New York 1924.

**APPLIED PATHOLOGY IN DISEASES OF THE NOSE, THROAT AND EAR**. By JOSEPH C. DECK, M.D. F.A.C.S., Associate Professor of Laryngology, Rhinology and Otolaryngology University of Illinois College of Medicine.

Chief of Staff Otolaryngology, North Chicago Hospital, Chicago. With 268 Original Illustrations including 4 color plates. C. V. Mosby Company St. Louis 1923.

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Operator (with audible intake of breath) An ambulance!

Myself Yes—I want an ambulance.

Operator Hold the wire.

(indicating according to established usage—a lapse of time)

Myself Hello, hello, hello!

Strange Voice Yes, yes—hold your shirt, can't you?

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Voice Well, what do you want anyway?

Myself I want an ambulance.

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Myself I want an ambulance.

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"A handkerchief!" called the doctor, and disappeared.—*Lustige Blätter (Berlin)*



# NEW YORK STATE JOURNAL of MEDICINE

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## UVEITIS, IDEOLOGY, PATHOGENESIS, ITS RELATION TO OTHER PARTS OF THE BODY, VARIETIES OF UVEITIS, CLINICAL SUBDIVISIONS AND PATHOLOGICAL AND ANATOMIC CLASSIFICATIONS\*

MACY L. LERNER, MD

ROCHESTER, N Y

VERY often the general medical man is confronted with some ocular affection before the ophthalmologist sees it. Many of the eye diseases require careful study and thorough laboratory and other modern methods of examination before the etiology can be established. The general man is then required to co-operate with the ophthalmologist if intelligent management of the case is desired.

The subject of my paper and the cases presented I hope will illustrate and give a review of the literature of the subject. Indeed, I don't intend to present new facts as the subject of uveitis has been studied by many observers. As one prominent ophthalmologist stated to me in a recent conversation: "There is hardly anything to say or add to what Dr. Deschweinitz has written in his well known paper on uveitis." I merely wish to review the literature and show how important it is for the general medical man to have a knowledge of our difficult eye affections.

### REPORT OF CASES

Case 1. F. B. female aged 24, single. Family history: father and mother living and well. Four brothers and one sister living and well. Past history: had ordinary childhood diseases. States that she is subject to muscular rheumatism but was never confined to bed with it. In 1919 had influenza lasting two weeks. Did not make a complete recovery and soon after she got up had a relapse and was in bed for six weeks. Has always been anæmic and coughs considerably, especially in the morning but raises no sputum. She also gives a history of having a large swelling in the right submaxillary and parotid regions. It never suppurated. A few X-ray treatments caused it to disappear. Her teeth were X-rayed and some extracted before the present ocular condition arose. She suffers from a moderate amount of deafness since childhood. Her menses

begin at 14 and are regular. She weighs 86 now, her best weight having been 98 lbs. Bowels are constipated. Appetite is good. Ocular history: had never worn glasses, no headaches. Her first eye trouble began last March when she noticed a small round elevation size of a pinhead on the temporal surface of the bulbar conjunctiva of the left eye. This elevation is described by her as a white bleb which became inflamed later and with it the entire globe became inflamed. Photophobia was a prominent symptom and severe pain with it. She consulted her family physician who ordered a Wassermann which proved to be negative. She was advised to see an oculist. On November 23, 1922 I made a complete ocular examination and found: O. D. appears normal in every way externally. O. S. slight ptosis of upper lid, upper  $\frac{1}{2}$  of pupil being covered by it. Palpebral and bulbar conjunctivæ slightly injected. Ciliary flush present. Pupil irregular, moderately dilated, 4 mm in diameter, reacts to light very sluggishly and none to accommodation. (Patient evidently had had some cycloplegic prescribed by her physician in an ointment form.) Cornea appears to be clear, ocular rotations full and no evidence of lachrymal disease. Vision O. D. 6/6—3 O. S. 6/30+1. Ophthalmoscopy: O. D. Media clear. Disk round. Margins slightly blurred. Color somewhat grayish, central physiological cupping and pulsation of the central retinal vein noticed. No lesions were observed in the macula or periphery. O. S. Media numerous vitreous shred like opacities floating freely. Posterior synechia present. Fundus details are unobtainable except a shadow of the course of the vessels can be made out.

Treatment: Patient was advised to have a careful examination of the nose, throat, sinuses, chest and teeth. For the ocular condition she was prescribed atropine sulphate, 1%, one drop in the left eye t. i. d. diionne 3%, one drop in left eye t. i. d., boric acid wash q. 4 hrs., hot boric

\*Read before the Rochester Eye, Ear, Nose and Throat Club.



acid fomentations to the left eye q 3 hrs, 10 minutes at a time

Notes From the otolaryngologist, bad pyorrhea affecting lower incisors, tonsils negative, hypertrophy of the lower turbinates with passive congestion, ears involved with catarrhal condition. From the family physician chest examination negative, nothing abnormal found in the urine

Patient was advised to have an X-ray examination of the chest, von Pirquet and another Wassermann, but she refused to carry on further search. On February 12, 1923, she reported to me, and the following was noticed upon examination: pupil well-dilated, slightly irregular, bulbar conjunctiva clear, media, descemetitis present. Many large vitreous opacities floating freely. Disk seen rather hazy, appears to be oval, vessels observed through a veil. No lesions observed in the macula or periphery. Vision O S 6/12. Patient was told to continue same treatment and urged to have pyorrhea treated.

On March 4, 1923, patient's vision was 6/9. Eye appeared to be quiet and looked white. Pupil dilated, somewhat irregular, vitreous opacities of all sizes floating freely. Fundus details could be seen at this time clearly. Color of disk appeared to be grayish, muddy, veins full. No lesions observed in the macula or periphery. The pyorrheal condition had cleared considerably under treatment by dentist. Patient was advised to continue same treatment for her eye and to report for observation.

Case 2 M A, Italian female, aged 31, married, has 6 children all living and well. Family history negative. Past history states that she has always had good health and does not remember ever having had any infectious disease. Present trouble is blurring vision in the left eye for the past ten days.

Vision with illiterate chart O D 6/9 O S 6/60. External examination O D A very small chalazion is observed in the lower lid. Palpebral conjunctivæ are slightly injected, bulbar clear, cornea shows two pin-head sized nebulae in the pupillary area, pupil is round and reacts to light and accommodation, ocular movements are full, no lachrymal disease. O S Considerable injection of palpebral and bulbar conjunctivæ and a faint ciliary flush present, cornea appears to be clear, pupil somewhat irregular and reacts sluggishly to light, with oblique illumination small exudative deposits are observed at the pupillary border. One drop of homatropine, 2%, was instilled and after waiting about five minutes pupil dilated slightly and showed considerable irregularity. Ophthalmoscopically O S media, posterior synechia present, fundus unobtainable. O D media and fundus appeared to be normal.

Treatment Patient was advised as to the im-

portance of a number of laboratory studies and general physical examination in order to determine the focus of infection. Locally she was prescribed atropine sulphate, 1%, one drop in the left eye, t i d, dionine, 3%, one drop in the left eye, t i d, boric acid solution as a wash and hot boric fomentations ten minutes at a time q 4 hrs, dark glasses. She was referred for a general medical, nose and throat, dental examinations, and a Wassermann requested. One week later examination showed pupil dilated moderately, very irregular, posterior synechia present, fundus unobtainable. Report of Wassermann negative. Report of general medical, heart and lungs normal with some evidence of malnutrition. Report of urinary findings, reaction acid, specific gravity 1016, no albumin, no sugar, sediment negative. Dental report, extraction of second molar and second bicuspid on upper left and first and second molars on upper right side. Patient was advised to continue same treatment locally and to have gynecological examination, requesting smears from the cervix and vagina for bacteriological study. An X-ray of her sinuses was also advised. Another week later the condition of the eye was the same. Report of nose and throat findings states that she has considerable pyorrhea alveolaris infected tonsils and adenoids. Report of the gynecological examination states presence of amenorrhea for three months, uterus somewhat enlarged, cervix soft, possibility of pregnancy. Smears negative for gonococci. X-rays of sinuses reported normal.

Patient was referred to a dermatologist for treatment of the acne of her face and he reported that she was suffering from pediculosis capitis, for which she was treated. The eye remained about the same for about ten days when it became more injected, cornea appeared steamy and a number of superficial punctate opacities were observed. The pupil acquired a clover-leaf shape with posterior synechia. Fundus still unobtainable. No change was made in her treatment. Advised to treat her pyorrheal condition, and removal of tonsils was suggested. Besides that I made a von Pirquet test which proved to be a negative. Seven days later globe appeared white, cornea regained its normal luster, opacities disappeared, pupil still irregular, moderately dilated, vision, patient counts fingers at one meter distance. Treatment continues the same.

Patient is still under observation. I have seen her weekly, sometimes twice a week, and so far without any marked improvement. Once she developed atropine catarrh and I discontinued the use of atropine sulphate, substituting it with scopolamin gr  $\frac{1}{2}$  to the oz. On her next visit the catarrhal condition had disappeared, the pupil was moderately dilated, still irregular, cornea clear, eye quiet, bulbar conjunctiva almost white, vision, counted fingers at 4 meters, vitreous



opacities of all sizes floating freely, fundus details are made out with difficulty, vessels seen but disk obscured

Indeed, uveitis is a problem. In spite of all studies which I made, including laboratory investigations and the search for the focal infection and to a great extent removing some of the suspicious foci she has not made the desired progress as to her vision. The possibility of the infectious condition of the tonsils and adenoids was considered but the removal delayed some what on account of her pregnant condition, attempting first to clear up her pyorrhea and then, if condition does not improve, tonsillectomy will be advised under local anæsthetic.

#### DEFINITION

If we carefully remove the sclera and cornea from the eye ball we have presented to us the iris, ciliary body and choroid in connection. Together these form the middle tunic of the eye which has the shape of a sphere, colored dark brown by the pigment which it contains. In front this has a large aperture, the pupillary space, behind a smaller opening for the entrance of the optic nerve. This dark sphere hanging upon the optic nerve as upon a stalk as a grape gives its name *uva*, which means grape.

The entire middle tunic of the eye is therefore named the uveal tract. Any of its parts may be inflamed or all of them are involved in the process, and it is inconceivable how one part can escape entirely from affection. Uveitis is often designated under the names of descemetitis, serous cyclitis, keratitis punctata or serous cyclitis.

#### IDEOLOGY

Most of the cases are of toxic or septic origin. It may be (1) exogenous, e.g. corneal wounds causing iridocyclitis or infected corneal ulcer, (2) endogenous e.g. infectious diseases internal areas of suppuration metabolic disturbances, focal infections from the nose and throat infected tonsils, pyorrhea alveolaris, apical abscesses in the teeth, involvement of accessory sinuses, furunculosis of skin, infected ovaries chronic appendicitis infection of the prostate, autointoxication as chronic constipation or other forms of intoxication due to different toxins from tissue changes or bacteria.

The latest light thrown upon this disease proves that there is no such thing as idiopathic uveitis.

It has been well recognized in the last few years that chronic nasal disease is capable of producing uveal disease the infection traveling by the way of the veins and lymphatic or by the general circulation. Purulent disease of the frontal and maxillary sinuses is responsible for a large number of cases of uveitis. The same can be said emphatically about the tonsils and the

lymphatic pharyngeal ring which are capable of harboring infectious organisms, and disease of these structures has the same right to infect the uveal tissue as it does the heart, kidneys or joints.

Puerperal sepsis colon B infection and chronic appendicitis are mentioned as causes of uveitis. Boils play a considerable part in uveitis. Many cases reported by Dr. Deschweinitz show the skin lesions and the uveitis alternating, at one time the boils appearing and at another the uveitis. Gout, rheumatism, diabetes are the constitutional diseases concerned in the causative factors of chronic uveitis. Influenza, specific fevers, gonorrhea and certain blood dyscrasias play a great part in its etiology.

Jonathan Hutchinson called special attention to the interdependence of gout and uveitis. He observed three cases of iritis of the unc acid diathesis from a collection of seventeen. Defective nitrogen metabolism is responsible for the various changes in the tissue and organs. Uveitis is probably due to it in these cases. In diabetes, which is a nutritional disease where the body cannot handle a certain class of food, the uveal tissue which is mainly choroid the main nourishing element of the eye, naturally suffers also in the general process of defective nutrition.

Clinically two types of chronic uveitis may be distinguished according to the apparent starting point of the lesions in the iris or choroid. When the lesions begin in the iris they gradually spread backward in successive attacks on other parts of the tract. When they start in the choroid they begin there in patches of choroiditis and pass from behind forward.

#### PATHOGENESIS

1 It is assumed that the lymphatic vessels may be the avenues along which organisms are carried into the neighboring structures, but there is lack of confirmation by experimental proof. 2 By the blood stream. It is proved that many endogenous uveal tract inflammations are bacterial in origin. The question arises whether the active agents are the micro-organisms themselves or their toxins i.e. whether these inflammations are due to toxic metastasis or to bacterial metastasis. The fact that circumscribed inflammations in organs other than the eye, example joints kidneys, are due to circulating poisons, it has been inferred that the eye may be similarly infected. Axenfeld, Stephen and Mayou dispute it and maintain that there is no proof that a toxin not a micro-organism is causing the uveitis. This argument is supported by the fact that injections of serums and antitoxins do not cause iridocyclitis.

That bacteria themselves are deposited in the uveal tract and provoke inflammation is held by many observers and has been confirmed by Dr. Edward Rosenow. In his experimental studies on focal infection and selective localization the



concludes from his experimental work with different strains of streptococci that, while the different strains of streptococci in a given disease have specific infecting power and other properties, they may become sufficiently modified under the influence of changed environment to be the cause of different diseases. The reasons for the presence in the foci of bacteria having specific localizing power, possibly in part due to peculiar environment afforded by the tissues, are obscure, but that the specific localizing power is an important factor in determining the place of localization has again been demonstrated. The experimental production of a common type of a chronic focus, the granuloma, and the production in consequence of one systemic disease, nephritis, with an organism having elective affinity for the kidneys, removes the last objection to the acceptance of the theory of focal infection and elective localization.

In gonorrheal uveitis the uveal tract inflammation is probably due to a gonotoxin. The gonococcus has rarely been found in the anterior chamber in the aqueous humor and never in the uveal tissues, while it has been found in the heart, valves and joints.

The tendency of organisms to invade special tissues of the body is one of the fundamental facts in the etiology and pathology of disease. In the case of some organisms this tendency is the rule, so that meningococcus usually localizes in the meninges, the pneumococcus in the lungs, the gonococcus in the joints and tendon sheath, though at the onset each is present in the blood stream. Other common pathologic bacteria such as the streptococcus, show a more diverse and less constant localization. While there are in some instances distinguished differences in cultural characteristics between types and races of streptococci producing different lesions, in many cases streptococci isolated from various sites and giving rise to various clinical pictures show no such cultural or morphological differences. It has been repeatedly pointed out that the peculiarities of various organs and tissues in regard to blood supply, trauma and the special requirements of the invading organism with respect to protection from unfavorable influences, food supply, and oxygen, tension probably have much to do with the determining of the localization of subsequent generations of the organism. Organisms long resident in some focus in the body, such as the tonsils, may spontaneously and suddenly invade other tissues and set up new processes which present clinical pictures entirely different from those produced before, organisms from these new lesions may cause similar lesions in animals.

Forssner in 1902 isolated a streptococcus from an axillary abscess, grew the organism in extracts of kidney and in kidney tissue. Whereas the original organism showed no tendency to localize

in kidneys on intravenous injection, the strains obtained after passage through kidneys of animals exhibited a remarkable tendency to produce lesions of the kidney on intravenous injection. The experiment of Forssner suggested the possibility of producing, by successive transfers from eye to eye in rabbits, a similar localization. The left eye of a patient, suffering from a chronic dacryocystitis, became acutely inflamed (iridocyclitis) coincidentally with an acute exacerbation of the inflammation of the tear sac. Hemolytic streptococci isolated from the sac produced typical iridocyclitis in three of four rabbits injected intravenously. During this month hemolytic streptococci produced iridocyclitis, while cultures of hemolytic streptococci from the tear sac taken at a later date failed to produce iridocyclitis.

#### FOCAL INFECTION OF THE EYE

Levy found that a large number of metastatic eye infections were due to dental foci and by treating the teeth of 57 patients he succeeded in curing 14% and improved 37%. He is of the opinion that the infection primarily travels to the eye through the lymph channels and not through the general circulation. He bases this on the fact that in all but one of the favorable cases the dental infection was on the same side as the infected eye. J. G. Dwyer believes that the Colon B inhabited in the intestinal tract, is especially responsible for many ocular affections.

#### IRITIS OF GONORRHEAL ORIGIN

Reber's 15 cases of iritis showed 20% gonococcal. Posey showed two men with bilateral iritis due to metastatic gonorrhea, in one, five years after contracting the disease.

#### INFLUENZAL UVEITIS

Bell's case was a child of seven who recovered from influenza and developed uveitis. 6½% of Reber's cases were influenzal. Sedwick reported recurrent iridocyclitis due to pyorrhea. Wescott's case of iridocyclitis improved after tonsillectomy. Brown and Irons have found in 41 out of 100 cases that iritis was due to apical and alveolar abscesses. Boyll reported a case of metastatic choroiditis in a young married woman on the same day when she was delivered of a dead child. She had an old pelvic abscess. Blood and discharge showed streptococci. She developed a panophthalmitis and died two days later. Randolph saw a case ten days old born with one eye smaller. There was a well marked pericorneal zone and a gray reflex from the depth of the anterior chamber. The yellow exudate occupied the nasal half of the vitreous. There was not the slightest evidence of infection from the source of the mother or the child. This case of microphthalmos, no doubt, originated in suppurative uveitis early in pregnancy and at birth presented the small eye without evidence of acute inflammation.



### UVEAL SYPHILIS.

Willet's case was gumma of the iris. Hecker emphasizes the importance of making a diagnosis by clinical appearance first and then follow it up by laboratory methods. The pinkish color of the nodule with preceding iridic adhesions assure a diagnosis.

### UVEAL TUBERCULOSIS

Jackson points out that tuberculosis is a common cause of chronic choroiditis and choroidal atrophy. Weeks has seen two cases of marked tuberculous iritis in patients with 4 plus Wassermann reactions. They also had pulmonary tuberculosis. The lesions in the iris were typical—small yellowish elevations, gray in character, occurring in both zones of the iris. The case of tuberculous iritis observed by me at the Will's Eye Hospital under the service of Dr. T. B. Holmway was similar to the case cited by Dr. Weeks.

### IRIDOCOROIDITIS OF ENDOCRIN ORIGIN

S. Baldina reports a case in a patient 25 years of age, who was almost blind from progressive iridocoroiditis. His Wassermann was negative. He has a bilateral symmetric patch of complete loss of pigment in the skin at the inner angle of both upper and lower lids. The cilia were white in this region and very fine. This condition developed one year after he had an iritis. This patch of vitiligo indicates an involvement of the sympathetic system supplied by certain branches of the first and second division of the fifth nerve. Similar cases of vitiligo from lesions of the sympathetic and especially of the sympathetic components of the fifth nerve have been reported. The reported case of iridocoroiditis associated with heterochromia iridis, alopecia areata and other diseases of a sympathetic origin are reviewed in their bearing on the present case. Cases of uveitis associated with vitiligo have been reported by Erdmann, Komoto and Gilbert. From Baldina's conclusions in reporting this case the following is learned: "Where none of the usual causes of uveitis can be found it is important to search for evidence of endocrin sympathetic instability."

### IRIDOCYCLITIS WITH MULTIFORM EXUDATIVE ERYTHEMA

In the course of a multiform exudative erythema about two weeks after its outbreak interstitial infiltrations of the cornea were observed and a few days later fibrinous superficial iritis with pigmented synechia set in. Wirtz states that pathologic processes at the dental roots are great factors in bringing affections of the uvea. The route of infection is by way of the osseous canaliculi extending from the canine and premaxillary in the superior maxilla and the inferior orbital margin. The venous plexuses

play the most important role, the teeth and eye having the same outflows: the pterygoid plexus and the anterior facial vein. This with the ophthalmic-facial vein connects the venous plexus of the orbit with the numerous outlets of the teeth.

### DYSENTERY

Dysentery has been reported as a cause of uveitis. Morax pointed out that usually the uveitis is accompanied by articular involvement, ocular involvement usually appearing one month after the first signs of involvement of the bowel. S. Risley lays stress on the fact that the uvea is the most vascular organ in the body and is the most vulnerable to inflammation in systemic disorders of nutritional type, toxemias and infections. "1 Cardiovascular disease with kidney involvement have often associated disease of the choroid. The choroid is involved then as part of the general disorder. 2 Chronic rheumatism, gout, arthritis deformans, glycosuria, increased blood pressure, arteriosclerosis have often an associated uveitis and retinitis as part of the general condition. The blood vessels of the eye simply are a part of the affection of the general vascular affection and there is no reason why the eye should escape." Risley also stresses Tuberculosis as a very important ideological factor. He thinks that it is more common than it is supposed to be. The Von Pirquet test and tuberculin administration in treatment have convinced him of this truth.

### CONCLUSIONS

- 1 Uveitis should not be looked upon as a primary local ocular affection but secondary to a general affection or to some focal infection in the body.
- 2 It requires a very thorough search and overhauling of the entire body.
- 3 Co-operation of the general practitioner and internist is of great need.
- 4 The general man, when confronting an eye case, should not only urge careful study of the fundi but demand various laboratory, dental and reontogenological assistance.

### BIBLIOGRAPHY

- G. L. Deschweinitz. *International Congress of Medicine*. London. Sec. 13. 1913.  
Alan Woods and James Stoddard. *Archives of Ophthalmology*. Vol. 45. 1916.  
J. G. Dwyer. *Archives of Ophthalmology*. Vol. 47. p. 261. 1918.  
Levy. *Archives of Ophthalmology*. Vol. 47. No. 3. p. 319. 1918.  
L. Irons, V. L. Brown and W. H. Nadler. *Journal of Infectious Diseases*. Vol. 18. p. 315. 1916.  
Torsman. *Nord Med Ark*. Part 2. No. 4. p. 18. 1902.  
Deschweinitz and Jackson. *Ophthalmic Year Book*. 1919.  
F. Toole. *Journal of Ophthalmology*. Vol. 2. p. 396. 1919.  
Samuel Risley. *Journal of Ophthalmology*. Vol. 2. No. 2. 1919.  
Luchs. *Text Book of Ophthalmology*. 6th Edition. p. 363.



# THE MANAGEMENT OF THE HEART IN PNEUMONIA \*

By HARLOW BROOKS, M D

NEW YORK CITY

SEVERAL years ago it was my privilege and duty to analyze the post mortem reports from over 5,000 cases of pneumonia. Very briefly the most obvious fact which we gleaned from this study was that in nearly all these fatal cases of pneumonia, the final and terminal condition which led to death was heart failure.

This statement will, I think, entirely correspond with the general conclusion of any clinician or pathologist who has studied large numbers of fatal cases of pneumonia and at the same time, I think that most clinicians will frankly admit that at least one of the most serious complications which arise in the course of the disease is the evidence of cardiac incompetence, whatever picture its form may assume.

Except for the specific treatment of pneumonia, which I think even the most optimistic of us must admit is still largely experimental, the most approved methods of treatment of pneumonia are essentially symptomatic in their nature and of these the larger portion are directed to the conservation and management of the heart and circulation.

One of the earliest general problems which occurs in the evolution of a case of pneumonia is increased work which is thrown on the right side of the heart. This is the very portion of the heart which is least well calculated from an engineering standpoint to take on added effort, particularly if this be acutely and suddenly thrown upon these chambers with their relatively thin walls.

This added work is also imposed not on a normal heart but on a muscle the seat of more or less acute parenchymatous degeneration often affected by previously produced lesions of one sort or another. Determined by the severity of the process, its acute onset, its toxic type and other factors, all of which still further limit the efficiency of the heart muscle, places the heart only second to the lung itself in the bearing of the brunt of the onset and course of the disease.

Probably the very most important step in the management of the heart and circulation in pneumonia is to protect these organs from any unnecessary stress or strain. The patient must be spared every unneedful effort. Once the disease has been diagnosed and an approximate knowledge of the extent and location of the process has been gained, examinations should be made as brief as possible and at as wide intervals as is consistent with the apparent progress of the disease. The position of the patient should be changed as little as possible and in cases of known cardiac defect in particular the patient must be

moved only as found absolutely necessary. Care must be taken that in cases of visceral cyanosis, however that the position in bed is frequently enough altered so that orthostatic congestion of pendant portions of the lung is not added to the acute inflammatory process.

It is because of this precaution that I am in general opposed to many of the local measures of treatment, such as hydrotherapy, application of sinapisms, cupping, and the like, which entail considerable disturbance of the patient's rest and throw strain on his circulatory apparatus. I have found it particularly advantageous especially in cases of broncho pneumonia and in instances in which pleural, pericardial and interlobar exudates are suspected, to resort frequently to the use of the fluoroscope or X-ray. When this seems desirable, attendants should be especially trained in the procedure so that strain is obviated, otherwise it is usually better to do without the very definite advantage conferred by the procedure.

There is no doubt in my mind but that venesection is frequently of very great advantage, particularly in deeply cyanosed cases, where already dilation of the heart has taken place, in plethoric and frequently in obese persons. As a rule it will be found best to utilize this method of treatment in the early stages of the disease or not at all, and it is rarely beneficial except in previously vigorous and plethoric individuals. Used late in the case, or in anæmic even though hydræmic persons, conditions are usually made worse by venesection.

Depletion by other means in merely hydræmic conditions is usually preferable. Active purgation, in which case the patient may during the procedure be placed for a considerable time on a rubber bed pad or pan which can be readily flushed or cleansed without unnecessary movement of the patient. Diaphoretics are rarely beneficial in my experience, but I have frequently resorted to the use of diuretics, especially of diuretin, theosin and the like.

There are very few clinicians who do not use digitalis in pneumonia with probably greater frequency than all other drugs put together. As a possible exception to this general rule, I may however cite pediatricists. My personal experience with pneumonia in very young children is limited, but as a rule and except in very toxic cases, I have not found it ordinarily necessary to resort to digitalis in young children sick with pneumonia.

The chief point in regard to the use of digitalis in pneumonia is not as to its general value, for there are few clinicians of wide experience who question this, but as to when and how it should be used. There are many men of wide experi-

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ence who start digitalis with the diagnosis or even with a presumptive diagnosis of pneumonia. This is I believe to be a very desirable procedure when the heart is known to have been previously diseased or incapacitated as by an old valvular lesion, or in those instances in which early signs of cardiac embarrassment appear. In these cases I believe in the rapid methods of digitalization, either by the hypodermic method for which I preferably use digifoline or a tested digaline or by the use of the tincture by mouth, giving as much as from one to two drams per twelve hours until the pulse and heart tones begin to show characteristics of therapeutic digitalization. I have not found the method of dosage per kilo of body weight useful in my work, but prefer, as Cushny advises, to give digitalis until digitalis effect is attained.

In other cases which exhibit no preliminary evidence of cardiac defect, if the patient be young and in previously good health, I do not start the use of digitalis until I believe it to be indicated by an arrhythmia, defect in heart tone or in pulse volume, by a disproportionate degree of dyspnoea, excessive cyanosis, lowered urine volume, onset of cedema or some other finite evidence that the circulation is waning. In practically all cases beyond middle life I start the use of digitalis in moderate dosage when the diagnosis of the disease is made. In these instances or in young persons who because of some defect I believe to be defective as to circulatory force, such for example as a low pulse pressure, I continue the digitalis in moderate to large dosage until the apparent defect is corrected when I either diminish or eliminate the drug until some definite indication for its resumption occurs, when a considerable dose is promptly administered, usually by hypodermic or at times intravenously. I commonly prefer the tincture in such instances where immediate effect is not imperative, but it can be given by mouth in these cases, using large doses very effectively, and in properly selected patients the heart can be brought under the effects of the drug in a few hours much more rapidly I believe than is generally stated in the text books, and more rapidly in these cases, I believe which have been sensitized by the previous recent administration of digitalis.

I believe that in the hands of even but a moderately careful clinician little danger exists from the use of digitalis in pneumonia. In the entire list of over 5,000 autopsies analyzed by Dr. Clark and myself, not a single instance was found which showed any apparent digitalis poisoning, notwithstanding the fact that the use of digitalis in the A. C. F. was ordered practically as a routine in pneumonia cases and also notwithstanding the fact that many physicians in charge of pneumonia cases in France were professedly not internists or general practitioners but surgeons.

Among the thousands of cases of pneumonia

which I had under observation during the wars in the Base Hospital at Camp Upton, where I personally had 718 cases under my care in nine months of service, and in all those which developed in the area of the Second Army, I never observed a case in which I felt that digitalis had been administered to the detriment of the patient. There is no doubt in my mind but that very many of these cases had been greatly benefited or saved from death from the use of this agent. If I could have but one drug for use in my pneumonia cases, that drug would certainly be digitalis.

Adjuvants to digitalis are often of real value, strychnia, though not in itself a cardiac stimulant does increase muscle irritability, and given with digitalis is of great value in many cases. Quinine apparently acts in the same way and is, I believe particularly beneficial in certain cases of arrhythmia. Possibly some of the good results won by Solis Cohen in his quinine treatment of pneumonia may be explained on this basis. Atropine and adrenaline as adjuvants may be relied upon, especially in cases in which pulmonary oedema is present or threatens.

There are instances in which digitalis does not act nearly so well as does strophanthus, best employed, I believe, as strophanthine. I do not know how to determine these instances except by experiment and one must not forget that it is dangerous to attempt the use of strophanthine except in very small doses in cases which have been recently under anything like full doses of digitalis.

I use camphor and caffeine, preferably of course given hypodermically, and particularly in those cases in which evidences of severe ganglion cell toxæmia are present. They act directly on the heart and on the great nerve centers also. So also does pituitrin which is especially useful in marked tympanites.

Let us not forget the use of morphine. In itself it is one of our best heart stimulants and in addition is a drug which spares the patient's flagging nervous energy, by reducing irritability, and by largely eliminating physical over activity. It gives rest which is so very much needed by the exhausted pneumonia patient. I know of few contraindications against the use of morphine in properly selected cases, and the chief contraindication is in those rare instances in which the respiratory rate is very low or in which coma is present. Even in some such, it can be used if necessary in small but perhaps effective doses.

Throughout the course of pneumonia from the onset through the period of convalescence, care of the heart and peripheral circulation is a major theme in the treatment of pneumonia patients. It is true but a method designed to correct symptoms, but I believe that most experienced clinicians will agree with me that it is chiefly symptomatic, individual attention which determines in so far as treatment is concerned, whether a pneumonia case recovers or dies.



## SOME POINTS ON THE EARLY DIAGNOSIS OF PNEUMONIA\*

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THE first twenty-four hours of a pneumonia constitute a somewhat embarrassing period for the attending physician and an anxious one for the family. A diagnosis of pneumonia, even tentatively put forward, carries with it the suggestion of very serious consequences, and one hesitates to unnecessarily alarm the family. On the other hand, if it is a possibility, it should be admitted and the situation met squarely from the start. This paper is an endeavor to evaluate some of the evidence which may contribute to a more confident opinion in the early stages of the disease.

A patient comes down with a chill, followed by a high fever. If he has pain in the side and raises blood-stained sputum the situation is relatively clear, although there are other possibilities, such as infarct, to consider even then. The pain of course may be in the abdomen if there is involvement of the diaphragmatic pleura, and the old rule of making a chest survey in every case of suspected abdominal accident is a dangerous one to neglect. But lacking pain or cough, to what shall we turn?

Before taking up the physical examination of the chest, there are two points which should be mentioned, which are constantly used, and which are of such importance that one or the other of them is frequently the deciding factor. One is the increased respiratory rate, which is practically always present to some extent, and the other is a leucocytosis, which typically appears promptly and may well serve to differentiate an early pneumonia from a more innocent respiratory infection. The internes in our hospitals turn to the laboratory for help more promptly perhaps than is good for them, but their faith is well placed, and emphasizes the importance of an aid which we are too prone to do without on the outside.

In the examination of the chest may I speak a word for the more general use of inspection? The significance of a lost Litten's shadow, or a unilateral lagging is frequently forgotten. Palpation adds nothing at this stage except to confirm a possible immobility of a portion of the chest.

Percussion is supposed to elicit a boxy, hyperresonant note over the affected lobe in this early stage of congestion. This may be readily observed anteriorly if one of the upper lobes is involved. Later, if there is lower lobe involvement the upper lobe on the corresponding side will show hyperresonance. Posteriorly the evidence may be confusing.<sup>1</sup> The patient

is too sick to sit up. If he lies on his face the scapulæ are in the way. Lying on his side the best back surface is presented, but there are physiological differences in the percussion note on the two sides which should be born in mind. The down side is almost flat along a zone next the bed. The whole base on the lower side may be somewhat dull from compression, but it is more likely to be hyperresonant because the ribs are flared out on the down side by the curve of the spine. The back should obviously be percussed with the patient lying first on one side and then on the other. If one side is found to be more resonant or more dull no matter which side the patient lies on it represents evidence of much weight.

Auscultation furnishes perhaps the most valuable physical evidence. The presence of a friction rub is of course very important. Over the involved lobe there are often heard crepitant or subcrepitant rales. The breath sounds are at first typically diminished in volume, and may very early exhibit a lessening of the vesicular element, which is the first step toward bronchial breathing. These signs, if present, are readily appreciated anteriorly. Posteriorly, just as with percussion, if the patient lies on his side there are asymmetries<sup>2</sup> which I believe are of much importance in analyzing the significance of the findings. Hoffbauer and Holzknecht<sup>3</sup> by means of fluoroscopic studies, showed that when a person lies on his side the diaphragm tends to pull away from the chest wall on the upper side, losing much of its curve. The diaphragm on the lower side is crowded up and more arched. On contraction of the diaphragm, therefore, the upper side moves comparatively little, while the lower side, in straightening out its curve, moves through a much greater distance, and ascends on expiration to its previous level. If you listen over the back of an individual in this position you will note that the breath sounds over the base of the lung on the upper side are almost inaudible, or may be quite so with quiet breathing, while on the lower side they are unusually loud. In pathological states this radically affects the physical signs. The diminished breath sounds over an affected lower lobe in the early stage of pneumonia are, as a rule, less evident when the patient lies on the affected side and more evident with the affected side up. This is sometimes modified by the exaggerated costal movement on the upper side when the affected side is down. This point itself—exaggerated costal movement on the upper side noted only when the patient lies on

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one side and not on the other—is of diagnostic significance. The patient breathes with the ribs when lying on the affected side, and with the diaphragm when lying on the good side.

The most important auscultatory sign is the presence of rales over a localized area. These are typically fine subcrepitant or crepitant rales. It should be noted that they are heard best when the affected side is down. They may be quite inaudible when the affected side is up if the involvement is in the lower lobe. Having the patient cough is very helpful in bringing out rales which would otherwise be overlooked in the early stage of pneumonia.

To sum up, certain pitfalls in the early diagnosis of pneumonia are pointed out, as

1. A patient lying on his side may present relative hyperresonance over the lung base on the lower side.
2. He will tend to exhibit more intense breath sounds on this side.
3. Rales over an affected lower lobe may appear when the patient lies on the affected side and disappear when he lies on the un-

affected side, bearing these points in mind, it is evident that one profits greatly in precision by examining the back of every suspected pneumonia patient while he is lying first on one side and then on the other.

Several positive findings in the early stage of pneumonia are emphasized:

1. The early increased respiratory rate.
2. The early leucocytosis.
3. That with or without consistent areas of hyperresonance or impaired resonance, with diminished or roughened breathing, the presence of localized rales is most significant, and that these rales can best be brought out by having the patient cough.

#### REFERENCES

- (1) Howard Tasker. Percussion Note of the Back in the Lateral Position. *J A M A* 76, 1229 Apr 30 1921.
- (2) Howard Tasker. Movement of the Diaphragm with the Patient in the Lateral Posture and Its Influence on Physical Signs. *J A M A* 4. Awaiting publication.
- (3) Hoffbauer and Holzknecht. Die Veränderungen des Standes und die Exkursionsbreite des Zwerchfelles in der Verschiedenen Körperlagen. *Mitt. A. D. Lab. f. Radio Diag. u. Therapie*, Jena 1907.

## THE BEGINNER IN MEDICINE

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FIFTY years ago the practice of Medicine was comparatively a simple art, not over-strenuous for the beginner. In the Medicine of today there is a wonderful difference. In increasing knowledge of man and his distempers has developed a high science of Medicine, and this has not made the lot of the beginner any the easier. The wealth of detail uncovered by special research and observation has brought each branch of Medicine into a specialty of its own, and even to subdividing the branches. The beginner of today, then, has a longer course to follow as even General Practise has become a specialty. There are, then, three steps that the beginner in Medicine must take, three steps upward. The first is when a somewhat crude young person becomes a medical student, the second, when that student becomes a *Doctoris in Medicina*, the third, when the Doctor becomes a Specialist. These are three thresholds to be crossed, and the space between the first and the last is wide. During his passage across this space a marked change takes place in the individual. Crudeness gives place to culture and with culture comes fineness of mental and physical technique. The crossing of each threshold adds a further quality to the individual. In very fact he becomes successively three individuals while at the end he has become a composite. It will be interesting to trace the development of that composite.

### FROM THE FIRST THRESHOLD

The beginning medical student stands upon the outer threshold with his eyes opened forward, searching the distance. His glance is toward the Holy of Holies, the Inner Shrine, the Goal, but he perceives it not. There is a long vista of years between it and him, and, as he stands with wondering eyes, only immediate confusion seems to confront him. His eyes are not adjusted to the distance, nor are they adjusted to the new region confronting him, and his mind, still immature, hints the perspective. In the beginning the student is all at sea. His mind is a chaos, a chaos of new words, of new images, of new thoughts. His mind is undergoing a readjustment; the new is superimposing itself upon the old. *Culture is ventering itself upon crudity.* This excites a mental confusion, a confusion not to be assuaged at once. This readjustment is not the matter of the twinkling of an eye. It is a process of time, the length depending upon how the individual reacts to the new environment. When the mind of the student begins to feel at ease in the new situation, when it has oriented itself, he sees more clearly, and a fuller appreciation of his undertaking comes to him. It is at this moment that his future success begins.

Success! A magic word, and how often a will o' the wisp! What is in the student's mind when he utters it? What is its companion word?



Money? Fame? Service? Which of these is *the* word? Which will outlive the others? The three seem to be intimately associated; but, after all, only one of them is fit for immortality. Which is it? Which will the student choose? The student will have no difficulty in making a choice if his mind has rightly adjusted itself to its purpose. If it has, his choice will follow naturally. He will find the word, the one word supreme, high above the others, the others that are only hangers on in its train. And which word is it? What word is there that is higher, that is greater, that means more to this world than "service"?

But, whatever meaning the word *success* may have for the student, the word will have no real value for him unless he fully understands two others: *observation* and *knowledge*. He can attain to neither wealth, fame nor service in his chosen profession until he has fulfilled the definitions of each of these, for it is these two words upon which the major portion of the foundation of Medicine rests. A superstructure cannot be reared without a foundation to support it; and so, *observation* and *knowledge* carry an especial appeal to the student in Medicine.

The fine art of observation is well illustrated in the detective stories of Sherlock Holmes, written by Dr A Conan Doyle. Sherlock Holmes was able to tell at a glance, almost, the occupation, the abode and the social status of his clients; and he could deduce the story of a crime from the presence of a cigar ash. How was he able to do these seemingly wonderful things? Because he had so developed the power of observation in himself that it had become a science, a *personal science*. He had studied occupations and their effect upon individuals, he had studied dress in its relation to the expression of individuality; he had studied cigar ashes so that he could identify the ashes of the various brands of cigars. From a knowledge of basic facts he could deduce results. He had raised observation to the Nth power. When he studied anything he studied it from all sides, *including the inside*. That is, he got at the heart of the matter, following all ramifications in all directions. When he had finished with a subject he knew it in all its dimensions.

This must be the aim in Medicine. Basic facts must be mastered, foundations must be laid, so that the starting point for any investigation is always fixed, the starting point known and the pathways indicated. This consummation lies in the hands of the student, he is the builder of his *own* foundations. If he fails he may not voice the excuse of lack of materials, the fault will be a personal one. Basic facts are today plentiful. Investigators are covering all departments of Medicine. Rigid analysis is being made of every physiologic function, of every abnormal condition, of every pathologic manifestation. Abnormality is carefully analyzed, posture is

studied in relation to its expression of disease, disease itself is searchingly scrutinized. The *facies pathologic* is being intimately scanned. These things are so well established today that the attitude of the patient, or the expression of his face, at once gives a hint as to his distemper. The method of Sherlock Holmes has found a place in Medicine. Observation in Medicine has become a science.

The medical man always will not be able to at once determine his patient's condition, even if he does convert his observation into a science, but intelligent observation, *mind working within the eye*, will carry him far. Sherlock Holmes must have failed at times; no man can be perfect, answering every demand. Anomalies of structure have an annoying way of appearing at inopportune times, to say nothing of alterations of structure and position caused by disease, but intelligent observation, *careful and persistent research*, will make the way easier and easier. Inspiration will follow upon the heels of research, the glory of knowing will inspire the observer and the satisfaction of achievement will breed greater and greater confidence. But, to bring this about, the individual's knowledge must be exact, and that again can follow only when the individual's observation is exact. It is observation that creates knowledge, and it is knowledge that makes observation adjustable. The two are in intimate relationship, and he who drives this team as one, drives toward success.

For the beginner in Medicine the actual beginnings of his knowledge lie in the words of the science, in the language of Medicine. His knowledge will not be complete if he does not understand the words he uses. In very fact he will find the study of these words a most fascinating part of his studies. The study of the words used in Medicine leads to a liberal education in itself, for the study of medical words carries the student into every quarter of the world, including both the antique and the modern. Every nation, every cult, every fad and fancy has left an impress. To illustrate: Our word *elixir* comes from the Arabic, *Al eksir*, the alchemists' designation for the philosopher's stone. The Greek *Mama* and the Latin *Lunatic*, both referring to the moon, mean moonsickness. *Melancholy*, a Greek combination meaning black bile, which was supposed to be its cause. *Phosphorus*, "the light bearer." *Carbuncles* resemble the gems having the same name. *Calculate* and *testify* take us back to the days when men told members with pebbles, *calculi*, and cast their votes with shells, *testae*. How many know that *cretin* and *christian* were originally the same word? Or that *Idiot* meant a private citizen in ancient Athens? The ancient dieties are well represented in Medicine. *Morpheus* in *Morphine*, *Mercury*, in *mercurial*, *Venus* in *venereal*; *Psyche* in *Psychiatry*, *Hymen* in that membrane sacred to the marriage bed.



One might go on indefinitely culling words from the various languages, Sanskrit, Egyptian, Arabic, Spanish, etc., but space will not permit. The student will find it a matter of very great interest if he will take up the further investigation of medical words for himself.

The ignorance of the average M.D. as to the origin and the meaning of the words he uses is lamentable. For instance, how many of my readers know the meaning of the words "syphilis" and "lues"? You know what these words stand for, but do you know what they mean? The writer recently asked a half dozen medical men, and a class of medical students, the meaning of the word "lues," and not one of either group knew. One student said it referred to "Louis" of France, another that it meant "white", while the medical men did not know. Not one of these men had taken the time to look up the word in the dictionary! It is Latin, of course, and means *plague*. By itself it does not mean syphilis any more than it means tuberculosis. To be sure syphilis is a plague, but so is tuberculosis and so is cancer. A name of a disease should apply especially to that disease, it should, so far as possible, convey some idea of that disease. *Lues venerea* has been suggested as a more proper designation for syphilis, but that would apply to gonorrhea as well. But after all, why is a new name needed? While "syphilis" is not strictly scientific, still usage has given to it a meaning all its own, and it does not apply to any other disease. The word first appears in an early Italian poem as the name of a swine-herd, meaning, by inference, *love of swine*, which, perhaps, makes it appropriate enough.

This ignorance of medical men in a knowledge of the meanings of medical words leads to innumerable errors, many of them ludicrous, in the application of the words. The writer once heard a medical man say, during a consultation, "You might apply a snapism of mustard, unless there is some other snapism that would be better." As if there could be a snapism without snapism, mustard! Certain men, and Oto-Laryngologists at that, use the word "exenteration" when speaking of the operation for the removal of the ethmoid cells. They use the word in this manner because they have heard it so used, but they never have looked up the word or they would not do so. "Exenteration" is applied to a removal operation upon the intestines, and why it came to be used in connection with a nasal operation is beyond understanding.

And how often do we hear men say *larynx* for *larynx*, *tim-tus* for *tin-tus*, *stig-maw-la* for *stigma la*, *pi-pette* for *pi-pette*, and *del-ri-tus* for *de-tritus*.

Such errors as these are errors of usage, and proceed through carelessness in accepting a word from the mouth of another, without understanding. We hear a word used and we take it up,

but we have no idea as to whether the other fellow is using the word correctly. We take too much for granted, it is a case of "follow on." Because some one, perhaps a "Professor" in a Medical School, uses a word as he does the listener takes it for granted that the use is proper. But we find, often, that the man "higher up" is just as apt to be in error as any other. There is only one sure way of knowing words, and that is through the dictionary.

The language of medicine is polyglot. Its words come from all quarters of the globe, their meanings cover all phases of the science, from the vicarious to the exact. The language of Medicine has been built up tediously, through ages of laborious ignorance. In the early days superstition and imagination held full sway. It was primal ignorance that retarded medical science. It was this ignorance that cast a halo of mystery about the distempers of primitive man, that made him look to mystery for the cause of mystery. His diseases and his distempers were unknown quantities, and, knowing little or nothing of his own organism, he could not understand the dislocations of that organism. Early therapy was a strange medley of superstition, nonsense and whatnot. Environment was filled with unseen creatures, "black spirits and white," who worked their wills upon helpless mortals. And so, charms and incantations became the vogue. And then, there came that which might be designated primitive organo-therapy. The primitive savage warrior believed that if he ate the heart of a brave enemy, that his own heart would be strengthened and that he would become more brave. And the vulgar saw in tit bits from animal bodies, such as

"Eye of newt, and toe of frog  
Wool of bat and tongue of dog,"

the surcease of their own distempers. And then there were those who believed in "simples," who pinned their faith upon roots and herbs.

#### FROM THE SECOND THRESHOLD

The student, having mastered the known foundations of medical knowledge, now stands upon the second threshold. As the beginning practitioner he stands upon the threshold of the inner sanctuary. He is within sight of the goal, but even now, he does not see clearly. He has been busy with theory and books, with professors and hospitals, but he knows nothing of the actual practice of his profession. The art of handling a patient is unknown to him. He finds no difficulty in facing disease, but the intimate facing of his own patient is another matter. He stands upon this second threshold, therefore, in some trepidation. But that is only because of his inexperience. All that he now needs is courage, courage to go ahead. As he goes ahead, as he meets the various and sundry individuals who come into his office, confidence will come to him. Behind him is exact



knowledge, and that added to right conduct and courage will carry him far in the right direction.

In the last sentence above is the word *conduct*. We have discussed the value of observation and knowledge to the beginning student, and in conduct we have something of equal value to the beginning practitioner. The practitioner cannot too early learn the importance of conduct as a determining factor in his success. An error of conduct may destroy, in one ill-adjusted hour, that which years of patient endeavor have erected.

By conduct is meant deportment, how an individual carries himself, and it is the presence of the primitive man within the physician that makes this subdivision of our subject of so great importance. The primitive and culture are constant antagonists. The primitive, being the older, is the more aggressive of the two, and culture constantly has to defend itself. *Always the physician must guard himself against the man*, the man he was before he became a student, for that man always is going to be his stumbling block. He must be on the defensive always, in his office, in public, at the bedside of his patient. Let him maintain his general deportment at a constant level. Any let down is the beginning of disaster. He must keep himself well in hand, not allowing carelessness to dominate his deportment.

Professional carelessness is a "trouble breeder", it is a relaxor of moral fibre. Flabby moral fibre leads to laxness, and laxness gives entrance to many undesirable traits. It leads to indifference in regard to the welfare of the patient, it leads to indifference as to the appearance and conduct of the physician himself. The medical man must not allow himself to become careless as to his person, he must not become careless in his approach to his patients, and he must not become careless in his own use of drugs, alcohol or tobacco. All of these are faults inexcusable in a cultured individual, but how easy it is to revert to the primitive! How easy it is to ignore the niceties of civilization! How often do we find physicians smoking cigars or cigarettes during office hours, or carrying lighted cigars with them as they make their outside calls. To many the odor of tobacco is offensive, it is doubly offensive to those upon a sick bed. No gentleman would enter a sick room with the odor of stale tobacco upon his hands or person. An alcoholic breath, also, is offensive, not only offensive to the patient, but ruinous to the physician himself. The mere suspicion of it in the breath of the practitioner will arouse the imagination of his patient, and some patients have fearful imaginations! The writer once had a patient say to him "I have stopped treating with Dr. X. He was drunk the last time I consulted him." "Drunk!" the writer exclaimed, "Dr. X does not drink." "Well," my patient replied, "he had been drinking that day, I smelled the liquor in his breath." Now, Dr. X

was not a drinking man, and it is difficult to understand how my patient got his idea. *A drunken medical man should be an impossibility*. If the medical man must become a drunkard, let him stick to alcohol and give up medicine. He must make a choice, for the two are *completely* incompatible. Again, it is difficult to understand how any sane physician can become a drug addict. Of all the bad habits acquired by man that of drug addiction has the least excuse for being. With the physician, knowing its danger and its degradation as he does, there is no excuse at all. And, above all, stands the practitioner's approach to his patient. It must be with courtesy and with gentleness, but, do not allow gentleness in the case of a woman patient to suggest affection. Do not arouse your patient's imagination in this direction. The female is very responsive to suggestion, and suggestion with the sex idea behind it works havoc in the female mind. The beginning practitioner is warned not to become too demonstrative in his office or in the sick room. The writer recalls the case of a physician who, through some meaningless attentions on his part, aroused almost a love mania in a girl patient. Of another physician, and one old enough to know better, who made a certain name for himself because of his habit of throwing himself upon the beds of his women patients and relating stories of bad taste. And, of another who "got in wrong" in his community because it was rumored that he had been seen making love to the nurse while his patient lay dying. In performing any service for the sick, in either the office or the sick room, let the physician keep himself well in hand. Let him keep a calm mind and a steady hand. If he pours a dose of medicine let no drop be spilled, if he uses an instrument let him hold it so firmly that it will not slip from his grasp. Small things measure large in the minds of the sick, and some ordinarily insignificant action may upset a patient's confidence. Do not fuss about a sick-room, nor stay too long therein. The physician might be deeply chagrined could he overhear the remarks of some of his patients after his departure. Let the physician remember that the patient is not a normal individual, because of his temper he is affected by happenings that would have little or no effect were he well.

As a physician you will be asked about other physicians, and you will be told stories about them. *Always be charitable*. Deny any scandal you may hear relative to a physician. Such scandal is only "hearsay scandal." An innocent action may have been distorted and magnified and have become just common gossip. Do not encourage gossip about your fellow practitioners. You may be, *undoubtedly will be*, in the same position some day, and be in need of this same charity. Doctors, after all, are only human, and even though a bit sublimated, subject to the usual



faults of humans. If there *should* be error in your friend remember it is because of the primitive beneath the culture, and therefore not to be judged harshly. Do not degenerate into a "knocker." Do not help along scandal just for the fun of it. Remember scandal is to be smothered. And do not decry the work of another man if you happen to get in on a case of his. If you are called to check a nasal hemorrhage in a case operated upon by another man and he cannot be reached do not shake your head and say to the patient that the nose should have been packed when you know that it is not the custom to pack noses, and do not say to the family physician that the operation was improperly done. Such remarks reveal only your own ignorance and expose your mean spirit, not to say your dishonesty. You do not know under what conditions the operation was performed and you therefore are not a proper judge of it, or of any of the conditions surrounding it. The family physician knows this, and knowing it judges you accordingly. He recognizes your dishonesty in that your attempt to discredit another is only a clumsy attempt at boosting yourself. *Do not be a "knocker."* Play fair—always play fair.

Do not be a thief. That is, do not steal cases from your associates. Do not deliberately take another man's case. If you are importuned to do so, call up the other man first and find out what the trouble is if any. Do not make trouble for yourself, you will run into enough anyway. You and the other men in your locality constantly are meeting socially you are friendly. Do not make it so that your friendship is only social. Do not be social friends and professional enemies. Be one thing or the other. Best of all, make only the one possible, make friendship your highest asset.

Again, you will be interrogated in regard to the newer professions claiming kinship with medicine. Again *be charitable*. Do not condemn them out of hand. Be certain that you understand before you condemn, be sure that your condemnation has a foundation in reason. If you understand them and can make your interrogator understand them, *nothing more will be necessary*. If any of the new things are based upon a wrong assumption any person of intelligence can grasp the point if the matter be put to him clearly. Many of these things merely are fads that like the butterfly, are born only to die. They shine in the sun brilliantly for a few hours, as it were, and then are no more. They claim kinship with medicine, but there is no kinship. They are merely parasites, they are leeches whose life-blood is the blood of that upon which they prey. They thrive upon destruction. There is one consolation in the situation. If these things should encompass the downfall of medicine they themselves could not long survive that downfall, for their very existence depends upon medicine.

Pseudo science, with the adroitness of the false supports itself upon science. But now if the followers of these fads can be made to understand this, all will be well, pseudo-science will subside through sheer inertia.

The history of man contains many examples of the fate of pseudo science. There is astrology, for instance, or more properly, astronomy, divination by means of the stars. This was fadism carried to the Nth power. It was the pursuit of ignorance by the ignorant. How absurd it was to think that a star, millions of miles removed, could have any direct effect upon the activities of any one person, or that a star, given an arbitrary name by man could possess the characteristics called for by that name, that Jupiter could be *joyful*, or Mars *martial*! This fad had its dry, but today we find it only among the cheap advertisements in the cheap magazines, or in the camps of the morons.

But the human mind is a curious thing. When one fad subsides another rises to take its place. It sometimes would seem that the human mind is today no farther advanced than it was when astrology was in full flower. Fraud and half-truth still hold sway, sharp-wit still preys upon dull-wit. When we consider the widespread use of the printed page, and the advance that has been made in general intelligence in modern times, the continued erudility of the human mind is amazing. Today there are numberless fads claiming, *and obtaining*, the attention of the lay mind. These fads, these assumptive sciences, have, *according to their own definitions*, no conception of the nature of disease, and therefore, can have no conception as to its cure. The layman follows these fads because, ignorant, plausibility seduces his reason. He has no conception of disease, nor of the thing proposed for its relief, and so, he accepts the subtleties with which the wily serpent fills his mind. He accepts the more readily if there seems to be a touch of mystery in the relation. But now, the mystery is really the product of his own imagination, an imagination bolstered by ignorance, but, such is the nature of the human mind, mystery once implanted therein is difficult of banishment. The mind of today, despite its advantages, is still under the thrall of primal superstition. When it comes to a matter of treatment of disease by any one of these fads the layman undergoing the treatment may imagine that he is being helped, but there is grave doubt as to the actuality of the help. He may happen to feel better, but that is not to say that the disease is better. Because an aching tooth stops aching while one is endeavoring to ignore the pain does not mean that the decay, of which the pain is merely a warning, has ceased. The writer believes that the human mind, as manifested today, has no effect upon disease, counting disease as invasion of the flesh by pathogenic or-



ganisms It cannot say to these organisms, "Begone!" and have them go Human mind may be able to modify the activity of the organs of its own body, but it cannot eradicate disease germs implanted within the cells of those organs We can the better appreciate this when we compare the claims of the rival "cults" bidding for the favor of the layman They do not seem to be agreed as to just what it is that does the trick The assertions are very varied One asserts that it is infinite mind, one that it is human mind, one that it is electricity, and one that "adjustment" of the spine is all that is necessary

How easy it is to make assertions! How easy it is to assert that mind, infinite or human, can do so and so! But, can the so and so be proved? The fact is that if either possessed the power ascribed to it, there could be no such entity as disease, no such thing as pain, no such calamity as death It is very easy to talk about conditions as our imaginations picture them (that is what our forebears did) but that which confronts us today is *actuality* the actuality of disease, the actuality of pain, the actuality of death This sequence always has beset the path of man, and always will In the presence of this sequence, when disease attacks human flesh, causing it to break down, to become painful, and to die, in the presence of actualities such as these, theories sitting in the anteroom need not be entertained, even though they may carry with them letters of introduction written by well-meaning souls The mind that takes up with these cults, that follows them blindly is a child mind, it is a mind that follows a leader—a mind that cannot think for itself

The beginner in medicine has a trying time There is so much to learn! He wonders if he ever will be able to learn it all But the determination is up to him, this is the moment when his future is at stake What will he be, a dawdler or a worker? Will he align himself with the order of the procrastinating dilettante? Or will he incorporate himself with the ancient and honorable guild of fine workmen? But there will be no doubt as to the answers to these questions if the beginner begins with his eyes open, *if he has mind within his eyes* If he has the vision, if he has confidence, if he has trust in himself, he will go forward Let him, however, remember one fact He has begun as a student, and, because of the nature of his profession, he ever must remain a student His career is a career of service, service to his fellow men, and he cannot continue such service unless he continues to study his fellow men For, after all, that is all there is to his life—study of his fellow men He studies them as individuals, and he studies them in the mass, for, while there are general rules that fit the mass, each individual is a unit that presents individual variation

He who enters upon the medical life enters

upon a life that is at once the most exacting and the most fascinating of any that this world offers For the medical man there are no union hours, there is no single hour that he may call his own His patients always are upon his mind, their demands upon him are never-ending And yet, he covers his daily rounds alert, cheerful, strong a word of caution for the thoughtless, a smile for those oppressed, a helping hand for those who need The medical life is a hard life, a trying life, a difficult life, yet how few there are who give it over! It would not be stretching the eternal verities too greatly to say Once a medical man, always a medical man The individual entering upon the study of medicine comes to grips at once with the most potent of the professions Its fascination takes hold upon him and he cannot shake it off Nor does he wish to Medicine is a many-sided profession, and its devotee has many vistas open to his sight Intellectuality and ignorance; charity and avarice, enlightenment and superstition, fineness and grossness All of the human characteristics are there, the whole gamut of the human mind passes before him The study of medicine is really the study of humanity It is this that gives to the study its great fascination

#### FROM THE THIRD THRESHOLD

He who has crossed the third threshold stands forth a master, a master in the guild of fine workmen As a specialist he has perfected his knowledge, he has developed his personal technic, and, above all, he has come into intimate contact with his own conscience No one can be a master without these three knowledge as the foundation for doing, technic as ability to do, conscience as guide for doing The reader will know these, and will appreciate their equal value, but the writer wishes to give an additional word to one of them, one not wholly understood, to *technic* Few appreciate just how much technic stands for What does the word mean? To the average person it means technic in the handling of an instrument or tools The pianist has technic, the swordsman has technic, the surgeon has technic That is, each of these has cultivated the art of using his own particular instrument But now, there is something more to technic than technic of tools There is technic of person We speak of technic when we discuss a surgeon, but we ignore technic when we talk about the general practitioner But technic, is just as necessary to the one as it is to the other Technic of self is vitally important to the general practitioner, it is too, just as important to the surgeon The manner in which each uses himself, presents himself to his patients, is half his professional battle In the ultimate analysis technic is mastery, *mastery of self*

Personal technic is a matter of personal devel-



opment, and, coming in the process of development, proceeds without difficulty. But, when a special technic has to be developed in an already developed individual, as in the case of the average medical man, the situation takes on a different complexion. The individual has grown up by himself, as it were, his development has had little or no intelligent direction, and his cerebral cells have chosen their own mode of expression.

The crude cells have developed a sort of primitive technic which having developed early, follows him through his entire lifetime. The individual himself does not appreciate the shortcomings of this development for the process has been outside of his immediate consciousness, he does not appreciate his own crudity. In this process the physical body becomes set in its own direction, and this direction may be changed only with difficulty. It may be said at once that the direction may be altered, but it may be said, also, that the alteration must be kept under constant surveillance. In the grafting of culture upon crudity the result possesses the uncertainty of possible relapse. The new direction is only a superimposed direction, the old is not abrogated; it still remains to assert itself should environment call. But, if the individual has himself under control, if his mind is in full consciousness, the influence of the old is reduced to its least degree. If the individual is aware of his own powers he may direct his own development, he may cover up his developmental crudities by the veneer of culture which he assumes. In fact the idea in developing a personal technic is to suppress physical crudity through superimposing a cultural development upon it. But that cultural development can come only through self direction, self knowledge.

But now, in thus developing a personal technic, it is discovered to be of some complexity. In developing it we find that there are two divisions to be considered: those of tact and cheerfulness. This seems rather simple on its face, but, of a truth, there is here matter for careful thought. It may seem easy to be tactful and cheerful, but it is easy only if the individual knows himself. Otherwise it becomes the most difficult thing in the world. Absence of these means the dominance of the primitive man, crudeness takes the place of culture. But any man who takes stock of himself may change the order. Any man may possess tact and cheerfulness if he so wishes, if he so wills. It calls only for control over one's self, control over that emotional, impatient, primitive vulgarism of the physical man. It calls for patience, an ever vigilant patience with one's self. How many times does one break the bounds? How often does one's impulse dethrone his reason? But patience to overcome will overcome. One may train a wild animal through patience, one

may subdue an unruly child through patience, one may command his own uncouth self through patience.

What is tact? Tact is the fine adjustment of personal contacts. It is through tact that one human gets to intimate knowledge of another. Many a battle is lost as it begins because of faulty initiative. Every individual we meet must be looked upon as a possible enemy, and we must approach him as such. That is, we must seek out his vulnerable points, the avenues through which he best may be approached with safety. Every man has two sides: a positive and a negative, a side that attracts and a side that repels. The beginning medical man must be able to separate the two sides, or trouble will follow for him. He must learn to guard his attitude toward his patients until he has studied them. The situation is filled with danger for him. His patients will be of a varied assortment. Each patient will approach the physician from his own point of view, and the physician will have to meet that point of view. In order to hold that patient the physician will have to adjust himself to the patient's point. It will be the case, often, where the physician will have to "stoop to conquer," but the result will approve the method.

Among those coming to the medical man are suave men and women whose words are soft, while their minds are critical, are crochety old maids and bachelors whose nerves are on edge, are people irritable from long illness, are hysterical women ever ready to misinterpret the physician's slightest action, are those coming with fear in their hearts. The best way in which to meet these people is to meet them frankly. Disarm them at once by a manner that gives them assurance of sympathy and interest, interest in their stories and sympathy for themselves. And convey these as though you really mean them. Put your interest and your sympathy in your heart, and your heart will put them in you. These must become a part of you, else they are as nothing. Do not stick little printed mottoes about your desk, mottoes that tell you to "smile," and "be cheerful." If you have to be told when to smile, then your smile is no smile at all. The secret lies in friendliness. Friendliness will carry one far. But do not be too friendly. Do not be too friendly with too friendly patients, or with patients mentally perturbed or with hysterical women. Patients who are too friendly soon become nuisances. There is such a thing as an embarrassment of riches. And the mentally upset and the hysterical patient very easily may become a menace. The minds of such patients are much given to magnification. In these minds friendship becomes love,



and then the fat is in the fire. There is a fatal sequence here: friendship, love, hate. Beware of that sequence! Beware of starting it. The beginning is easy, for friendship, love, hate are but degrees of the same thing.

The fear phobia is the greatest obstacle with which the doctor comes in contact in handling his patients. He carries fear with him wherever he goes. Even though the patient thinks enough of the doctor to consult him, the fear idea is in his mind, and, while he goes, he dreads. He fears that the doctor will hurt him, or will tell him something unpleasant. This makes the patient timid and obstructs the doctor's endeavors. This is specially so with children. The average child dreads the doctor, and for that the doctor is mostly to blame. The average doctor uses little care, and less judgment, in handling a child. A specialist in children's diseases once said to the writer: "It isn't necessary to give an anæsthetic to a child when you want to open an ear drum. Just hold him down and go ahead." That would make a beautiful experience for a sensitive child to remember, would it not? A remembrance always associated in his mind with the fear motive, a motive always ready to break out in an unexpected and bizarre expression.

It is of the greatest importance that the child be approached from the right direction. The child is little better than a wild animal, with all the animal's shyness and lack of thought, and, because it is, fear easily is excited within his mind. The slightest movement that he does not understand becomes a potential evil in his mind, and he watches every move of the doctor with that idea uppermost in his thought.

The remedy lies with the doctor. He must so conduct himself with the child as not to excite fear, he must remove the fear of fear! He must obtain the child's confidence. He must become a friend rather than a doctor, and when he has become the friend he will be able to do with the child what the doctor could not. If he needs to do anything special with the child, such as using a lancet for a vaccination, or a speculum to examine his nose, it will be well first to explain to the child what is going to be done. Let the child become familiar with the instrument to be used, or with the procedure, and all will go smoothly. Working by easy stages, explaining as he goes along, the doctor will have little or no difficulty with the child.

It may be said that specialism in medicine is the finer adjustment of medical contacts. The specialist will appreciate this definition, for he knows that his knowledge of his own territory is far greater than that of other medical men. His contact is more intimate. Knowing his own region as he does he is quite at

home therein, while the other men merely wander about aimlessly. But, even so, the beginning specialist, while sure of his ground, does not always make the proper contact. This because of his but recent entrance into the territory. He has not as yet completely adjusted himself to his surroundings.

Some pages back the writer mentioned conscience. The specialist, especially he who does surgery, needs to recognize that, for how easy it is to mislead a person who cannot see what has been done or who is unacquainted with the region. It frequently is asserted that the surgeon is inclined to do more than is necessary, that, for the sake of operating, he will operate willy-nilly. This temptation often besets especially the rhineologist, for the patient never sees the interior of his own nose, and who is to say that an operation was unnecessary after it has been performed, the parts healed, and the pre-operative relationships altered. Let us then enthrone conscience as our monitor, *giving it space enough to freely exercise itself*. Of a truth we need this, for much has been done under the guise of surgery that had better been left undone.

Another matter of first importance to the specialist in surgery is his armamentarium, which includes everything within his office. Here everything should be of the best. It has been said that a good carpenter can work with any tools. That may be so, but the surgeon is not a carpenter, he is a surgeon, a fine surgeon, and a fine surgeon requires fine instruments. For the patient's sake, and for his own, his instruments should be the best obtainable. Buy the best, keep them in repair, replace them often. This especially applies to sharp instruments. A poor knife, one not well balanced, and that does not keep its cutting edge, does not give service in any direction. There are many inferior instruments upon the market, machine-made and poorly adjusted, turned out, obviously, merely for the sake of selling. The average seller of instruments knows nothing in regard to the use of the things he sells, and he selects them without any idea as to their use. One has only to look over the trays of instruments in the showcases of the average dealer to understand this. What a variety of uncouth things he has! We should discourage the manufacture and sale of poor instruments through refusal to purchase them. The writer uses always hand-made instruments, made by fine workmen of fine materials, and such he advises the beginner to purchase. The cost is greater, of course, but the satisfaction of having the best will compensate, there will be a greater satisfaction to the operator, both in the results obtained and in knowing that he has



the best obtainable. The beginner buys many inferior instruments, but that is because of his inexperience and ignorance. He should get to know good instruments before he goes to purchase, and knowing, he should not allow himself to be misled into taking inferior ones. The writer, having purchased instruments from all the better manufacturers, has been quite satisfied with his selections with one exception. When he began the practice of medicine nearly thirty-five years ago, a certain firm in this country was then the leading instrument makers in America, and at that time, almost all of his instruments bore the stamp of that

firm. So good were those instruments that he still has one or two of his first ones in constant use. He has been told, however, that this firm still in existence makes very few of the instruments it now sells, and this recently was confirmed by an experience which the writer had with the firm. Having an idea for a special knife he sent a sketch of his idea to this firm and asked that a sample knife be made for him. After an unnecessary delay of six weeks he received an ordinary stock knife from them, made by another firm! Is the writer justified in thinking that this firm has fallen from its high estate?

## THE SO CALLED ACUTE PELVIS

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**D**URING the past few years we have heard and read considerably on the subject of "The Acute Abdomen." The accuracy of the term has been severely criticized on the ground of it being unscientific and pathologically impossible. Well taken as this criticism may be still for the sake of terseness of expression and clearness of concept, we might well sacrifice rhetorical elegance.

Acute pelvic lesions are characterized by suddenness of onset and intensity of subjective symptoms and demand speedy though not necessarily radical intervention. In fact the majority of cases call for conservative palliation rather than radical treatment. Experience, judgment and courage to abstain from operative measures are essential to properly handle the situation. We wish to exclude from discussion the various types of appendicitis and the numerous complications of pregnancy. The lesions may be classified as follows:

### I Mechanical or Traumatic.

- a Perforation of uterus
- b Ruptured ectopic pregnancy
- c Hemorrhage into or rupture of ovarian cyst
- d Twisted pedicle of ovarian cyst
- e Incarceration of fibroid
- f Vaginal or bladder hemorrhage.
- g Ureteral stone
- h Strangulated hernia

### II Inflammatory

- a Acute salpingitis
- b Acute exacerbation of chronic salpingitis
- c Pelvic peritonitis
  - 1 Gonorrhoeal

- 2 Post partum
- Post abortive
- 3 Fulminating

It is not the author's intention to discuss the above conditions in detail as any one of them would be a suitable theme for an exhaustive paper, only the salient features will be stressed so as to aid one in diagnosis and treatment.

**Perforated uterus.** This rather frequent occurrence takes place either during an attempt to interrupt pregnancy or in the completion of an abortion. How many uteri were perforated by the old method of replacing a retroversion by means of a sound introduced into the uterine cavity is problematical. That it was considerable, is fair to assume. Still only a very small number is reported. Not that it was concealed, but the operator never realized the accident, as no symptoms presented. We have all undoubtedly perforated the uterus while performing a curettage. If the curette continues to go through the uterine rent up to the hilt we stop and wonder, if, however, the instrument does not engage in the artificial opening, the accident passes unnoticed. This leads to the main consideration. A perforation under aseptic conditions is not necessarily of serious consequence, it can be left untreated but carefully observed for the development of any symptoms of localized peritonitis. The patient should be placed in the Fowler position so as to favor limitation of the inflammation in the cul de sac. If, however, the field is infected, it is wiser to immediately perform a laparotomy, suture the rent, or in some cases perform a hysterectomy and institute abdominal and vaginal drainage. The following case called for considerable deliberation. A girl of fifteen was sent to the hospital with the history transmitted



over the phone by her physician, that he had noticed bowel protruding from the cervix, had replaced it and packed the vagina. On admission the patient was in moderate shock, but did not present any abdominal tenderness or rigidity. No intestine was found at the cervix, the fundus was softened and enlarged to about the size of a three months' pregnancy. The patient admitted an abortion had been attempted. The question arose whether to laparotomize or await further developments, especially in the absence of any abdominal signs or symptoms. The former was finally decided upon for the following reasons: the doctor undoubtedly recognized the bowel as such, the extent of the injury to the bowel was unknown, the calm period following any intestinal injury is very deceptive and the relative innocuousness of a laparotomy. Operation revealed a ragged tear in the wall of the uterus, covered over by adherent omentum and about four inches of the ileum badly lacerated. The perforation was sutured, the damaged bowel Lembertized and the abdomen closed with drainage. The patient made an exceptionally smooth recovery. She may have done just as well without an operation, but given a similar case, we would again proceed in the same manner.

*Rupture of an ectopic pregnancy* presents one of the most dramatically acute pathological pictures. Its diagnosis is possible in about 95 per cent of the cases. The remaining 5 per cent are not recognized owing to a slow leakage of blood by way of the fimbria or through a small tear in the tube with subsequent plastic exudate and adhesions. The history of having skipped one period, followed later by irregular vaginal bleeding and sudden intense abdominal cramps, *usually accompanied by fainting spells*, should lead one to suspect a beginning tubal rupture or tubal abortion. If the bleeding continues, all the symptoms of shock and hemorrhage present themselves, such as weak, rapid pulse, pallor, air hunger, etc. The abdominal physical signs may be entirely absent or tenderness, rigidity and a rebound sign may be elicited. A mass may be palpable if there has been a slow hemorrhagic leakage, allowing sufficient walling off of the blood clots into one big mass. This may extend as high as the umbilicus without a drop of free blood in the peritoneal cavity. The vaginal examination usually reveals the most valuable sign—*e*, a soft, boggy, crepitating sensation in the posterior cul de sac. A fullness if not a definite mass can usually be made out in either lateral fornix. The temperature is often misleading. Most cases show a rise of one-half to one degree, but we have observed one as high as 104. The blood presents the usual picture of a secondary hemorrhage, a moderate leucocytosis and an increase of the polynuclear cells. This similarity to an acute infection must be borne in mind, a low hemoglobin and a diminished red cell count

is, of course, of great diagnostic value, although a slow hemorrhage will not necessarily produce either of these changes.

Aspiration of the cul de sac elicits dark fluid blood. The procedure takes but a few moments and helps to differentiate ruptured ectopic from pelvic abscess. The following case emphasizes this point. Mrs. F., age 26, two weeks after an induced abortion, was seized with severe abdominal pains, lasting several hours. They reappeared on the two following days and then became rather continuous. Her physician without making a vaginal examination, suspected a pelvic peritonitis. One week later when the writer was consulted, he found the patient apparently very acutely ill, rather pale, temperature 101.2, pulse 120, respiration 26. Her lower abdomen was very tender and rigid and a mass was palpable in the lower left quadrant. There was considerable bulging and fluctuation in the cul de sac. The diagnosis of ruptured ectopic was made. With the possibility, however, of an abscess, the cul de sac was first aspirated and dark fluid blood obtained. Attempted abortion in the presence of an ectopic pregnancy occurs frequently enough to be borne in mind.

*Hemorrhage into an ovarian cyst or rupture of a cyst* with subsequent bleeding are often indistinguishable from ruptured extra uterine pregnancy, having similar signs and symptoms. As both conditions call for operative intervention, a mistaken diagnosis is not of serious consequence.

The treatment of extra uterine pregnancy calls for immediate operation as soon as the diagnosis is established. Whether ruptured or unruptured, whether the patient is in shock or not, the bleeding vessels must be located and tied off. This is an underlying surgical principle. To be sure, some patients have a spontaneous cessation of the bleeding, but until we arrive at that degree of prognostication where we are able to select these few exceptions, our duty compels operative intervention. We have seen a few patients actually bleed to death, when operation was postponed. These cases are usually in such shock from hemorrhage, that they require only light anaesthesia, and as the operation can be completed in fifteen minutes, the added shock is but trifling. If infusion or transfusion are deemed essential they should be administered after the bleeding points have been ligated, as otherwise the blood pressure is raised and thus the bleeding increased or renewed.

*Twisted pedicle of an ovarian cyst*. The condition is not as frequent as one might expect, occurring only twice in a series of 902 cases. If a patient known to have a cyst of the ovary is suddenly seized with severe sharp pains in the lower abdomen, presenting a tender rigid wall and a sensitive cystic mass felt per vaginam in one lateral fornix, a twisting of the pedicle is to



be suspected. The severity of the symptoms are dependent upon the degree of torsion and consequent vascular blocking. If permitted to proceed to gangrene peritonitis is likely to supervene, hence early operation is indicated.

*Incarceration of uterine fibroids* is rarely encountered, considering the frequency of these tumors. It only occurs if the tumor takes its origin from the posterior part of the uterus, below the promontory of the sacrum, or in a uterus that is fixedly retroverted. The symptoms come on rather slowly, but increase in severity. Urination and defecation are often interfered with. The hard, solid, fixed, tender tumor can easily be palpated in the posterior cul de sac. Abdominal myomectomy is the operation of choice although hysterectomy is frequently compulsory.

*Vaginal hemorrhage*. The treatment depends upon the proper diagnosis. The bleeding may be the result of excessive menstruation, obstetrical complications, mechanical disturbances, tumors, internal secretory disorders or blood dyscrasias. Immediate treatment demands vaginal packing; subsequent treatment may be medical or surgical, depending upon the cause. One point must be emphasized to keep the possibility of cancer in mind. Carcinoma at the external os can usually be palpated or at least be seen, its presence in the cervical canal or fundus is not so easily recognized. The following case may serve as an illustration. Mrs. H., age 34 was suffering from severe lower abdominal pains and irregular, rather profuse vaginal bleeding for the past nine months. Examination revealed a large double pyosalpinx. The patient refused a laparotomy and a posterior colpotomy was, therefore, done and about six ounces of pus evacuated. Three days after operation the patient again began to bleed. Visual examination revealed a small ulcerated area at the external os, resembling and later proving to be the lower edge of a carcinomatous crater that involved the whole cervical canal. Undoubtedly, the traumatism of the tenaculum used during the colpotomy had hastened the ulcerative process.

Another interesting case of vaginal bleeding was presented in the following. A woman of forty was admitted to the Harlem Hospital in a very anæmic condition, having had several severe vaginal hemorrhages during the previous week. Abdominal examination was negative, but by manual examination revealed a soft, boggy mass high up in the cul de sac suspected to be either a blood clot or a soft myoma. A more careful history revealed the fact that the patient had had bleeding from her gums, nose and subcutaneous tissues on previous occasions. Examination of her skin disclosed areas of small petechial hemorrhages. The diagnosis of purpura was thus made and a transfusion gave very satisfac-

tory results. This case proves the value of a good history and a thorough general examination. It is only too often forgotten that constitutional diseases may have local manifestations.

Of the inflammatory lesions, the most frequently encountered is, perhaps, *acute salpingitis*. Usually the result of extension of an acute gonorrhoeal vaginitis or cervicitis, not infrequently it is due to post abortive or post partum infection, with or without traumatic interference. The offending organism in this latter group is usually the streptococcus, staphylococcus or colon bacillus. Another form of salpingitis is that following menstruation. The patient is suddenly seized with severe abdominal pains in one or both lower abdominal quadrants, which become rigid and tender. The patient appears very ill, although there is only slight rise in temperature or pulse acceleration. Vaginal examination reveals no masses in either fornix, but considerable tenderness. An ice bag to the abdomen and hot vaginal douches usually clear up these cases in forty-eight hours. Whether this condition is due to a slight escape of blood from the fimbria into the peritoneal cavity or to a lighting up of an old mild salpingitis, is a question. The prompt resolution would rather speak against inflammation.

If we have a true salpingitis, particularly of the right side, how can it be differentiated from an acute appendicitis and how should it be managed? The diagnosis is always difficult sometimes impossible, and we have all probably operated for a tubal infection only to find the appendix the offending member and *vice versa*. Very often these two structures are adherent to each other and thus implicated in the pathological process, even though not to an equal degree. The history of a previous venereal infection, the presence of the gonococcus in the vaginal or cervical smear, tenderness in the fornix and the absence of referred epigastric pain favor the diagnosis of salpingitis. The abdominal tenderness and rigidity, temperature and vomiting are similar in both conditions. The blood count is not of much differential value. The acutely inflamed tube may go on to resolution or may become the seat of a chronic pyosalpinx with repeated exacerbations, each one of which is ushered in with a picture of an acute localized peritonitis. The fimbriated end of the tube becomes sealed off, pus accumulates within its lumen and thus distends it. Accordingly, by vaginal examination, we elicit a distinct, tender, globular or elongated mass in either or both fornices. Thus the differential diagnosis between an acute appendicitis and an exacerbation of a chronically inflamed tube can readily be made.

Another outcome of an acute infection of the tube is *pelvic peritonitis*, with or without abscess formation. This condition also frequently fol-



lows the extension of an intra-uterine infection, post abortive or post curettage. The type of organism determines the final pathology. The gonococcus generally spreads by continuity and results in salpingitis, whereas the staphylococcus, streptococcus and colon bacillus usually propagate along the lymphatics and tend toward abscess formation.

A patient suffering from pelvic peritonitis usually looks seriously ill. The temperature may rise to 104 and over, chills are common, and vomiting is the rule. She complains of pains in the lower abdomen and constipation often bordering on obstruction. Physical examination elicits tenderness and rigidity, often affecting the whole abdomen, but more marked in the lower quadrants, rebound sign is usually obtainable. Vaginal examination may reveal a tender mass in either fornix or cul de sac or just a diffuse tenderness without any mass formation. Pressure against the cervix causes severe pain due to the pull on the broad ligaments.

The keynote of the treatment of these types of acute pelvic peritonitis, serious and acute as they may appear, spells conservative delay. It is a good plan to wait three or more weeks, after the temperature has become normal, before instituting any operative measures. And then only if the masses persist. In the meantime hot vaginal douches, the application of an ice bag to the abdomen, gentle laxatives and the judicious use of morphine will tide the patient over the critical stage. Operation during the acute period usually lights up the local process, causes a general peritonitis with a possible fatal termination. During this waiting period, frequent but very gentle vaginal examinations may be made, to ascertain if any free pus has accumulated in the cul de sac. This can be detected by a filling out and a fluctuation of the posterior fornix. An initial aspiration may be undertaken. Whether the needle knife or scissors are used, the point to remember is to introduce the instrument directly in the mid line, hugging the posterior surface of the uterus, thus avoiding the ureter, uterine artery or rectum.

There is one other type of pelvic peritonitis which is characterized by the presence of free pus in the peritoneal cavity. Its occurrence is fortunately not very frequent, the diagnosis rarely made and the mortality almost 100 per cent. It is usually the result of the spontaneous rupture of a pus tube, but it occasionally follows the escape of pus through the open fimbria. Recently we encountered a case in whom the source of infection was a sloughing base of an intra-uterine polyp attached to the fundus uteri. Such cases run a very fulminating course. At first they complain of but a moderate amount of pain in the lower abdomen, together with more or less temperature and pulse acceleration. Very soon all the symptoms of a general septic peritonitis supervene, the patient appears very seriously ill, the

tongue and lips very dry, a very important sign and usually indicative of a very poor prognosis. The temperature and pulse begin to rise. The abdominal tenderness and rigidity are no longer limited to the lower abdomen but are elicited also above the umbilicus.

It is very difficult to decide what is the best treatment for this type of case. Since it is advisable to withhold operative measures until all acute inflammatory manifestations have subsided, and as the general peritonitis supervenes so rapidly upon the local pelvic condition, we are caught between a Scylla and Charybdis. Both methods have been tried out—*i. e.*, immediate laparotomy with the insertion of numerous drains and the conservative plan of administering large doses of morphine and copious quantities of water by every route. Both methods have proved equally unsuccessful. If we could diagnose the moment the lesion ceases to be a pelvic one and operate at that time our results might be better.

Pain in either inguinal region, whether of sudden or gradual onset, should always lead one to suspect a possible ureteral stone. This has probably been overlooked more frequently than any other pelvic lesion and been the cause of removing many a normal appendix, tube or ovary. Every female patient should have a catheterized specimen examined. If microscopically blood is found and there is a history of previous lumbar pain radiating downward toward the inguinal region, cystoscopy should be done and a radiograph taken of both renal and ureteral regions. In fact, I believe every gynecological patient should be cystoscoped before operation, except in the presence of an acute infection. Whether to remove a calculus through the operating cystoscope or by transperitoneal or retroperitoneal ureterotomy, must be decided in accordance with each case.

*Hemorrhage from the bladder* constitutes an acute crisis. It is neither wise nor desirable to pass an instrument into the organ during this stage. The patient is given an opiate and an ice bag applied over the pubis. After the condition has quieted down, cystoscopy is performed and treatment instituted in accordance with the diagnosis, whether trauma, papilloma, carcinoma, tuberculosis, stone, etc.

*Strangulated femoral, inguinal or umbilical hernia* are mentioned so as to be borne in mind and treated according to the usual surgical principles.

In conclusion, we beg to recapitulate:

- 1 Acute pelvic lesions may be either mechanical or inflammatory.
- 2 The diagnosis is very essential.
- 3 A good history and a careful physical examination are of the greatest assistance.
- 4 The treatment of the mechanical type is surgical, of the inflammatory form, usually conservative.



## DIFFERENTIAL DIAGNOSIS OF THE EXANTHEMATA

By WILLIAM L SOMERSET, M.D.

NEW YORK CITY

**SUMMARY**—We must consider these diseases separately

We will first consider scarlet fever

Scarlet fever presents cardinal symptoms. They are fever, sore throat or enanthem, skin eruption or exanthem.

The fever and sore throat invariably appear at least twenty-four hours before the exanthem. The absence of any one of these cardinal symptoms precludes the possibility of scarlet fever. "Sine eruptione" cases undoubtedly do occur, but they must not be diagnosed as scarlet fever.

Equally important with the above symptoms are the rate of progress and duration of symptoms. Any throat affection and any skin affection due to scarlet fever virus will invariably persist to the second and even the third day after date of appearance.

In distinguishing scarlet fever from other conditions we have to deal with simulations and dissimulations, with resemblances and differences.

Scarlet fever when present is usually recognized as such. When recognition fails, it is due to mildness or irregularity of symptoms. At its mildest the rate of progress and duration of the onset symptoms is comparatively constant.

The alien conditions simulating scarlet fever are many.

Any of the other exanthemata may give a prodromal scarletina rash. Any infectious disease may give a scarletina rash. Sepsis gives the closest imitation, septic diphtheria, puerperal

sepsis, sepsis accompanying burns are examples.

Many articles of diet may produce scarletinal rashes.

Many drugs give rise to skin conditions resembling scarlet fever.

Bearing in mind the order of appearance, the rate of progress, and the duration of symptoms in scarlet fever, we will find that all these alien conditions show divergences from the required syndrome within twenty-four hours.

In connection with smallpox, the diseases most frequently causing confusion in diagnosis are syphilis and varicella. Syphilis works much more slowly and varicella much more quickly than smallpox. Neither of these diseases produces umbilication in progressive lesions. The umbilication of smallpox lesions is pathognomonic. Again, the four day prodromal period of smallpox with entire intermission of symptoms on appearance of rash, is foreign to both of these diseases.

One modification of smallpox, called alastrim, deserves notice. The prodromal period is prolonged to possibly five or six days. The initial rash consists of many, closely set, pinhead size pustules. These lesions come out as pustules and remain so without increase in size for several days. They do not progress and become characteristic smallpox lesions but desiccate without further development. These minute pustules are never generally distributed but appear in one or more patches on face, trunk or extremities.

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### Deaths

CISIN MORRIS, New York City, New York University, 1888, Fellow American Medical Association, Member State Society, Visiting Gynecologist Beth Israel Dispensary. Died April 8, 1924.

DANN, RICHARD H. V., Elmira, University of Maryland 1903, Fellow American Medical Association, Member State Society, Elmira Academy of Medicine. Died January 20, 1924.

HUN HENRY, Albany, Harvard University, 1879, Fellow American Medical Association, American Psychiatric Association, American Neurological Association, Member State Society, Physician, Albany & Child's Hospitals. Died March 14, 1924.

LA ROCQUE, J. H., Plattsburg, Victoria University Canada 1872, Member State Society. Died March 1, 1924.

RUECK, GUSTAV ADOLPH, New York City, Cornell Medical College, 1907, Fellow American Medical Association, Member State Society. Died February 25, 1924.

WILLIS, GEORGE STUART, New York City, New York Homeopathic Medical College, 1899, Fellow American Medical Association, American Radium Association, New York Academy of Medicine, Member State Society, Director of Radium and Associate Surgeon Post-Graduate Dispensary. Died March 24, 1924.

WITTENBERG, LOUIS W., New York City, Long Island College Hospital 1908, Member State Society, Visiting Physician, Lenox Hill Dispensary. Died March 30, 1924.



# EDITORIALS

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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## THE MEDICAL PRACTICE BILL

The Medical Practice Bill, introduced this year, was drafted at the Governor's suggestion with the co-operation of the Departments of Health, Education, the Attorney General's office and our own counsel, and received the enthusiastic support of upwards of 80 per cent of the members of the State Society. Augustus S. Downing, Assistant Commissioner of Education, an expert in the field of professional licensure, predicted that the passage of the bill would purify the ranks of the medical profession and drive the quacks from the state. Dr. Nicoll, Commissioner of Health, supported the bill as a measure absolutely necessary for the preservation of public health in the State. Governor Smith urged its passage. The Attorney General's office were ready to undertake the additional burdens and responsibilities which the bill placed upon that Department. The State Society, through the unanimous vote of its as-

sembled county legislative chairmen, recorded unqualified support and approval.

The bill passed the Senate on the last night of the session and in view of this strong public and professional support its passage in the Assembly was confidently predicted.

The organized chiropractic associations used every means at their command and freely expended their money to insure the bill's defeat. They were unsuccessful in the Senate, although Senator Love, a member of our profession, did what he could, though unsuccessfully, to defeat the measure when it was before the upper house.

In the chaos of the closing hours, the assemblymen, worn out and harassed by the burden of their remaining duties, apparently concluded that Dr. Lent, of the Professional Guild of Brooklyn, was an authoritative and qualified spokesman for the medical profession and apparently considered



his views of opposition as representing the ideas of the profession in Kings County. How far in error they were in so concluding will be fully proven and we hope effectively demonstrated before they are next called upon to weigh and consider the enlightened and representative views of the medical profession of this state. The Medical Society of the State of New York has every reason to ask by what right any guild acts in the capacity of a disruptor of medical progress.

The year 1924 has witnessed the revival of the fighting spirit of the medical profession when roused to a high sense of its responsibility of leadership. We have been bound together as never before by the ideals of right. Our public utterances have demonstrated our opposition to chicanery and wrong. No guild or other bloc, no matter how diminutive in size, ideals or purposes can divest the state society and the state officials of the high purposes for which they have striven and will continue to strive.

We have no regrets for the campaign that is over. We of necessity are compelled to defer the fulfillment of our hopes.

We take this opportunity of expressing thanks to those loyal and conscientious physicians throughout the state who have lent their encouragement, enthusiasm and support to the promotion of a program that has won the merited approval of those best qualified to judge. We expressly extend our congratulations and our appreciation to Governor Smith, whose vision has not been clouded by party lines, to Augustus S. Downing, who has always been devoted to high standards for our profession, to Commissioner Nicoll who has lent the prestige not only of his own excellent name, but that also of the Department of Health over which he presides, to Dr. James N. Vander Veer, who has obtained and expressed the opinions of our various county societies and has been untiring in the discharge of his duties, and also to our various friends in the Senate through whose intelligent work the bill was passed by that body, and also to our friends in the Assembly who refused to be stampeded either through the chaos of the closing hours or by the unrepresentative advocacy of unqualified spokesmen. O S W

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### UNFAITHFUL SERVANTS

For three months and ten days our elected representatives at Albany have played with the time, money, and interests of their constituents, with a resultant balance sheet that is most disheartening to every one who has the smallest interest in honest government.

Descriptions of the bacchanalian orgies of the closing ten hours of this session, as given by the newspapers, and by eye witnesses, make disgusting history. Every assemblyman, however innocent, should go back home and apologize to his electors.

Throughout the whole session nothing but petty party political trading was done.

The medical profession, with none but the most altruistic desires for the welfare of all citizens of the State, with the honest co-operation of an envisioned Governor, of the Department of Education, and of the State Health Department, was sold out and defeated by two physicians, one a Senator with political aspirations, and the other a paid lobbyist. The records of these little men should condemn them forever in the eyes of all people as absolutely unworthy of any confidence.

Those assemblymen who abjectly deserted and obeyed the commands of the lobbyist in the closing

hours should be marked men, marked for retirement before nominations are made for any public trust. This can be done if organized medicine is awake to its power and its responsibility.

Quacks, fakers, crooks will always fool the people, because the people want to be fooled. The allurements of short cuts to health through patent medicine or manipulation, will always find victims who will sacrifice their own lives and the lives of the innocent by trying out newly named remedies or practices.

Education of all the people in public and personal health matters will not keep all the people from criminal unlicensed practitioners, but it will help, and should be freely dispensed in an unremitting effort to raise the standards of the public conscience and of general understanding.

Membership in the Assembly of our State offers a field for honest young idealists to stimulate intelligent interest in honest government. Such men should, even at financial sacrifice, stand for these places with the idea that these are stepping stones to greater opportunities.

Let us not forget to punish our unfaithful servants and let us immediately begin a campaign for better representation. N B V E.



## MEDICAL POLITICS

The campaign for medical legislation that has just closed has set a new standard in medical politics. Physicians are inclined to be extremely independent and critical. There is a saying that an administrator is successful if he is right 51 per cent of the time. A doctor is likely to say that an administrator is unsuccessful if he is wrong one per cent of the time, but is 99 per cent right.

Doctors generally are not skilled in political methods. They do not realize that laws are made by all classes of persons who harbor all shades of opinion. Every law that is passed is a compromise that represents the average opinion of the people regardless of right and wrong, or of medical opinion. An example of average opinion expressed in law is that of capital punishment. Two hundred years ago the death penalty was inflicted for over twenty crimes that are now punished by brief terms of imprisonment, but average public opinion still demands capital punishment for murder.

Laws relating to the practice of medicine are made by laymen who know very little about medical subjects and methods. If such a body of laymen agrees on a law that meets 80 per cent of the standards demanded by the medical profession, the wise political move by physicians would be to accept it with its twenty per cent of defects. Anything or anyone that grades 80 per cent in school, or crops, or finances, or civil service is considered to have a high mark, yet many physicians are so unfamiliar with practical politics that they are willing to announce their unqualified opposition to an 80 per cent perfect law because they consider it to be twenty per cent imperfect. The result is that the opponents of the medical profession point to the condemnatory resolutions passed by medical societies and say that physicians cannot agree but are divided among themselves. A legislator is naturally perplexed when he receives a resolution from his county medical society condemning a whole law when the condemnation covers only a minor feature of the law.

It is poor politics for physicians to express themselves vaguely and uncertainly on an important question such as that of the Practice of Medicine Act. After weeks of debate, the very great majority of physicians came to the united conclusion that the only really objectionable feature of the bill was that of requiring the re-registration of physicians after the first one. That physicians were not really opposed to the bill as a whole was shown by the almost unanimous demand for the passage of the unamended bill when its nullification was very nearly accomplished by the chiropractic lobby.

When the necessity for action arose, physicians wisely stopped talking, laid aside their idealistic political theories, and played practical politics. The legislative campaign has certainly been an immense clinical demonstration in practical politics.

There are two kinds of politics in medicine as in governmental matters.

1 The open and truthful, that depends on sound argument for success.

2 The secret and selfseeking that uses extraneous influences to accomplish its purpose.

Physicians cannot afford to use petty tricks or to do political trading in order to gain their ends. These means might secure a temporary victory, but the methods would discredit the leaders both among the medical profession and the people generally. The only kind of politics for physicians to play is that which is frank and truthful and depends on education.

The Medical politics that has been practised by the Medical Society of the State of New York during the last legislative session has been worthy of the best traditions of doctors. While the Practice of Medicine Act failed of passing by a narrow margin, yet an excellent foundation has been laid for its enactment next year. Now is the time to begin next year's campaign. It will be practical, high class medical politics for the Medical Society of the State of New York to adopt the following program.

1 Preserve the present bill with such slight amendments as seem wise to the leaders in the medical society, and of the Departments of Health and Education.

2 Continue the education of physicians without intermission in order that the members of county medical societies may be prepared to vote intelligently on the bill next fall.

3 Physicians shall get in touch with their senators and assemblymen and shall instruct them regarding the merits of the proposed medical legislation.

If these plans are carried out, the State Medical Society will have the united medical profession fully prepared to start its legislative campaign.

If these plans are carried out the new year will see the medical profession as fully prepared as it was on April 1st of this year. It is good politics to agitate our legislative plans throughout the whole year.



## THE CAMPAIGN FOR PERIODIC MEDICAL EXAMINATIONS

Organizations of laymen whose activities are along public health lines are promoting a nationwide campaign for the annual examination of adults who are apparently in good health. They presume that those who are unhealthy will get examined, and assume that many remedial defects will be found among those who seem to be entirely well. We have referred briefly to this subject in an editorial on page 458 of the March 28th issue of this JOURNAL. The subject is of growing importance to every physician because big lay organizations are putting forth their best efforts to create a demand that every person shall be examined at least once a year. The slogan is "get examined on your birthday."

The plan for periodic examinations is no wild impractical dream. It has been endorsed by the American Medical Association and by the House of Delegates of the Medical Society of the State of New York, and sentiment in its favor is growing among both physicians and laymen.

Past experience gives a basis on which to judge the value and practicability of the examinations. The Army and Navy has afforded a demonstration of the extent of physical disabilities and of the excellent results of their correction. The anti-tuberculosis movement has led thousands, and possibly millions, to be examined and to have their defects corrected. Life Insurance companies are offering re-examinations free, and some maintain a system of health supervision for those who will accept it.

Industrial corporations are recognizing the value of physical examinations, and are requiring all applicants for work to be examined in order to fit them into the places for which they are physically qualified, and thus to avoid physical strains and breakdowns. New York State requires the physical examination of children in public schools and the correction of their defects.

The results of all these lines of examinations have been uniformly good, and yet the movement has not become popular and few persons pay their doctors to examine them regularly. Nearly all the examinations that have been made have been done free by some corporations or other organizations. The present plan seeks to arouse persons to have the examinations made by family physicians who will charge the applicants fees as for other private medical services.

The great obstacle that is encountered at the outset is that of the lack of a standard method of examination. Even life insurance companies do not follow uniform methods. The form suggested by the American Medical Association is the most authoritative that has been developed.

Another difficulty is that of uniformity in the interpretation of the results of an examination. What one doctor will call a serious defect another will disregard.

Physicians generally are not qualified to diagnose incipient defects and diseases, or to estimate the degree of curability of the conditions. Experience in the Army showed that only a few doctors were qualified to interpret the results of physical examinations, but these few could supervise and co-ordinate the work of many ordinary examiners. This supervision will be lacking in private practice.

The examinations will be discredited if great numbers of applicants should flock to their family physicians for examination during the next five years,—because physicians are not prepared to make the examinations. Medical Schools, post graduate courses, and clinics have not yet trained any great proportion of doctors to make the examinations or to interpret the results.

The first procedure in an intelligent campaign for periodic physical examinations in New York is to instruct doctors how to make the examinations. This objective is sufficient to employ the energies of all the lay organizations during the next five years. If the lay organizations will confine their efforts to the doctors during the next five years, the success of the movement will be assured.

The County Medical Societies are the natural professional bodies to take up the subject of teaching the methods of making periodic examinations. The Kings County Medical Society is carrying on an extensive course of instruction in co-operation with a lay organization—the Brooklyn Bureau of Charities. This same plan can be carried out by nearly all other counties. Nearly every county has a lay anti-tuberculosis committee that could co-operate with the county medical society. The activity of the committee would be to supply funds with which the county medical society could carry on demonstration clinics on methods of examinations. These at first would be conducted for purely teaching purposes, but a by-product would be the examination of dozens of adults.

The physicians of New York State are confronted with a unique opportunity to open up a new field of lucrative practice that will be of great benefit to themselves as well as to the public, and the lay organizations which are promoting the new movement will accomplish a most creditable piece of public health work provided they follow the logical plan of developing the work through the physicians.



## MEMORIAL MEETINGS

In this week's Journal (page 636), we are printing accounts of two memorial meetings held by medical societies in honor of departed members. The programs of both of these meetings were out of the ordinary, they were marked by careful preparation along lines which appeal to physicians. There was an absence of commonplace emotionalism and in its place there was a sincere appreciation of the living qualities of the departed. They were remembered for what they gave to others, for relief of suffering and for their part in lifting the veil of mystery from nature's works. There are also in both memorials a revelation of the inner lives of the doctors and an appreciation of a side of their lives which physicians seldom express. The memorials are an effective answer to those who fear evolution

and scientific studies are overthrowing the faith of our forefathers. Doctors are brought face to face with the great mystery of birth and death, and see the comforting powers of faith and prayer. They are the towers of strength on whom reliance is placed at both the beginning and the end of life, and few there be that do not respond to the inner urgings of the spirit. They may not express their convictions according to the accepted methods of the orthodox churches, but nevertheless the spontaneous memorials of their fellow practitioners prove that physicians as a class have a deep and profound respect for the brotherhood of man and the fatherhood of God. Their convictions are no gilded surface shimmerings, but are the golden refinements of rich experiences concealed in their own breasts. F O

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## THE ANNUAL MEETING

This is the last call for the annual meeting in Rochester from Monday until Wednesday, April twenty-first to the twenty-third. We are printing announcements of several additional features which will appeal to those in attendance and will doubtless spur others on to attend. The mere opportunity of meeting five hundred physicians is sufficient inducement to go to Rochester, but a still greater benefit is the demonstration of the action of the machinery of the second largest medical society in the country.

The Medical Society of the State of New York is the official body of the 15,000 regularly licensed physicians of New York State. The Society sets the standards of medical practice and formulates the principles that govern the action of the entire medical profession of the State.

*Who is the Society?*

Three correct answers are

1 The individual members, ten thousand in number

2 The House of Delegates of the Society.

3 The small group of elected officers of the Society

A few public spirited leaders formulate the politics, and write the standards which the great mass of members either accept or reject. The Society is an almost perfect representative republic. Anyone attending the annual meeting will see the leaders in action, and can get into the action himself if he chooses. Attendance at the meeting will constitute an education in itself. Anyone who sees the difficulties encountered will have a great respect for the officers and leaders of the Society, and for their conscientious endeavor to solve the knotty problems which affect every physician in the State.

F O

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## THE NEW YORK STATE JOURNAL OF MEDICINE

This issue is the twelfth number of this Journal that has been published weekly, and it will be the last, for the present at least. With the next number the Journal will return to its monthly publication schedule. While our plans are not fully decided, we expect to have the Journal ready for mailing on either the tenth or the fifteenth of each month.

It is our opinion that the weekly Journal has been a great success. Each number has contained nearly as much material as the average number of the monthly publication, and new departments have been added that increase the readability of the Journal. There has never been a lack of

material, the only lack has been that of time with which to polish the literary qualities of the articles.

We have tried to make the Journal fit into the daily thoughts of the members of the Medical Society of the State of New York and to cover all three fields in which the State Society is active—scientific, civic and political. We shall continue the same policies in the monthly issues. The members may expect the same medical fare, only it will be served at longer intervals. They may have it more often if they will pay for it.

F O





# LEGAL



By GEORGE W. WHITESIDE, Esq.

## CHIROPRACTOR CONVICTED OF MANSLAUGHTER

**C**HIROPRACTORS who undertake by scientific principles to treat serious diseases which they are unable properly to diagnose need no longer expect to have their poor deluded patients die on their hands without suffering conviction of felony and imprisonment in state's prison.

A most salutary precedent has been established in Brooklyn by the conviction for manslaughter in the second degree of Ernest G. J. Meyer, a Palmer school graduate who treated a six year old child who had diphtheria, by adjusting the sixth cervical and the fourth and eleventh dorsal vertebrae.

A jury in the Supreme Court in Kings County presided over by Justice William F. Hagarty, on April 8, 1924, returned a verdict of manslaughter in the second degree against Meyer after about thirty-five minutes deliberation. Manslaughter is a degree of homicide less than murder, not being justifiable or excusable, and in the second degree is committed without design to effect death "by any act, procurement or culpable negligence of any person." This crime is punishable by imprisonment in a state's prison not exceeding fifteen years or by a fine of not more than one thousand dollars, or by both. This conviction the first in this state of its kind, was procured by the office of District Attorney Charles Dodd of Kings County with the aid of his assistants George F. Palmer, Jr., and leading trial counsel, James I. Cuff. These able and unfaltering public servants have given evidence, not only of faithful public service in this case, but of unusual and original legal acumen in blazing a new path in criminal jurisprudence that should serve as a model throughout this state and which if followed by other district attorneys, will give a protection to the public that is sorely needed.

To convict it was necessary for the District Attorney to prove that Meyer by his acts of culpable negligence, had caused the death of the deceased.

Ernest G. J. Meyer, twenty-nine years of age, of good appearance and family, a graduate of a local high school in Brooklyn, completed a two-year course in the Palmer School of Chiropractic in 1921 and took up his practice in Brooklyn. He had close personal relations with the mother and father of the deceased, Caroline Germuth, a child of about five years of age, of 450 41st Street Brooklyn. During the early infancy of this child he had given it chiropractic adjustments of the spine from time to time to correct

the hanging of the child's head over on one side. On December 13, 1923, little Caroline became sick during the night, was restless, had pain in the chest and evidences of fever. The following day, which was Friday, the defendant Meyer gave the child two chiropractic adjustments by pushing or adjusting the sixth cervical and the fourth and eleventh dorsal vertebrae. She was at that time so sick that he stated that he would come a third time that day. He did come again at which time the side of the neck of the child was visibly swollen and he continued the adjustments. The following day he made a visit in the morning and once at night, each time giving similar adjustments. The child was becoming progressively worse suffering from very labored breathing, in fact she was gasping for breath. The father of the child asked the defendant if he did not think it wise to call in a medical doctor and if the defendant thought that he could take proper care of the case. The defendant did not advise the father of a medical doctor and stated that he could take care of the case satisfactorily. During that day the swelling went down somewhat and on the following day, Sunday, the defendant called again. He said that the child was suffering from swollen tonsils and swollen glands and a stoppage of the nasal passages. By the afternoon of that day the child became unconscious and a neighbor who was present, suggested to the chiropractor that she thought the child had diphtheria. When the child was practically dead the defendant suggested calling a medical doctor. The father then called Dr. C. L. Dance who examined the child and found that it had a temperature of 104 degrees, membrane very much diffused so that it was practically impossible to examine the throat and the heart action so faint and rapid as to be hardly perceptible. Dr. Dance immediately gave 10,000 units of antitoxin by intramuscular injection in the buttocks and remained with the child until it died that evening.

As the death certificate stated that the child had been under the care of an unlicensed practitioner prior to death, the health authorities sent a representative who took a culture of the throat of the deceased which showed the presence of Klebs-Löffler bacilli. Investigation by the health authorities disclosed that there were three other small children in the family who had been in contact with the deceased one of whom had been sleeping with her while Meyer the chiropractor was in attendance.



Dr Moench of the Medical Examiner's office, made a post mortem examination and found indisputable evidence of death from pharyngeal diphtheria

The case came to the attention of District Attorney Dodd shortly before Christmas and he received in his investigation little aid from the parents of the child. District Attorney Dodd realized that he could readily convict Meyer of the misdemeanor of practicing medicine without a license, but he did not feel that he was justified in letting this man off with a misdemeanor conviction when his act of culpable negligence had caused this girl's death. Although he had no precedent in this case to guide him, he had the case presented by his assistants, Mr Palmer and Mr Cuff, to the Grand Jury and asked for an indictment for manslaughter. Without delay the case was brought to trial in April by Assistant District Attorney Cuff. He proved the facts as above stated and called Dr Joseph C Regan, assistant resident physician of the Kingston Avenue Hospital for Contagious Diseases in Brooklyn, as the medical expert for the people. Through Dr Regan it was shown that this child had suffered from diphtheria from December 12, when the defendant first saw her, and that Dr Dance's treatment when he was called as the child was about to die was the proper treatment in the case, and that the manipulations of the defendant and failure to administer antitoxin had permitted the toxins of the disease so to affect the child's nervous system and heart as to cause inevitable death. It was by this proof that the District Attorney contended that this chiropractor was guilty of culpable negligence in causing the death of the child.

The defense tried to absolve Meyer of responsibility for the child's death, and put forth the claim that the administration of the antitoxin had caused death from shock, and offered as a medical witness to support this theory a Dr Frank R Weston of LaCrosse, Wisconsin, who stated that he had graduated from the Rush Medical College of Chicago in 1894.

He testified in part, as follows

Direct Examination by Mr Morris

*Q Is there any distinctive symptoms by which diphtheria can be recognized?* A No, sir

*Q By observation or what is spoken of as a clinical examination?* A No, sir

\* \* \*

*Q Now, in reference to the throat itself, what are some of the observable symptoms?* A Generally a membrane on the fauces of the throat, or on the tonsil

\* \* \*

*Q Now, take the enlargement of the throat, swelling of the throat or neck. You have heard the testimony in this case?* A Yes, sir

*Q Is there anything distinctive about that?*

A No, sir

\* \* \*

*Q Then there would be nothing typical about that or distinctive about that in any way to indicate the presence of diphtheria?* A No, sir

*Q Is it possible, in your opinion, for a person to have diphtheria, a child to have diphtheria and die of it without its being recognized by a physician of average skill?* A Yes, sir

\* \* \*

*Q Now, if it (antitoxin) is injected into the muscles and given late, then what would you expect as the result?* A I would not expect much of a result because it takes twenty-four hours to be effective, if it is injected into the muscles

\* \* \*

Cross-examination by Mr Cuff

*Q What text writers are you familiar with?* A Stevens

\* \* \*

*Q Oh, that is a general subject or book covering a lot of things?* A Yes, sir

\* \* \*

*Q Now, you want to tell or convey to this jury the impression that the administration of this injection of antitoxin intramuscularly was really what might have caused the death of this child?* A It might be in its weakened condition

*Q In half an hour?* A Yes

\* \* \*

*Q Now, let us see, how many times have you administered antitoxin?* A Oh, probably 40 or 50 times

*Q How long is it since you administered antitoxin?* A Ten years

\* \* \*

*Q How many times have you testified in these chiropractic cases?* A Oh, probably four or five times

\* \* \*

*Q When was the last time you testified?* A I think I was in Salt Lake City in February

\* \* \*

*Q When before that did you testify for the last time?* A I think in St Paul, Minnesota, in May of last year

\* \* \*

*Q You are being paid?* A I expect to be paid

*Q You have been paid in the past?* A Yes, sir

\* \* \*

*Q Back in the spring of 1923 you testified in Jackson, Michigan. When before that did you testify for the chiropractors?* A I have in South



*Bend Indiana, but I don't remember when it was*

*Q And before that where? A In El Paso Texas*

\* \* \*

The defense then endeavored to justify the treatment on chiropractic principles and offered as an expert witness a national lecturer of the Universal Chiropractic Association, James G. Greggerson, who testified that the treatment given by the defendant of adjusting the spine was proper chiropractic treatment for the condition. Cross-examination developed that this witness had been a private in the army and in civil life had been a salesman, had no education beyond a common school course and had completed a fourteen months course in the Palmer School of Chiropractic and that according to chiropractic principles it was not necessary to know what the matter was with a patient in order to give treatment.

\* \* \*

Cross-examination by Mr Cuff

*Q Mr Greggerson, of course it is not material, in your estimation of this situation that Mr Meyer did not know what the trouble with the child was, is it? A No, sir*

*Q And yet in the face of the fact that Mr Meyer said that he did not know, and never knew until after the death of the child, that the child had diphtheria, you still say that your answer does not consider that of any moment? A Yes sir*

*Q You are in the pay of the Chiropractors Association are you not? A Yes, sir*

*Q And you travel all around the country lecturing and testifying for them, don't you? A Well, I travel around the country lecturing for them*

*Q And testifying? A I have been on the stand before*

*Q You get your vacations at their expense, too don't you? A No sir, this is my regular job—lecturing*

\* \* \*

*Q Now you are lecturing for this association under salary? A Yes sir*

\* \* \*

The defendant, testifying in his own behalf, admitted that he did not know what the matter was with the child while he was treating her, that it was not necessary to know that in order to give chiropractic treatment that diagnosis was not a necessary element upon which to predicate proper chiropractic treatment.

EARNEST G J MEYER

Direct Examination by Mr Morris

*Q What did you observe and what did you do when you were called there? A I observed that the child was in a sick condition, and I made a digital examination of the spine*

*Q What did that examination of the spine disclose to you? A It disclosed that the sixth cervical vertebrae the fourth dorsal vertebrae and the eleventh dorsal vertebrae were out of alignment causing pressure*

\* \* \*

*Q After you made that examination, what did you do? A I directed the mother to prepare the child for adjustment, put the child on the bench—the chiropractic adjusting bench—and proceeded to adjust the misaligned segments into normal position*

\* \* \*

Cross-examination by Mr Cuff

*Q Did you know that the child had diphtheria? A I didn't recognize it as diphtheria*

*Q You never knew, at any time during your treatment of the child, that it had diphtheria? A No*

*Q And your system did not indicate to you that it had diphtheria did it? A I will say no*

\* \* \*

*Q Mr Meyer, do you realize that one of the primary and absolutely necessary essentials to the care of an ailment is the correct determination of what the ailment is? A No*

\* \* \*

*Q So that you do not need to know what the trouble is in order to cure it? A We have the symptoms to go by*

*Q Will you answer that question specifically? A No*

\* \* \*

It may be said that this case was fairly won on the merits and that, while the child died shortly before Christmas and on Christmas day the mother had spent her time in visiting the child's grave, Mr Cuff in summing up for the District Attorney ignored this appeal of sympathy and presented his case on the broad principles of justice and called upon the jury to perform their sworn duty to decide the guilt or innocence of the defendant according to law, citing the law as laid down in our Appellate Courts as well as in the United States Supreme Court, holding that few professions require more careful preparation by one who seeks to enter it than that of medicine and that it has been the practice since time immemorial in this regard to exact a certain degree of skill and learning upon which the community in its confidently rely, and that no one has the right to practice medicine without having the necessary qualifications of learning and skill, and that the statute requires that whoever assumes, by offering to the community his services as a physician, that he possesses such learning and skill, must present evidence that he has a certificate or license from the state qualifying him to practice.

The issue was squarely raised, therefore, that



the defendant in the treatment by chiropractic methods in this case was practicing medicine, that he was not licensed so to do, and that through his lack of qualification, and unlawful assumption of authority to treat the sick, was guilty of culpable negligence resulting in death.

Justice William F. Hagarty, in charging the jury, charged directly that the acts admitted by the defendant in the treatment of the child constituted the practice of medicine, and as the defendant was not licensed such practice was in violation of the law, and submitted to the jury three main propositions for consideration. First, did the deceased child have diphtheria, second, was the defendant guilty of negligence in any respect, and third, whether his negligence was the competent proximate producing cause of the child's death, and that all three of these elements must first be found in the affirmative by the jury beyond a reasonable doubt before they could find the defendant guilty.

The defendant had a fair trial by the court and was given every opportunity by the District Attorney to absolve himself from criminal responsibility, and the case was decided not upon

extraneous or sympathetic grounds, but upon the law and the evidence. It may well be said that in this result District Attorney Dodd and his able assistants, particularly the trial counsel, Mr. Cuff, have rendered a great public service.

This case clearly proves that the Universal Chiropractic Association, a national body of chiropractors, lends its support by furnishing counsel and witnesses to aid its members, who admit they are violators of our health laws, to defeat the efforts of our prosecutors in the enforcement of the law for the safety and health of the community. This combination should not be permitted to carry on such efforts in this state.

One efficient and zealous district attorney has shown what the law can do to the chiropractor who, blind to established scientific facts, gambles with human life and loses.

Enforcement of the public health law against unlicensed practitioners throughout the state will effectively stop this gamble with the lives of its people. Every district attorney in this state is now confronted with a duty in this matter to protect the community by the exercise of the power which the law gives. G W W

### NEEDLE BREAKING IN PLEURISY ASPIRATION COMPLICATED WITH EMPYEMA AND PREGNANCY

A woman about thirty years of age and about five months pregnant was afflicted with an attack of pleurisy. A physician was called on the 4th of February. At that time she complained of difficulty in breathing. After a thorough examination a diagnosis of dry pleurisy was made. By bandaging the patient with adhesive straps certain relief was obtained. At this time she had a pulse rate of about 100 and her temperature ranged from 101° to 101½°. The physician continued to attend the patient until on or about the 18th of February when the pleurisy was not checked but had progressed to the fluid stage. At that time the physician decided to aspirate the fluid and introduced a 25-gauge needle into the pleural cavity. Upon withdrawal of the needle it broke at about the middle. Immediate efforts were made to locate and recover the same which were unsuccessful. On the following day the physician again attempted the removal of the needle but was unable to locate it. A specimen of the fluid withdrawn was analyzed and was found to contain pus cells and streptococcus hemolyticus. Appreciating the virulence of the infection and the fact that the patient's condition was complicated by the pregnancy, the physician determined to make no further efforts in the removal of the needle. The physician continued to treat the patient at home until about

March 17th, when she was removed to the hospital.

On March 17th, 18th and 23rd X-rays were taken of the patient's chest. They disclosed an extensive mass in the right chest, displacement of the heart with a probability of pus, no evidence of tuberculosis, however, being disclosed, but a purulent, broken-down fluid. The X-rays taken did not disclose the presence of the broken needle though a metal ring was placed around the supposed spot where the needle broke.

As the pleurisy continued to progress a rib resection was performed upon the patient on the 26th of March and the pleural cavity drained. In the performance of this operation efforts were made by the physician to locate the broken needle. These efforts were also unsuccessful. The pleural cavity continued to drain and the plaintiff's condition improved. She was discharged from the hospital on April 5th. During all of this time the pregnancy was not complicated or affected in any way and on June 5th the patient was confined and delivered by the physician of a normal healthy child without complications. She had an uneventful puerperal period. The physician, however, continued to treat the patient until about the middle of July, when the drainage of the pleural cavity was completed and the operative wound had healed. At



that time he advised the patient to have further X-rays taken to locate, if possible, the presence of the broken needle and that upon its location efforts could then be made to remove the same.

No payments were made to this physician for services rendered except for his calls up to March 2nd and also his bill for the delivery. The balance of his bill the patient failed and refused to pay, though it was extremely moderate for the services rendered and more particularly for the result obtained. After repeated requests through his own attorney the physician instituted

an action to collect for his unpaid bill. As so often happens he was met with two suits for alleged malpractice, one upon the part of the patient and the other by her husband for expenses incurred and the loss of his wife's services.

About a year thereafter the action came on for trial and after a five-day trial and about four hours deliberation by the jury a verdict was rendered in favor of the physician on both causes of action and the complaints of the patient and her husband dismissed.

### ALLEGED ABANDONMENT DURING CONFINEMENT

In this action it was charged that the defendant, a general practitioner, was engaged in November, 1919, to render professional services in the delivery of the plaintiff's expected child and that he did at various times between November, 1919, and the 16th of February, 1920, render certain services. The defendant was charged with having abandoned the plaintiff on the 16th of February, 1920, when she was about to deliver her child leaving her in a precarious condition and that he failed to return. It was claimed that by reason of the alleged abandonment the plaintiff suffered damages.

The defendant had first attended the plaintiff in the Fall of 1919 when he treated her for an attack of influenza, and at no time prior to the 16th of February, 1920, had he in any way attended or treated her for her pregnant condition or been engaged to deliver her.

About midnight of February 16 1920, the defendant was called by telephone to the patient's home and upon arrival found her walking about the rooms complaining of typical labor pains. A vaginal examination disclosed a partially dilated cervix with the head engaged and the indications of a normal labor. The patient was a multipara. For several hours while the defendant remained with the patient the pains continued to grow stronger until about 3:00 A.M., when there was a partial cessation of the labor pains. A further examination revealed that the head did not come down into the outlet. For an hour there was no progress toward delivery. About 3:00 A.M.  $\frac{1}{2}$  cc of pituitin was injected with no apparent effect. At about 4:00 A.M. a second injection was given, likewise with no apparent effect. At about this time the plaintiff told the physician that in a previous delivery the fetus was sacrificed in the use of forceps. A further examina-

tion by the defendant disclosed an L.O.A. presentation, which was impacted and no progress being made toward delivery, and the defendant then advised both the patient and her husband that under the circumstances it was not possible for him to deliver the plaintiff without expert obstetrical help. No response was made at this time to the physician's statement, which was repeated about half an hour later and the husband was sent for a telephone book and the defendant marked out the names of several obstetricians, directing the husband to telephone to those physicians. He reported back to the defendant that he was unable to procure any of them. The defendant continued to remain with the patient until about 6:30 A.M., no progress being made in labor and it being impossible to determine any uterine contractions.

As it was not possible to procure expert obstetrical help the defendant advised the removal of the patient to the hospital which advice the patient and her husband refused. The defendant left the patient's home and endeavored to procure an obstetrician but was unable to do so.

A short time later the plaintiff's husband called the defendant by telephone and the husband was then advised to send the patient to the hospital as it would be necessary to make an instrumental delivery. The husband then became abusive to the defendant over the telephone, telling the defendant he was no longer wanted and that he the husband, would take care of the case himself.

The defendant heard nothing further from this patient until suit was instituted to collect damages. The matter eventually came on for trial and at the close of the plaintiff's case the court dismissed the complaint, holding that the plaintiff had failed to make out any cause of action against the defendant.





# LEGISLATION



By James N Vander Veer, M.D

## THE LEGISLATIVE COMMITTEE

With this JOURNAL the functions of the Committee on Legislation must necessarily drop to a minimum inasmuch as the Legislature will adjourn sine die on April 10th and such bills as are passed will go before the Governor and are termed thirty-day bills, upon which he must act in the affirmative by signing them if they are to become laws, otherwise they are dead

Your Committee on Legislation will probably issue a resume after the thirty day period is over in conjunction with the new Committee on Legislation should they so vote, thus giving to the Society an outlook on the future from the experiences and judgment of your Legislative and Advisory Committees for action by the Society in the Future

## THE LEGISLATIVE SUMMARY

The annual grind in the legislature is over and a brief review of the last few weeks is not out of place, since it would seem that the members of the Society are active in their desire for a final report

This of course cannot be given until it is known what bills have actually been passed, and then those that are signed by the Governor

In the last throes of the legislative session, the Senate passed the Carroll bill unanimously as was desired by the State Education Department, the State Department of Health and in line with the watchword of the Medical Society of the State of New York that public health be conserved

This was done through the efforts of many warm friends of the various Departments and laymen who still think straight as in the past on public health matters and through the especial effort of one who threw himself into the fray wholeheartedly and with fresh vigor

In opposition there were arrayed innumerable cult practitioners who thronged the legislative halls, at times it being estimated that there were no less than 100 people lobbying on behalf of the cult bills and wherever possible against the State Department of Education bill

Added to their weight was the division known to exist in the medical profession on the part of certain County Societies whose minority finally broke down the legislative program of the majority in the last hours of the session

One group of citizens coming from various professions had its paid lobbyist threatening the legislators with reprisals did they vote in favor of the further governing of the medical profession in the interest of public health, and on the other hand importuning the same legislators to defeat the cult bills

When the Carroll bill unamended came to the

Assembly it received the attention of the Assemblymen in a whole-hearted attitude such as was sought for it by the medical profession in behalf of higher education and better protection of public health, and virtually was guaranteed of passage through the Assembly, until referred to the Committee on Rules, from whence it was reported to the House

For an hour before the Committee reported it to the House, it was known that the bill would come out on the floor of the Assembly for a vote and in that hour all of the enemies of the State Department of Education, of the State Department of Health and of the medical profession centered their attack upon individual legislators who were known to be in favor of the bill, presenting many arguments all too well known to those who have frequented the legislative halls in the past

As a consequence the arguments of those who sought higher qualifications for those who would practice the healing art in the betterment of public health were thrust into the discard and the bill was recommitted from whence it was known to be impossible of reintroduction Again were seen the stalwart efforts of friends of the bill particularly on the part of the one who had championed it so successfully in the Senate

To fight such measures a legislative committee is powerless, since the legislator from a political standpoint must seek support of those within his political subdivision and does not listen to nor can he be persuaded by arguments from those of foreign field, who can render little aid to him in a local situation

To counteract such effects it would be necessary for a host of lobbyists from the local bawwick to be present and active

Your Committee on Legislation and its Chairman has completed its work to the best of its



ability in supporting those measures which the majority of the Counties, and so far as could be ascertained, the individual members of the Society requested, and those measures where support was sought by Departments of the State or individual County Societies, and where no negative reaction was received other than from a few individual members scattered here and there in a County or State whose negative attitude was offset by affirmative attitudes of others in the same locality.

One more year has passed and your Committee will cease its labors after the State Society meeting with the thoughts in mind that it may not have accomplished all which the Society desired or demanded that it has given unstintingly

of its time as individuals throughout the State as represented by the County Chairmen of Legislation. It hopes that it has awakened the individual physician the more toward his duties and responsibilities through the means of open and frank discussions, allowing friend and enemy alike to know where the physicians as a body stand on important questions concerning the public health.

A supplementary and final report of the legislative program will probably appear in the May issue of the Journal, when the other bills of interest will be commented on.

JAMES N VANDER VEER,  
*Chairman, Committee on Legislation*

## LEGISLATIVE BILLS

### SENATE

In Re State Institute For the Study of Malignant Disease at Buffalo, N Y—Senate Int. No 175 (Pr No 175), concurrent Assembly Int No 195 (Pr No 195), was referred to Public Health Committee. On March 6th rept March 12th advanced to third reading, March 18th passed and on March 20th sent to Assembly Public Health Committee, on April 2nd recalled from Assembly.

(See concurrent Assembly Bill Int No 195 for progress)

In Re Giving Control of Hospital for Care of Crippled and Deformed Children at West Haverstraw to Health Commissioner—Senate Int. No 176 (Pr No 176), concurrent Assembly Int No 234 (Pr No 2217) referred to Public Health Committee. March 6th rept, March 12th third reading, March 18th passed, March 19th Assembly Ways and Means Committee, March 28th reported amended, April 1st third reading, April 2nd amended.

(See concurrent Assembly Bill Int. No 234 for progress)

In Re Appointing an Eye and Ear Specialist to the Medical Inspector of Schools—Senate Int No 317 (Pr Nos 321, 1510), concurrent Assembly Int No 370 (Pr Nos 372, 1766, 2168), was referred to Public Education Committee. On February 18th the bill was reported, February 20th advanced to third reading, February 25th recommitted March 12th reported and restored to third reading, March 18th amended and March 26th committed to Finance Committee.

(See concurrent Assembly Bill Int No 370 for progress)

In Re Distribution of Information Concerning Scientific Studies—Senate Int. No 436 (Pr No 445) concurrent Assembly Int No 588 (Pr No 592), was referred to Judiciary Committee, where it is still resting.

(See concurrent Assembly Bill Int No 588 for progress)

In Re Creating Health Districts—Senate Int No 448 (Pr No 457), concurrent Assembly Int. No 646 (Pr Nos 655, 1403), referred to Public Health Committee.

(See progress on concurrent Assembly Bill Int. No 646)

In Re Workmen's Compensation Law, Authorizing Physical Examinations and Practical Tests to Determine Loss of Member—Senate Int. No 468 (Pr No 477), concurrent Assembly Int. No 682 (Pr No 693), referred to Labor and Industries Committee where it is still resting.

Child Experimentation Bill—Senate Int. No 584 (Pr No S 608), concurrent Assembly Bill Int No 1647 (Pr No 1896), was referred to Codes Committee and is still in that committee.

Anti-Vivisection Bill—Senate Int. No 588 (Pr No S 612), concurrent Assembly Bill Int No 1094 (Pr No 1180), was referred to Codes Committee and is still in that committee.

In Re State Department of Education Bill to Amend Medical Practice Act—Senate Int. No 637 (Pr No S 663), concurrent Assembly Int No 888 (Pr No 927), referred to Senate Public Health Committee.

The Lattin bill has been amended in Assembly Rules Committee apparently for political purposes and has been reported for action on April 7th.



The paragraph involved Section 172, has been amended as follows

Section 172 Construction of this article This article shall not be construed to affect commissioned medical officers serving in the United States army, navy or marine hospital service, when so commissioned, or anyone while actually serving on the resident medical staff of any legally incorporated hospital, or any legally registered dentist exclusively engaged in practicing dentistry, or any person or manufacturer who mechanically fits or sells lenses, artificial eyes, limbs or other apparatus or appliances, or is engaged in the mechanical examination of eyes, for the purpose of constructing or adjusting spectacles, eyeglasses and lenses, or any lawfully qualified physician in other states or countries meeting legally registered physicians in this state in consultation, or any physician residing on a border of a neighboring state and duly licensed under the laws thereof to practice medicine therein, whose practice extends into this state, and who does not open an office or appoint a place to meet patients or receive calls within this state, or any physician duly registered in one county called to attend isolated cases in another county, but not residing or habitually practicing therein, or the furnishing of medical assistance in case of emergency, or the domestic administration of family remedies, or the practice of chiropody (Take Notice—This Is the Amendment) "*or chiropactic*;" or the practice of the religious tenets of any church

This would exempt all of the chiropactic cult from the provisions of *any laws* of the State, and plainly puts them in a pale recognized by fewer and fewer adherents as the years go by

Should this bill be passed by the Legislature as amended, it is hoped that every member of the Society will importune the Governor to veto the same since this cult has declared itself to be practicing medicine and refuses to require reasonable studies and examinations in the subjects of the healing art which are essential to proper diagnosis

In Re Appointment of Industrial Council to Advise Industrial Commissioner—Senate Int No 882 (Pr No S 952), concurrent Assembly Int Nos 1175, 1423) (Pr No A 1285), was referred to Labor and Industry Committee and on March 19th was reported On March 20th Assembly Int No 1423 was substituted for the Senate Bill

(See concurrent Assembly Bill Int No 1423 for action and progress)

In Re Amendment to Membership Corporations Law or Establishment and Maintenance of Hospitals, Infirmaries, Dispensaries and Homes For Aged or Indigent—Senate Int No 892 (Pr No S 962), concurrent Assembly Int No 1452 (Pr No 1622), was referred to Judiciary Committee and on March 19th was reported and on March 20th was advanced to third reading April 2nd passed

(See concurrent Assembly Bill for action and progress)

In Re Defining of Drug Addict As Disorderly Person—Senate Int No 908 (Pr No 981), concurrent Assembly Int No 1158 (Pr Nos 1268, 1724), was referred to Codes Committee

(See concurrent Assembly Bill for action and progress)

In Re Providing for Medical or Surgical Care of Children Under 16 Years of Age at Expense of County—Senate Int No 967 (Pr Nos S 1063, 1708), concurrent Assembly Int No 1389 (Pr No 1538), was referred to Public Health Committee and on March 20th was reported and March 26th amended

(See concurrent Assembly Bill Int No 1389 for action and progress)

In Re Licensing of Private Institutions For the Treatment of Drug Addicts—Senate Int No 1024 (Pr No 1120), concurrent Assembly Int No 1117 (Pr No A 1203), was referred to Public Health Committee

(See concurrent Assembly Bill for action)

In Re Habit Forming Drugs—Senate Int No 1198 (Pr Nos 1329, 1624), concurrent Assembly Int No 1549 (Pr No A 2030), referred to Senate Public Health Committee March 24th amended and recommitment, April 2nd amended and recommitment

(See concurrent Assembly Bill)

In Re Establishment of School Hygiene Districts—Senate Int No 1205 (Pr No S 1336), concurrent Assembly Int No 1485 (Pr Nos 1674, 1764), was referred to Public Education Committee and on March 19th was reported and on March 27th was committed to Finance Committee

(See concurrent Assembly Bill Int. No 1485 for action and progress)

In Re Qualification and Registration As Registered Nurses and Attendants—Senate Int No 1213 (Pr No 1344), was referred to Public Health Committee

(No concurrent Assembly Bill)



In Re Supervisions of Institutions in Which Children or Aged, Sick or Convalescent Persons Are Received Whether or not Such Institutions Receive Public Funds—Senate Int No 1286 (Pr No 1452), was referred to Judiciary Committee where it is now resting  
(No concurrent Assembly Bill)

In Re Apportionment of Public Money on Account of Medical Inspection in Schools—Senate Int No 1351 (Pr No 1530) concurrent Assembly Int. No 1697 (Pr No 1971), was referred to Public Education Committee, and on March 26th was reported and committed to Finance Committee

In Re Practice of Chiropractic—Senate Int No 1382 (Pr No 1561), concurrent Assembly Int No 1661 (Pr Nos 1915, 2205), by Assemblyman Nicoll of Schenectady County (by request), April 3rd amended and recommitted

In Re Revocation of License to Practice Medicine by Supreme Court—Senate Int No 1428 (Pr No 1643), by Senator Duncan O'Brien of New York County, adds new section 170-a Public Health Law, providing Supreme Court may direct revocation of license of a practitioner of medicine, in addition to method prescribed for revocation by regents  
Referred to Public Health Committee, still in Committee

In Re Providing of Health Certificates by Pupils Entering Public Schools for First Time and Each Third Year Thereafter—Senate Int No 1439 (Pr No 1654) by Senator William T. Byrne of Albany County concurrent Assembly Bill Int No 1742 (Pr No 2097), by Assemblyman Frederic S. Cole of Herkimer County, amends 572, Education Law by providing health certificates shall be furnished by each pupil on entering public school for first time and each third year thereafter beginning September, 1927. This bill has been referred to Public Education Committee.

In Re Prohibiting the Distribution and Sale of Certain Dangerous Caustic or Corrosive Acids—Senate Int No 1449, (Pr No 1664), by Senator George R. Fearon of Onondaga County, concurrent Assembly Bill Int No 1766 (Pr No 2121) by Assemblyman George M. Haight of Onondaga County was referred to Agriculture Committee  
*Comment:* The Medical Society is in favor of this bill

In Re Discharge or Parole of Inmates Transferred from State Hospital for Criminal Insane to State Institutions for Mental Defectives—Senate Int No 1465 (Pr No 1680), by Senator Henry G. Schackno of New York County, concurrent Assembly Int No 1756 (Pr No 2111), amends section 140, Insanity Law, by providing for discharge or parole of any inmates transferred from State hospital for the criminal insane to State Institution for mental defectives. Referred to Penal Institutions Committee

In Re Empowering County Supervisors to Provide for Expenses of Public Health Nurses—Senate Int No 1525 (Pr No 1785), by Senator William L. Love of Kings County, amends section 12, County Law, by empowering county supervisors to provide for expenses of Public Health Nurses, who shall work under general direction of health committee of the board. Referred to Internal Affairs Committee  
No comment at present

In Re Entering of Home Over Objection of Owners Pursuant to Provisions Relative to Maternity, Infancy and Child Hygiene—Senate Int 1532 (Pr No 1792), Senator William T. Byrne of Albany County, adds new section 18-d Public Health Law, providing no representative of State Health Department shall have the right to enter any home over objection of owner or take charge of any child over objection of parents, or either of them, or of person having custody of child, pursuant to provisions relative to maternity, infancy and child hygiene. Referred to Public Health Committee  
No concurrent Assembly Bill  
No comment at present

In Re Providing for Licensing of Persons to Practice Massage and Hydrotherapy—Senate Int 1568 (Print No 1855), concurrent Assembly Bill 1726, Senator William L. Love of Kings County, adds new sections 260, 261, Public Health Law, providing for licensing persons to practice massage and hydrotherapy, those now engaged therein to receive certificate on offering evidence satisfactory to regents  
Referred to Public Health Committee

In Re Practice of Pharmacy—Senate Int 1605 (Print No 1931), concurrent Assembly Bill No 815, by Senator James A. Higgins, of Kings County, adds new section 234-a, Public Health Law, prohibiting use of words "drug store," or "pharmacy," unless place is registered and authorized by the pharmacy board  
Referred to Public Health Committee



## ASSEMBLY

**Medical Inspection in Schools Bill**—Assembly Int 66 (Print No 66), is still in Education Committee

**In Re State Institute for the Study of Malignant Disease**—Assembly Int 195 (Pr A 195), concurrent Senate Int 175 (Print 175), referred to Public Health Committee February 14th reference changed to Ways and Means Committee

**In Re Extending Provisions for State Aid in Public Health Work to Counties of More than 50,000**—Assembly Int 232 (Print 232), Senate concurrent Int 128 (Print 128), referred to Public Health Committee February 13th, reported, February 14th, advanced to 3rd reading, February 19th, passed, February 20th, to Senate Public Health Committee, March 20th, reported, March 27th, third reading

**In Re Giving Control of Hospital for Care of Crippled and Deformed Children at West Haverstraw to Health Commissioner**—Assembly Int 234 (Print A 234), concurrent Senate Int 176 (Print S 176)

Still in Assembly Public Health Committee

**Requiring Employers to Furnish Nursing and First Aid Service in Factories, Mercantile and Other Establishments**—Assembly Int No 309 (Print A 309 and 1306), this bill is still resting in Assembly Labor and Industry Committee

No concurrent Senate Bill

**In Re Appointing an Eye and Ear Specialist to the Medical Inspector of Schools**—Assembly Int No 370 (Print A 372, 1766 and 2168), concurrent Senate Int No 317 (Print S 321, 1510), referred to Assembly Public Education Committee March 12th, reported amended, March 27th, amended, April 1st, 3rd reading

**In Re Distribution of Information Concerning Results of Scientific Study**—Assembly Int No 588 (Print A 592), concurrent Senate Int 436 (Print S 445), referred to Assembly Judiciary Committee where it is still resting

**In Re Workmen's Compensation Law, Authorizing Physical Examination and Practical Tests to Determine Loss of Member**—Assembly Int 682 (Print No 693), concurrent Senate Int 468 (Print S 477), referred to Assembly Labor and Industry Committee where it is still resting

**In Re State Department of Education Bill to Amend the Medical Practice Act**—Assembly Int 588 (Print A 927), concurrent Senate Int 637 (Print S 663), referred to Assembly Ways and Means Committee April 4th, reported amended

**Making it a Misdemeanor to Print, Sell or Utter Information Relative to Birth Control**—Assembly Int 1070 (Print A 1151), referred to Assembly Codes Committee, where it is still resting

No concurrent Senate Bill

**The Anti-Vivisection Bill**—Assembly Int 1094 (Print A 1180), concurrent Senate Int 588 (Print S 612), referred to Assembly Codes Committee, where it is still resting

**In Re Licensing of Private Institutions for the Treatment of Drug Addicts**—Assembly Int 1117 (Print A 1203), concurrent Senate Int 1024 (Print S 1120), referred to Assembly Committee on Public Health, where it is still resting

**In Re Defining a Drug Addict as a Disorderly Person**—Assembly Int 1158 (Print A 1268, 1724), concurrent Senate Int 908 (Print No 981), referred to Assembly Codes Committee March 11th, reported amended, March 14th, 3rd reading, March 19th, lost, March 20th, vote reconsidered Tabled

**Relating to County Mosquito Extermination Commission**—Assembly Int 1313 (Print A 1455), referred to Assembly Public Health Committee, where it is still resting

No concurrent Senate Bill

**In Re Providing for Medical or Surgical Care of Children Under 16 Years of Age at Expense of County**—Assembly Int 1389 (Print 1538), concurrent Senate Int 967 (Print S 1063, 1707), referred to Assembly Social Welfare Committee March 27th, reported, March 28th, 3rd reading

**In Re Appointment of Industrial Council to Advise Industrial Commissioner**—Assembly Int 1434 (Print 1572), concurrent Senate Int 882 (Print A 952), referred to Assembly Labor and Industry Committee

March 12th, reported, March 13th, 3rd reading, March 19th, passed, March 20th, Senate substituted for S 882 in Committee of Whole, 3rd reading



Creating a Board of Chiropractic Examiners—Assembly Int No 1434 (Print A 1583), referred to Assembly Public Health Committee, still in committee

In Re Amendment to Membership Corporations Law for Establishment and Maintenance of Hospitals, Infirmarys, Dispensaries and Homes for Aged or Indigent—Assembly Int 1452 (Print A 1622), concurrent Senate Int 892 (Print S 962), referred to Assembly Judiciary Committee

March 26th, reported, March 27th 3rd reading, April 3rd, passed

In Re Establishment of School Hygiene Districts—Assembly Int 1485 (Print A 1674 1764), concurrent Senate Int 1205, referred to Assembly Public Education Committee

March 12th, reported amended, March 27th, 3rd reading

Amending Workmen's Compensation Law, by Permitting Injured Employees at Expense of Employer to Engage Medical or Other Attendance—Assembly Int 1508 (Print A 1697), referred to Assembly Labor and Industry Committee where it is still resting

No concurrent Senate Bill

In Re Habit-Forming Drugs—Assembly Int 1549 (Print A 1745 and 2030), concurrent Senate Int 1198 (Print S 1329 and 1624) referred to Assembly Public Health Committee

March 24th, amended, and recommitted

Requiring the Licensing of Private Institutions for the Treatment of Narcotic Drug Addiction—Assembly Int 1603 (Print A 1840), referred to Assembly Judiciary Committee. Still in committee

No concurrent Senate Bill

In Re Powers and Privileges of New York Academy of Medicine—Assembly Int 1638 (Print A 1887), concurrent Senate Int 1515 (Print S 1753), referred to Assembly Judiciary Committee

See concurrent Senate Bill for digest

Child Experimentation Bill—Assembly Int 1647 (Print A 1896), concurrent Senate Int 584 (Print S 608), referred to Assembly Codes Committee where it is still resting

In Re Defining and Regulating the Practice of Chiropractic—Assembly Int 1661 (Print A 1915 and 2205) concurrent Senate Int 1382 (Print S 1561), referred to Assembly Judiciary Committee

March 28th, reported amended, April 3rd amended

In Re Apportionment of Public Money on Account of Medical Inspection in Schools—Assembly Int 1697 (Print 1971), concurrent Senate Int 1351 (Print S 1530), referred to Assembly Ways and Means Committee where it is still resting

Providing for Licensing of Persons to Practice Massage and Hydrotherapy—Assembly Int 1726 (Print A 2049), by Assemblyman Edwin Coughlin of Kings County, adds new sections 260, 261, Public Health Law, providing for licensing persons to practice massage and hydrotherapy those now engaged therein to receive certificate on offering evidence satisfactory to regents

Referred to Assembly Public Health Committee

In Re Providing of Health Certificates by Pupils Entering Public Schools for First Time and Each Third Year Thereafter—Assembly Int 1742 (Print A 2097), concurrent Senate Int 1439 (Print S 1654), referred to Assembly Public Education Committee

In Re Discharge or Parole of Inmates Transferred from State Hospital for Criminal Insane to State Institutions for Mental Defectives—Assembly Int 1756 (Print A 2111), by Assemblyman Louis A Schoffel of Bronx County, concurrent Senate Int 1465 (Print S 1680), by Senator Henry G Schackno of New York County, referred to Assembly Judiciary Committee

In Re Prohibiting Distribution and Sale of Certain Dangerous Caustic or Corrosive Drugs—Assembly Int 1766 (Print A 2121), by Assemblyman George M Haight of Onondaga County, concurrent Senate Int 1449 (Print S 1664), by Senator George R. Fearon of Onondaga County, referred to Assembly Agriculture Committee

Appropriating \$50,000 for a Commission to Determine to What Extent Medicine is Being Unlawfully Practiced in the State, etc.—Assembly Int 1793 (Print A 2189), by Assemblyman Alfred J Kennedy of Queens County, appropriates \$50,000 for a commission consisting of State Education and Health Commissioners and Attorney General to determine to what extent medicine is being unlawfully practiced and to prosecute violations of medical practice act and recommend remedial legislation. Referred to Assembly on Ways and Means Committee



**Providing that Physicians and Nurses May Disclose Professional Information as Witnesses in Actions to Annul Marriage on Ground of Fraud**—Assembly Int 1794 (Print A 2181), by Assemblyman Samuel Rosenman of New York, would amend section 352, Civil Practice Act, by providing that physicians and nurses may disclose professional information as witnesses in actions to annul marriage on ground of fraud Referred to Assembly Codes Committee

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**In Re General Business Law**—Assembly Int 1801 (Print A 2188), concurrent Senate No 1418 (Print S 1418), by Senator E B Jenks, of Broome County, adds new 23-b, General Business Law, establishing in Attorney-General's office a bureau of trade and commerce to investigate and prosecute illegal business practices and appropriates \$100,000 Referred to Assembly Ways and Means Committee

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**In Re Establishing Emergency First Aid Hospital for State Female Employees**—Assembly Int 1823 (Print A 2282), by Assemblyman L A Cuvillier of New York, adds new section 15-a, Public Health Law, establishing an emergency first aid hospital and rest room

in Capitol for State female employees, and appropriates \$10,000

No concurrent Senate Bill

Referred to Ways and Means Committee

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**In Re Empowering County Supervisors to Provide for Expenses of Public Health Nurses**—Assembly Int 1824 (Print A 2283), by Assemblyman Simon B Van Wagenen of Ulster County, concurrent Senate 1525 (Print S 1785), by Senator William L Love of Kings County, amends section 12, County Law, by empowering county supervisors to provide for expenses of public health nurses, who shall work under general direction of health committee of the board

Referred to Assembly Internal Affairs Committee

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**In Re Birth Control**—Assembly Int 1825 (Print A 2292), by Assemblyman John A Boyle, of Albany County, amends section 1145, Penal Law, by permitting use by physicians of instruments for the contraceptive treatment of married persons

Referred to Codes Committee

No concurrent Senate Bill





# State Department of Health



## VIOLENT SMALLPOX REPORTED NEARBY

During recent years most of the smallpox reported has been of the mild type. Recently however, there have been reported outbreaks of virulent smallpox in both Connecticut and Ontario, Canada. In the latter among forty cases there were twenty one deaths. Physicians should bear in mind that at any time a mild case of smallpox may result in a widespread epidemic of the virulent type of the disease.

## NOT A LOSING VENTURE

During four years the State Department has purchased almost \$15,000 worth of orthopedic equipment for crippled children and all but \$431.50 has been repaid to the Department by the families of the individual children, or by others interested in their welfare. Several years ago it was found that in many instances the family could not buy outright the necessary braces, shoes, etc., but that it was possible for them to purchase these articles on the partial payment plan. The total loss in four years has been less than three per cent.

## SCHOOL ABSENCES FEWER IN SYRACUSE

During the months of September to December, 1923 the number of days lost because of communicable disease was 21 per cent less than for the corresponding period of the previous year. Dr. J. C. Palmer, Director of Health Supervision in Syracuse Public Schools, attributes this decrease, at least in part, to the increase in the number of morning inspections. Furthermore more nurses are employed so that each nurse has fewer pupils under her care than formerly.

## IMPORTANCE OF BIRTH REGISTRATION

Physicians do not always realize the result of a failure to report a birth. The following instance is an illustration of the possibilities resulting from such failure.

An Italian with a large family of children born in this country took his family to Italy for a visit. When they returned it developed that two of the younger children had trachoma, and could not be admitted. The father attempted to prove that they were born in this country, but the births had never been reported and their citizenship could not be established. The entire family then went back to Italy, where they were again excluded, being regarded as American citizens and as undesirable aliens, since the children had trachoma. They are still trying to establish their citizenship, but the solution of their difficulty has not been reached.

## INFANT AND MATERNAL CLINIC KEEPS DOWN MORTALITY

Out of 92 prenatal cases attending the Watertown clinic during its first year, there have been no maternal deaths and only three stillbirths.

Out of 97 new pre-school children there were no deaths, and of 239 new sick babies attending the clinic there were but three deaths.

## TUBERCULOSIS DEATH RATE HIGHER IN 1923

Provisional figures for 1923 show a decrease in the New York City death rate from tuberculosis from 88.3 to 86 per 100,000. In the remainder of the State there was an increase from 88.1 to 89.9 per 100,000.

In 1923 there were 2,141 fewer deaths in New York City than in 1922, while in the remainder of the State there were 269 more deaths than in the previous year.





# NEWS NOTES



## MEMORIAL TO DR H. E CHAUVIN

The South Side Clinical Society, which is practically a district branch of the Suffolk County Medical Society, held a memorial in honor of one of its members on March 19th. We are reporting the meeting at some length because it was a model for a doctor's memorial. The speakers were assigned specific parts by the program committee, and were required to write their parts and to submit them to the committee for approval. There was an entire absence of formality and sentimentalism, and each speaker gave the same kind of thoughts that he would give in private conversation. The program was brief, and required scarcely more than ten minutes, and after it the Society immediately adjourned.

The following are the more important memorials that were given.

Hubert Emile Chauvin, M.D., of Brentwood, Long Island, was instantly killed at a railroad crossing near his home on March 6th while on his way to an operation. He came from an old Louisiana family, and was born in 1887. He received his medical degree from Tulane University in 1910, and was an interne in St. John's Hospital, the Post Graduate Hospital, and the New York Maternity Hospital. He came to Patchogue in 1914, and the next year went to Brentwood as the associate of Dr. W. H. Ross, whose daughter he married. He showed a special aptitude for surgery, and had the entire respect and confidence of every doctor and patient who knew him.

While Dr. Chauvin was a great surgeon, we who knew him intimately will remember him for his ideal life. He stood alone in the loveliness of his character, and towered high above us all in the exemplification of the principles of the Sermon on the Mount. He was modest, unassuming, and kind to the last degree. He asked for neither fame nor financial gain, and yet both of these came to him as the reward of service well-performed. He spoke well of every man, and was always patient and self-sacrificing. He demonstrated that beauty of character is the greatest thing in this world as he unconsciously exemplified the life of The Great Physician—  
*Long Island Medical Journal*, March, 1924

God's garden on the earth grows men,  
Divinely planted here. And when  
To manhood's flower and fruit they grow,  
A crop of heavenly deeds they show,  
Of kindly words, and thoughts that glow

Far spreading through that garden fair  
A subtle fragrance fills the air,—  
The effluence of a man-plant there,  
Made like the rest of common clay,  
And fashioned in the selfsame way,  
But eager bees that round him fly  
Reveal life-giving stores that lie  
Within his modest blossoms shy  
His leaves a healing balm convey,  
And gentle winds that through them play  
His benedictions bear away,—  
Gifts of a spirit born above  
Whose fruits are meekness, faith, and love

As nearly as a mortal can,  
There grew a well-nigh perfect man

May I, too, grow the way that he,  
By his sweet life, has shown to me

FRANK OVERTON, M.D.

We, the members of the South Side Clinical Society, will always cherish the memory of our colleague, friend, and brother, Dr. Hubert Emile Chauvin. To us who knew him well, his sweetness of life and nobleness of character will be an ever present inspiration to live the life of unselfish service which he lived.

We sympathize with Mrs. Chauvin and with Dr. and Mrs. Ross in their personal loss, but we congratulate them that theirs has been the rare privilege and satisfaction of a close communion with an ideal husband and son.

E. S. MOORE, *Secretary*

We who knew Dr. Chauvin intimately were privileged to catch glimpses of the depths of his soul life, as the curtain of his reticence was momentarily drawn aside. His daily life was sweet and gentle. He was quiet and courteous, a gentleman, a reader, and a student. He had a vein of sadness and a premonition of early death, as typified in one of his favorite poems, Stevenson's Requiem.

"Under the wide and starry sky  
Dig the grave and let me lie  
Glad did I live and gladly die,  
And I laid me down with a will."

(This poem was sung at the memorial by one of Dr. Chauvin's friends.)

Dr. Chauvin loved poetry and the Bible. He felt their full beauty, and they were a part of his life. May God give him the peace that he craved.

E. P. KOLB, M.D.



If success is the creation of a personality wherein dwell sweetness and light as dwells the glow of setting sun in a stately cathedral, then success crowned Dr Chauvin. His power to create love in the hearts of those who had occasion to trust him was equaled only by his talent to relieve physical suffering. These twins—love and confidence—which he created and com-

manded, were the children of his simplicity which was as genuine as it was quiet. The trinity of religion—faith, hope, and love—was his.

And now, O Father, consecrate to us the memory of our friend, who in life revealed to us the truth and beauty of an unselfish service, and the inspiration of a life faithfully lived.

REV L H JOHNSTON

## MEDICAL SOCIETY OF THE COUNTY OF ALBANY

A special meeting of the Medical Society of the County of Albany was held on Friday, March 28th, at 5 o'clock in the afternoon, in memory of three distinguished members who had recently died. The President, Dr Edgar A. Vander Veer, had appointed a memorial committee on Dr S. R. Morrow. This committee was composed of Drs. Albert Vander Veer, Frederic C. Curtis and Alvan H. Traver. An abstract of its report is as follows:

"Dr Samuel Roseburgh Morrow was the son of Rev Samuel T. Morrow, who was pastor of the United Presbyterian Church of Albany for nearly half a century. He was born May 6, 1849, and died February 24, 1924, full of years, having been for a good part of fifty years a leader in the medical profession, a surgeon to the hospitals and a member of the Albany County Medical Society.

Dr Morrow was unusually well educated in the classics under the inspiration of his father. He graduated from Yale College in 1870 and taught there for several years. He graduated from the College of Physicians and Surgeons, New York City, in 1878 and served as interne in Bellevue Hospital. He spent two years in England and Germany and on his return he adopted Orthopedic Surgery as his specialty—then a new and uncultivated field in America. He was attending surgeon at the Child's, the St. Peter's and the Albany Hospitals. He was connected with the teaching staff of the Albany Medical School and held chairs in Anatomy, Surgery, and Orthopedics until his retirement from active practice.

"Dr Morrow was a clear, logical thinker and an interesting lecturer. But he seldom reported cases or wrote papers for medical societies, although often asked to do so. He seemed to be more of a teacher than a man of action, and a greater professor than surgeon. His great work was the influence that he had on the students in the classroom. He inherited his father's spirit of service. More than a thousand physicians can testify to his remarkable ability as a teacher of clinical medicine, and to their indebtedness to him for instruction and guidance."

A committee composed of Doctors Andrew MacFarlane, John A. Sampson, and Clemeot A. Theisen, drew up the following memorial:

"On March 14th Dr Henry Hun, a physician who had practiced his profession for forty-five years in Albany, crossed over to the great beyond.

"He began his professional career in this, the city of his birth, and almost at once by his splendid training, illuminating scholarship and keen mentality sprang to the front rank of his profession.

"He attained by his remarkable diagnostic acumen with his broad humanitarianism, a constantly increasing reputation for wisdom which spread a lustre upon his native city. His indefatigable industry, his intense joy in his professional work from which no social pleasures or distractions could wean him and his modest quiet demeanor fortified by the certainty of knowledge carefully mastered, and thoroughly digested, made him an object almost of reverence to his younger associates and his students.

More than a thousand physicians could testify to his remarkable ability as a teacher of clinical medicine and to their unforgettable indebtedness to his instruction and guidance.

"His painstaking study of the patients, his simple, clear incisive manner of presentation and his kindly, thorough, at times caustic but without malice quizzing of the students made his clinics a source of keen pleasure at times of much helpful merriment but always of the most stimulating knowledge.

"His great ability as a clinical teacher became so well known that while still a young man he was offered the chair of medicine in a leading Western University, a position of the highest honor which he declined on account of his great affection for Albany.

"His professional life was deservedly marked by the highest honors from his associates. He was constructively associated with practically every medical institution in the City of Albany and several of them owe very much, almost their existence, to his sage advice and unflagging interest.

"For almost thirty years he was Professor of Nervous Diseases in the Albany Medical College and he made his department at least the equal



and probably the superior of any similar department in any medical school in the United States

"The passing away of such a mind is a loss to each one of us"

A committee composed of Doctors Eugene E. Hinman, Erastus Corning and Leo H. Neuman, drew up the following memorial

"Forty-six years ago, Dr. William Olin Stillman entered upon his life work as a practitioner of the healing art. Today he has laid down the working tools of his craft and has passed to the reward which we firmly believe his devotion to the service of suffering mankind entitled him.

"Dr. William Olin Stillman, the son of Rev. Stephen L. Stillman, was born in Normansville, N. Y., September 9th, 1856. He received his early education in the public schools of Albany and the degree of Master of Arts from Union College in 1880. He graduated from the Albany Medical College with the class of 1878, of which class he was the Historian until his death, which occurred March 15th, 1924, at his home, 287 State Street, this city.

"Shortly after graduation he located in Saratoga Springs, N. Y., where he remained until 1883, associated with Dr. Strong in the latter's sanatorium. He then went to Europe for further study and for a year and a half pursued post-graduate studies in the Universities of Berlin, Vienna and Paris and in the hospitals of London. In 1884 he returned and located in Albany, where he remained until his death, closely identified with the professional life of the community.

"Soon after his return to Albany he was appointed an instructor in the teaching force of his Alma Mater here in the Albany Medical College.

"Dr. Stillman, early in his career, became imbued with a great desire for service beyond the limits of the practice of medicine. He was a man with a vision and under the stimulus of that vision, he allied himself with many practical movements for the betterment of his fellows.

"Many years ago he became interested in the

work of the societies formed to protect the neglected child and the overworked and abused animal. He served for 32 years as the President of the Mohawk and Hudson River Humane Society and for the past 19 years was also the chief executive of the National organization. For the past ten years he was President of The International Federation of Societies for the Prevention of Cruelty to Animals. In each of these organizations, devoted to the cause of child and animal protection, he gave a service remarkable for its fidelity and signal ability and, in passing, he has left a heritage rich in its memories of good works and sympathetic personality.

"The Louisiana Purchase World's Exposition at St. Louis, in 1904, awarded him a gold medal for distinguished philanthropic services.

"He was a member and an officer in several national scientific societies, among which was the Association of American Anatomists, The American Society for the Advancement of Science, The American Academy of Political and Social Science, and the American Sociological Society.

"Years ago it became apparent to Dr. Stillman that the supply of nurses for people of limited means was not equal to the demand. The patient of large means could afford a nurse who had spent several years in training, and the very poor were given some attention by the charitable organizations, but many, whose incomes were limited, who could pay relatively small fees, suffered from a lack of nursing care. With full realization of a service which only a fully trained hospital graduate nurse can supply he also became convinced that there was a place for one of lesser training, and the present School for Certified Nurses at 285 Lark St., in this city, has been the outgrowth of that idea.

"To those who were permitted to know Dr. Stillman intimately and to be associated with him in some of his activities there was disclosed many phases of his big-hearted generous nature that perhaps his natural modesty concealed from the casual observer."

## ALBANY COUNTY TUBERCULOSIS ASSOCIATION

When the Albany County Tuberculosis Association was reorganized four years ago, it was decided that in the future more emphasis should be placed upon the medical aspect of the tuberculosis problem than had been done in the past by this agency or was being done, so far as known, by any other similar organization.

With this policy in mind it was then decided to select as an executive, one trained in medicine and particularly in the field of tuberculosis work. For the position was chosen a physician who had had eight years of tuberculosis sanatorium experience, registered in New York, a member of

County and State medical societies, of the American Sanatorium Association and The National Tuberculosis Association.

Following the appointment of a Medical Director there was then effected certain essential connections conducive to coordination of tuberculosis activities in the community, with the result that the Association is the one centralized agency combating tuberculosis in Albany County.

The Association has medical supervision of the local tuberculosis sanatorium, is in charge of the tuberculosis dispensaries and clinics, provides courses of lectures and instruction in physical



diagnosis to students of the Albany Medical College, supplies lecturers on Tuberculosis and Public Health to various nursing groups examines undernourished and below par school children, has medical direction of recovery class for tuberculous children, supplies home nursing service to tuberculous patients and is one of the official examining agencies for the State Tuberculosis Sanatorium. In presenting only the medical program it must not be inferred that this side is stressed to the exclusion of the social and educational aspect of the problem.

This coordination of the work is due entirely to cooperation given the Association by various

other organizations, practically all of which have representation upon its board—including the State Department of Health Division of Tuberculosis, City Health Department, Board of Education school physician, Department of Charities, County Medical Society, Albany Hospital, Guild for Public Health Nursing, Associated Charities, Red Cross Veterans Bureau, Federation of Labor, Medical College Catholic Charities Aid Association, Chamber of Commerce, Council of Jewish Women, Womens Clubs, St Vincent de Paul Society, Rotary Club and others. All county health officers are members of the committee.

### RICHMOND COUNTY MEDICAL SOCIETY

A regular meeting of the Richmond County Medical Society was held at the Staten Island Academy on Wednesday evening, April 9, 1924. The meeting was called to order at 9:05 p. m., with Dr. Presley in the chair. Those present were Drs. Presley, Smith, Diamond, Friedel, Nichols, Schwerdt, Ritzel, Pearson, Washington, Catalano, Callahan, O'Reilly, Shields, Becker, Welsh, Conley, Donovan, Rieger.

The minutes of the previous meeting were approved as published. Dr. Presley read replies to his letters to various county societies regarding their mode of procedure when violations of the code of ethics occur. This matter will be referred to the Council of the State Medical Society for their consideration.

The report of the Special Committee on the Annual Dinner was read by Dr. Schwerdt and the committee discharged with thanks.

A comprehensive report was read by Dr. Smith, Chairman of the Legislative Committee, and a vote of appreciation tendered to him. It was moved that a letter be written to the secre-

tary of the State Medical Society notifying him that the Richmond County Medical Society is in favor of having a paid legislative chairman at Albany.

Dr. Jessup asked for information regarding forms for reporting the results of vaccinations and the matter was referred to the committee on public health.

Dr. Joseph S. Diamond was introduced as the speaker of the evening on "The Clinical and Roentgen Consideration of Duodenal Ulcer, Covering Some of the Newer Phases of Roentgen Interpretation." Dr. Diamond illustrated his paper by lantern slides. He advocated the use of large doses of belladonna to relieve the muscular spasm and so intensify the appearance of the ulcer niche in the Roentgen picture. A vote of thanks was tendered for his interesting paper.

Dr. Pearson reported a case of puerperal sepsis successfully treated with mercurachrome.

The meeting adjourned at 10:45 to the Staten Island Club for refreshments.

### ACCESSORY MEDICAL MEETINGS

Last week we gave notice of the annual meeting of the Women's Medical Society of the State of New York to be held in Rochester during the meeting of the Medical Society of the State of New York. We have received notice of three other meetings and regret that they came too late for last week's issue.

#### THE NEW YORK STATE ASSOCIATION OF PUBLIC HEALTH LABORATORIES

The eighth annual meeting of New York State Association of Public Health Laboratories will be held in connection with the meeting of the Medical Society of the State of New York, as is customary. The meeting is called for the morning of Tuesday, April 22nd, in the Hotel Seneca at Rochester.

The program consists of eight numbers—some brief and some of twenty minutes length—to which an hour and a half are assigned for presentation. The program is largely technical, but practitioners will be interested in the description of tularaemia, a new disease that is appearing in the west, and is communicated to man by rabbits.

MARY B. KIRKBRIDE,  
*Secretary*

#### DINNER OF SCHOOL MEDICAL INSPECTORS

Dr. William A. Howe, Chief State Medical Inspector of Schools, announces that he has arranged a dinner of school medical inspectors in the Hotel Powers on the evening of Tuesday, April twenty-second. The cost will be \$1.10.



per person There will be an after-dinner conference and several important school matters will be discussed Dr Howe writes

We have sent notice to about fifteen hundred school medical inspectors throughout the State exclusive of New York, Rochester and Buffalo We have also sent to them the program for the section on Public Health, Hygiene and Sanitation We are making a special effort to induce our school medical inspectors to identify themselves with the State Medical Society This conference of school medical inspectors, I feel confident, will attract several physicians who might not otherwise attend the Rochester meeting It

is possible that steps may be taken at this meeting to organize the school medical inspectors of the state that they may act in unison in matters relating not only to their special work but to the advancement of the medical profession in general

#### RESULTS OF CANCER CONTROL

Dr Joseph Colt Bloodgood, of Johns Hopkins University, will address the members of the New York Committee of the American Society for the Control of Cancer on Tuesday evening, April twenty-second, in Rochester

### WAYNE COUNTY MEDICAL SOCIETY

The annual meeting of the Wayne County Medical Society was held at the Court House, Lyons, on December 11, 1923

The meeting was called to order by President J R Sanford at 11 a m

The following officers were elected for 1924 President, J R Sanford, Vice-President, W H Sweeting, Secretary and Treasurer, D F Johnson, Censors, H L Chase, M E Carmer and A A Young, Delegate to State Society, L H Smith, Alternate, C H Bennett

It was moved and seconded that the secretary be instructed to correspond with the secretary of the State Society to get an interpretation on the part of "Section 31," which states, "Physicians should not make use of special cards or any other form of advertisement for the purpose of inviting attention to themselves" The motion was carried

A letter was read from the Secretary of the American Medical Association about a resolution adopted by that Association in regard to State and County Societies disciplining physicians, who either negligently or willfully prescribe alcoholic liquors otherwise than in accordance with law Moved and carried that this County Society is in full sympathy with the resolution

#### SCIENTIFIC PROGRAM

"Pneumonia and Its Serum Treatment," by Dr Joseph Roby, of Rochester

"The More Common Diseases of the Upper Urinary Tract, With Reference to Diagnosis and Treatment, Lantern Slides," by Dr Albert M Crance of Geneva

A communication was read by Dr A A Young of Newark, as follows

During the fall of 1922 and winter and spring of 1923 there was a family living on West Union

Street, Newark The husband, R P, and wife, Hazel P, and a little child, Harold P, about 18 months of age

Margaret R, a sister of Hazel P, lived with this family that fall and winter Margaret was very fond of Harold, held and fondled him considerably During this time Margaret R developed quite a cough and began to run down During a portion of this time she took treatments by a "chiropractor" About 19 or 20 adjustments were said to have been given While Margaret was taking adjustments Harold P developed whooping cough

About the fore part of April, Margaret R came to the office of D F Johnson After an examination, a diagnosis of advanced pulmonary tuberculosis was made This was later confirmed by a positive sputum report from the State Department of Health Laboratory Margaret R was reported to Health Officer A A Young, precautions instituted, but she was sent to her own home in Clyde as soon as possible, later she was sent to a place in the Adirondacks, but was rejected for Raybrook as she was too far advanced

On or about May 2, 1923, little Harold P was taken seriously ill He developed a bronchopneumonia complicated by meningitis, probably tubercular Harold died May 9, 1923 Soon after death the spinal cord was tapped and some of the spinal fluid was sent to the Division of Laboratories and Research, State Department of Health, at Albany The first report by microscopic examination showed tubercle bacilli A guinea pig was injected and about 8 weeks later the autopsy of the pig showed definite evidence of tuberculosis

During the fall of 1923 Mr Hazel P developed tuberculosis and was sent to Raybrook Sanatorium





# THE DAILY PRESS



The Brooklyn *Eagle*, April 11, describes the defeat of the Practice of Medicine bill in a quarter column which throws a side light on the workings of the political machinery during the closing hours of the Legislature. The account reads

As a result of the defeat of the chiropractors bill by the medical lobby, the Assembly turned around today and snowed under the Carroll-Lattin bill.

The chiropractors claimed that the measure would put them out of business, and as a result a number of the Assembly leaders got together and drew up a bill which they thought would be acceptable to the chiropractors. It was introduced separately, and appeared to stand an excellent chance of passing. The doctors' lobby got busy and killed this measure, and so the Assembly leaders decided to beat the doctors' bill.

The executive secretary of the Professional Guild Brooklyn, is claiming credit for having defeated the Carroll-Latin bill. He wants to run for either the Assembly or Senate next year on the strength of the fight he made against the anti-quack doctor bill.

The bill provided, among other things, that doctors must re-register annually for five years. Members of the medical profession were divided on the measure, but a majority seemed in favor of it.

The Brooklyn *Eagle*, April 13, carries a 'letter from a New Senator' in which a prominent senator is quoted as describing his experiences with some chiropractors who buttoned him on the train and offered to cure his cough on condition that the senator support their bill. The account says

'No, sir, I'll not vote for your bill, not as it stands now. Chiropractors may be all right, but unless the State is sure that they have at least a nodding acquaintance with the subject of anatomy, and unless the State is sure they have graduated from a recognized school you can hardly expect the Legislature to grant them all the rights they seek in this bill.'

'The chiropractors were insistent. They noticed that I had a cough. One of them offered to make a bargain with me and asked if I would agree to vote for the bill if a chiropractor could cure my cough.'

'I'll make no promises,' said I, 'but I'll give you a trial.'

'One of the chiropractors took me into the Pullman smoking compartment. That fellow took me by the neck and he twisted, and he turned and he wiggled his fingers. I figured I'd feel so

rotten when he got through that I wouldn't care whether I had a cough or not. I was praying all the time that he knew something about the bones in my neck. He'd have broken it sure if he didn't. He bent my head forward and he bent it backward. He shoved it first to one side and then to the other. I couldn't have coughed during the treatment if I'd wanted to.

'Finally, he was finished with me. The train had just pulled in, and I had just about pulled my head and neck back into their natural position when I reached the hotel. I went up to my room and tried out my cough. It was no better, no worse.

'Next morning I met one of the chiropractors in the Senate lobby.'

How are you? he asked. 'I'm alive, but your bill is dead,' I said.

The New York and Brooklyn papers of April 8, 9 and 10 have carried accounts of the trial of Ernest H. Meyer, a chiropractor, of 458 Seventy eighth Street, Brooklyn, who was convicted of manslaughter for giving chiropractic treatment to a fatal case of diphtheria. This case is fully reviewed by Mr. Whiteside on page 623 of this issue.

The Brooklyn campaign against illegal practitioners is receiving its proper share of publicity in the daily papers. The Brooklyn *Eagle*, April 13th, contains the following item:

Encouraged by the recent conviction of Ernest G. J. Meyer, a chiropractor who called himself a doctor and who was found guilty of manslaughter in the second degree, District Attorney Charles J. Dodd has redoubled his efforts to rid Kings County of quack practitioners. A thorough probe is now in full swing and the District Attorney is being aided by every patrolman in the borough under the direct supervision of Deputy Commissioner John Daly.

'No one who hangs out a sign 'doctor' will be overlooked in the present investigation which covers the entire county,' declared Assistant District Attorney George F. Palmer, Jr. who is Judge Dodd's authority on the prosecution of medical and public health law violations.

'Each patrolman in the county has been instructed to report the name of every man on his beat who hangs out a 'doctor' sign and I have here a complete list of all such,' said Mr. Palmer, flourishing a thick bunch of papers. 'Each of these names is looked up in the medical directory and if it is not found there a search is made in the County Clerk's office, where a record of all



medical licenses is kept. Should the name not be found in this latter place an investigator is sent out with the result that in most cases an arrest is made."

The New York *Tribune* of April 12 contains an account of the conviction of another chiropractor, Henry H. Austin, of 524 West 184th Street, New York, who pleaded guilty to practicing medicine without a license. The account is as follows:

Austin was connected with the Wentworth Health Institute at 103 West 125th Street, which is one of the largest chiropractic institutions in the city, according to Michael A. Ford, Assistant District Attorney. The evidence on which Austin was convicted was obtained by Policewoman Isabella G. Seaholm. As a result of her crusade, Mr. Ford said, Austin had sold his equipment and would give up his practice.

Mrs. Seaholm testified that she had visited the institute and that Austin had represented himself as "Dr. Wentworth." She told him that she was troubled with insomnia, she said, and, after he had diagnosed her case, he had offered to cure her in six treatments at \$3 a treatment. She had accepted, she testified, and he had strapped her to a table and treated her with an electrical apparatus.

The New York *American* continues to support regularly licensed physicians and scientific medicine. The issue of April 1st contains an editorial on *Quacks*. The editorial speaks plainly and clearly as follows:

The practice of medicine by men and women who have not made a careful study of medical science is a serious danger. Few people realize this danger until they have lost a dear friend or relative through the ignorance or maltreatment of some unskilled practitioner.

In many of our States the element of politics enters into the treatment of this matter. Some of our legislative bodies have sunk so low that the question of votes influences their action upon matters even as grave as this.

When you realize that a barber or a blacksmith can become a chiro-practitioner after several months' study, it ought to be clear to you that substantial knowledge of medical science is not one of his requirements.

The idea of treating Bright's disease or diabetes or valvular disease of the heart through a rubbing of the spine is too absurd to be even discussed.

This whole idea of the ignorant attitude toward medical science would be laughable if it were not so pathetic.

If you are sick, go to a doctor. Any drug store will let you see a medical directory, in which you will find the names of all the doctors in your city,

the names of the medical college in which they studied, the names of the hospitals with which they are connected. And your local board of health will always tell you whether you are making an intelligent selection.

Keep away from quacks.

The Olean *Times*, April 3, 1924, contains an announcement of courses of instruction for the health officers of Cattaraugus and Alleghany counties. The courses will be given under the auspices of the State Department of Health and will be given in Olean on Thursdays and Fridays during April and in Salamanca on Fridays and Saturdays. The subjects will be those in which local health officers are directly interested and include milk inspection, water purification and vaccination.

Similar courses have been given in New York, Albany and Syracuse and this course carries the same teaching to the remote rural districts. Both the Olean *Times* and the *Herald* of April 4th, carry an effective account of an address before the health officers given by Commissioner of Health Nicoll. Cattaraugus County has a full time health office financed in part by the Milbank Fund. Dr. Nicoll showed that there was great need for advanced health work in the county. He quoted vital statistics which showed that the county stood in the fifth place from lowest in sanitary matters among the sixty-two counties of the State, and that the infant mortality rate in Salamanca was 106, and in Olean it was 92, while the New York City rate was 66 and the average for the rest of the State was 79.

Dr. Nicoll then showed how other cities, particularly New Rochelle, White Plains and Yonkers had reduced their infant mortality rates, and urged Olean and Salamanca to do likewise.

The Rochester *Democrat*, April 2nd contains comments on an amendment to the income tax bill introduced in the House of Representatives by Meyer Jacobson, which would exempt from taxation amounts spent on the maintenance of health. The comments were made before the Lion's Club of Rochester and are quoted as follows:

"If it is recognized that industry should be permitted to exempt from taxation amounts spent in the upkeep of machinery we feel that an individual should be permitted to do likewise in the maintenance of the human machine. We endorse this amendment because we believe health to be the greatest of national assets and that in the rehabilitation of the human body there is being preserved and protected the real capital resources of the country."

We presume the exemptions refer to physicians' and nurses' fees.



# NEW YORK STATE JOURNAL of MEDICINE

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## THE ANNUAL MEETING

The Medical Society of the State of New York held its one-hundred and eighteenth meeting in the city of Rochester, on April 21, 22, and 23, 1924 according to the printed announcements. The headquarters were in the Hotel Seneca, and nearly all the meetings were held there. Nine hundred and seventy-eight physicians registered their attendance, and since there were some who neglected to register, the attendance was over one thousand. Evidently about one in every fifteen physicians in New York State was interested in civic medicine to such an extent that he gave up his practice for a few days and went to the conference at his own expense.

The returns to the individual physician were well worth the time and expense of his attendance. He met numbers of genial, public-spirited physicians like himself, and enjoyed their companionship and inspiration. He saw the legislative machinery of the Medical Society in operation, and took part in it if he wished to do so. He heard addresses and announcements that gave him information and inspiration. He had a good all round time, and resolved that he would go again next year.

The meeting was marked by the utmost harmony and good feeling. Moreover, the reports showed that during the past year the society has made unprecedented progress in solving the public and civic problems of medicine. The Medical Society has broadened its lines of work, and has entered upon a new era of influencing the people generally by means of its public activities, not the least of which has been its campaign of education that was conducted by J. N. Vander Veer, Chairman of the Legislative Committee. This roused the physicians to a sense of their civic duties as distinguished from their independent action. Physicians have learned the need of smiting their individual preferences and combining on a broad platform of essentials. The best evidence of the success of the co-operative campaign was the entire good feeling that prevailed throughout the meeting. Although the pro-

session had been almost divided over the question of re registration, and the defeat of the Practice of Medicine Act had been ascribed to a minority group, yet the discord was scarcely mentioned, but all the groups united in the consideration of plans for the coming year. The spirit of unity and co-operation that was engendered by the consideration of the Practice of Medicine Act was of greater value than the passage of the act would have been if it had been accomplished by an enforced rule of a majority over a persistent minority. The meeting brought out the entire harmony of the medical profession as nothing else could do.

The meetings were held in the Hotel Seneca, where the rooms were readily accessible. Most of the meeting rooms opened upon a balcony through which all the members passed on their way to the meeting rooms. Members could readily find one another, and the social spirit was marked. The members of the House of Delegates over 150 in number dined together immediately after their afternoon session, and continued their evening meeting in the dining room, thus expediting their work and enlarging their spheres of friendship.

The daily newspapers of Rochester were most cordial in their relation to the meetings. The editor of this JOURNAL made it a special point to call at the newspaper offices and to offer news facilities to the press. The reporters were most kind and considerate, and showed a broad grasp of what constitutes up-to-date medical news. The physicians too were most kind in their co-operation with the reporters, and altogether a new standard was set in the relation of physicians to the newspapers. We hope to perfect the press arrangements for the next meeting of the State Medical Society.

The scientific sessions were well attended and were of unusual interest. Those in attendance seemed to approve the plan to hold joint sessions of those sections in which there are overlapping fields. The sections on Medicine and Public Health joined in two meetings, and their hall,—the largest in the hotel,—was



filled to overflowing. The limitations of the sessions to three half days also seemed to meet with approval.

The subjects discussed were unusually practical and up-to-date. The new tests for scarlet fever were described, and the various reactions to the Dick tests were demonstrated on a group of about twenty-five children through the courtesy of Dr. George W. Goler, Commissioner of Health of the City of Rochester.

The subject of epidemic goiter brought out interesting discussions. Some criticized the action of Rochester in putting iodide in the city water, saying it was unnecessary and costly. Others proposed adding iodides to table salt.

While nothing spectacular was developed in any of the scientific sections, the papers were of a high class. All the papers presented at the meeting are the property of the Society and they will be published in this Journal during the year.

The Society held one general session, called the annual meeting. This was held on Tuesday evening in Kilbourn Hall, Rochester's civic center. The physicians and guests were welcomed by the Mayor of Rochester, Hon. C. D. Van Zandt, on behalf of the citizens and by Dr. Owen E. Jones, who was afterward elected president of the State Society, on behalf of the Medical Society of the County of Monroe.

Mr. Arthur Kelly gave an illustrated talk descriptive of the building in which Kilbourn Hall is located and of the School of Music of the University of Rochester, which is housed there. A musical program was then given by students of the school. The physicians who attended the meeting realized the privileges of citizens of Rochester who are enabled to enjoy excellent music and theatrical plays through the generosity of Mr. Eastman, who gave the building and endowed it.

The address of the evening was given by the President of the Society, Dr. Orrin S. Wightman, who spoke briefly and pointedly on the responsibility of the people for medical standards. He said in addressing the laymen in the audience:

There is an economic factor in medicine which directly affects every person in this audience. The doctor's success is yours also, for you share in the increased strength, vigor and happiness that he brings to you. You share his responsibilities. A large measure of responsibility is on you for maintaining high standards in medicine. How are you meeting it? If we should judge you by the advertisements in the morning papers, the people put considerable faith in quack medicines, and patronize numerous forms of cult practitioners. They are allured by fair promises of get-well-

quick schemes, and are ready to try anything once. They are like the crowds at Barnum's circus who paid ten cents apiece to see a cherry-colored cat and found it to be only an ordinary old black Tommy. A woman has a cold and asks someone at a bridge party what to do for it. The people seek advice from whatever source that is near at hand, and they get the old fashioned grandmother brand of medicine, rather than the modern kind, which is developed by patient investigation and research.

I have learned much as President of the State Medical Society during a year of activity in attempts to raise the standards of the practice of medicine, and have received expressions of every degree of opinion from extravagant praise to downright abuse. When the State Medical Society has exposed medical frauds, there have gone up loud cries of persecution and charges of monopolistic conspiracies among the doctors. The people think we are in business merely to make money and the cultists double their advertising spaces in the daily papers in order to combat the doctors' dignified propaganda. People are willing to "take a chance" as they do at a ten cent store. If the medical faker doesn't do good, people believe he does no harm—which is not the truth. A diphtheria case died recently in Brooklyn and the ignorant cultist who treated the case was given a jail sentence. Two broken spines are known to have been produced by "neck adjustments", and the victims are exceedingly ashamed of these accidents and use every possible means to conceal the facts, on the other hand, they shout the doctor's failures from the housetops.

The object which physicians seek to accomplish by means of medical legislation is to require every person professing to have healing skill to acquire a certain amount of knowledge of the body in health and in disease. If he has that fundamental knowledge we believe that he can be safely trusted to practice any form of healing that he chooses. If a doctor understands a diseased condition, his own conscience will tell him what treatment to apply. This is the essence of the doctors' legislative program in Albany, but thousands of persons oppose us, saying "This system cured me of an awful headache, and it can therefore cure the lump in your stomach"—and the legislators believe the argument, for they are only human.

When we doctors try to lead public opinion, help us. When we try to get legislation protecting you from quacks, support us.

The past year has taught us much about the way to manage a campaign of education and how to reach the people. We will continue our campaign to maintain the standards of the practice of medicine, and we rely on your intelligent co-operation to carry out our program. F O



## THE HOUSE OF DELEGATES

The House of Delegates is the lawmaking body of the Medical Society of the State of New York. It receives the reports of the officers and committees, and fixes the policies of the society. Its present sessions were conducted with a speed and precision which were appreciated by those whose attendance has been an annual event. Only one discordant comment was heard, and that was made so earnestly and feelingly that it almost deserved a place in the page of *Prunes*. One physician said that the proceedings of the House of Delegates reminded him of a convention of school boys as the members made ridiculous resolutions and reversed their votes on important points. That particular physician has much to learn regarding the difficulty of making quick decisions and of framing impromptu resolutions with accuracy. The editor can appreciate that difficulty as he sits quietly in his office, pen in hand, and makes a dozen attempts to start a sentence that shall be clear and accurate. The propounder of a plan of action must frame his resolution in the heat of the moment, while he is annoyed by half a dozen other aspirants for recognition each of whom thinks he can talk better than the speaker. Then, too, when a vote is taken the members have not had time to digest the full meaning of a resolution, and so they are likely to reverse their decisions after a few moments of reflection. All this is confusing to one who attends a meeting of the House of Delegates for the first time, but at the same time it is desirable and commendable for it is an exhibition of an excellent democracy in action. Surely no one could complain of being denied recognition and expression in the meetings of the House of Delegates.

The reports of the officers and committees showed that the past year has been one of great activity. New problems have been considered and actions have been proposed which will place the Society in the forefront of leadership. The good judgment and thoughtfulness of the officers and committeemen were justified by the favorable vote of commendation and approval which was given to nearly every one of their suggestions and recommendations. The reports of the officers and committees filled twenty eight printed pages the size of those of the *JOURNAL*. These reports were distributed to the members of the House of Delegates several days before the meeting and they are printed in this issue of the *JOURNAL*. Each report was referred to a special reference committee which considered the recommendations and reported to the House of Delegates, and the House took final action on them. Some of the committees remained in consultation for

hours and their reports in every instance had been carefully considered. The principal business of the House of Delegates consisted in the consideration of the reports of its various officers and committees of reference, and action on the recommendations of the officers and standing committees.

The complete minutes of the House of Delegates cover over one hundred typewritten pages. They are published in this issue of the *JOURNAL*. (See page 682)

The House of Delegates voted to make the annual assessment of members of the State Society ten dollars instead of five dollars as at present. The feeling of the members seemed to be unanimous that the necessary expansion of the work of the society required a considerable increase in the assessment or dues. The only opposition to the increase in the assessment came from those who felt that a budget should first be presented showing exactly how the money would be spent. It was finally decided to double the dues and request the Council to prepare a budget of expenses. The annual income of the State Society is now over sixty thousand dollars, and it will be almost doubled next year. However, the money will not be available until the spring of 1925, and so the expenses of this coming year will remain nearly as they are at present.

The members of the House of Delegates seemed well pleased with the policy and content of the *JOURNAL* for they voted unanimously to publish it weekly during the session of the legislature. At the close of the meeting the newly organized council voted to continue Dr. N. B. Van Etten as editor-in-chief, and Dr. Frank Overton as executive editor. Dr. Overton has resigned his position as District State Health Officer under the State Department of Health, in order to devote his full time to editorial work on the *Journal*.

The election of officers took place with unusual dispatch and good humor. Dr. Owen E. Jones of Rochester, and Dr. William D. Alsever of Syracuse were candidates for president, but the delegates were not divided on lines of geography or policy. Dr. Jones won by a vote of 77 to 68. The full list of officers will be found on the first editorial page.

The outstanding activity of the State Medical Society during the past year has been that of the legislative committee. The House of Delegates unanimously praised Dr. Vander Veer for his work as Chairman of the Committee on Legislation and voted to establish a bureau of legislation with a paid secretary. The details of the bureau will be worked out by the Council according to lines which will



be determined largely by the funds which are available

The unanimous opinion of the members of the House of Delegates was extremely favorable toward an extension of the publicity and educational work of the society so as to come into more intimate touch with the physicians, and to reach the people themselves. The House of Delegates approved President Wightman's suggestion that the JOURNAL be sent to legislators and to a selected list of newspaper editors, nurses, and other persons interested in medical matters. It was felt that the educational work of the Society should be greatly expanded in order to enable the people generally to form intelligent opinions that shall guide them safely in health matters.

The work of Mr. George W. Whiteside, the legal counsel, was highly commended, and his editorials in the Legal Department of the JOURNAL were especially mentioned with approbation. The members were also gratified with his brief case reports—a new feature in any medical journal, so far as we are aware. The members voted that all these features should be continued.

The members of the House of Delegates voted a unanimous approval of the plan to convene the Chairmen of the County Legislative Committees once or twice a year. The conference that was held last March encouraged the local committeemen and gave them an insight into the inner workings of the legislature. The educational effect alone was worth all that the conference cost.

The activities which have just been described absorb most of the funds of the State Medical Society, and their extension will absorb the extra funds which will be provided by the increase in dues. The members of the Society are perfectly willing to pay their annual dues of ten dollars provided they get their money's worth. It will be the policy of the JOURNAL to tell the members what the society is doing, and how their money is being spent.

Three questions that were discussed in committee were considered to be so important and so much in line with progress that the Council was authorized to study them and to formulate the policies of the Society regarding them. These questions were

- 1 The promotion of periodic medical examinations

- 2 The promotion of teaching clinics in rural sections

- 3 The training of nurses, in order to supply trained attendants whose educational qualifications should be lower than those of registered nurses

The three subjects are in a developmental stage and the members of the House of Dele-

gates felt that they should be studied in some section where experimental trials of various plans were in progress—for example, the plan of periodic medical examinations conducted by the Kings County Medical Society. These three topics come under the classification of civic medicine, and their solution properly comes within the scope of action of the State Medical Society.

The privileges of the floor of the House of Delegates were extended to Dr. Matthias Nicoll, Jr., State Commissioner of Health, and to Dr. Augustus S. Downing, Assistant Commissioner of Education. Dr. Nicoll made a brief address in which he expressed the belief that physicians generally would support the State Department of Health if the opportunity was given them. Dr. Nicoll's address made a happy impression on the members who heard him, and confirmed the opinion of the leaders of the Society that the State Department of Health should set the standards in civic medicine just as the State Medical Society should lead in the private practice of medicine, while both should work together in perfect harmony.

Dr. Downing told of his efforts to rid the State of quacks in the professions of dentistry, nursing, and medicine. He spoke in a frank, honest way that appealed to the physicians. He said that the medical profession is the only one that had not driven out the quacks. The dentists had opposed their annual registration at first, but the results had been so good that now the entire profession was favorable to registration. He had hoped to have the medical profession united in support of the Medical Practice Act and deeply regretted that a minority had nullified the efforts of the friends of the bill. Dr. Downing spoke in an optimistic mood of the bill, and expected to see an efficient medical practice act passed in the near future.

The House of Delegates devoted several hours to a consideration of the Constitution and By-Laws of the Society. These were published in the issues of April 4th and 11th of this JOURNAL. While changes of a minor nature were made by the House of Delegates, none were of a vital nature. The new constitution and by-laws will be published in booklet form.

A most gratifying action was taken by the House of Delegates in voting an honorarium of five hundred dollars to Miss Lily D. Baldwin, for her able and intelligent handling of the details of the office of the state society. Miss Baldwin is thoroughly familiar with all the details of the Medical Society of the State of New York, and her activity, good nature, poise, and diplomacy, make her an ideal executive in managing the details of the central office.



The minutes of the House of Delegates are published on page 682 of this JOURNAL. They must be consulted in order to ascertain the exact action which the Society took on any particular subject. But the activities covered a far larger field than the minutes indicate. The committees spent hours in the discussion of questions on which no decision was reached, or on which they could not formulate a brief,

clear opinion. Anyone who reads the minutes carefully will be impressed with the earnest consideration which the delegates gave to the legislative policies of the Medical Society of the State of New York.

The Society voted unanimously to hold its next meeting in Syracuse, some time after the first of May, on a date set by the Council.

F O

## THE ANNUAL BANQUET

The annual banquet of the Medical Society of the State of New York was held on the evening of April 23rd, in the ball room of the Seneca. About one hundred and fifty doctors were present. The newly elected president and Dr. Owen E. Jones, presided as toast masters. The first speaker was Dr. Rosalie Slaughter Morton, who spoke of the psychology of music. She said that doctors need a musical ear in order to make accurate diagnosis, a sense of rhythm to detect changes in the pulse, and an eye for color to determine the texture and shades of the skin, and engineering ability to understand instruments and put parts together after surgical operations. All the trained faculties have their important uses in the practice of medicine. Dr. Morton said the full comprehension of the influence of music came to her when she was serving in a Serbian hospital on the war front, and soldiers wounded and sick unto death were brought out and laid in rows to listen to singing by a chorus of twenty soldiers. Men in pain relaxed, and the color came to wan cheeks as the sufferers listened to the simple songs that they loved and understood.

Dr. Orrin S. Wightman, the retiring president, gave a snappy talk on experiences and prophecies. He said that Dr. Morton should attend some of the State Medical Society elections where she would see music without rhythm. He told of an unknown soldier who volunteered to play the bugle and piccolo, and everybody asked who he was, but the Colonel said the question was not who the player was, but who set him to playing the piccolo. Dr. Wightman then told of his trips through the State, as he tried to bring the doctors into co-operation with one another and to play the legislative game with harmony and power, like a trained orchestra. He said his experiences with the chiropractors reminded him of a man who had a great reputation for his rabbit sausage which consisted of rabbit meat and horse meat, 50-50—one rabbit and one horse. The proposition of the chiro was that the physicians should join them in a legislative program in which the doctor should be the rabbit. He said that he had talked with the representatives of the chiro on

the train going to Albany, and could imagine the rejoicing that would take place when the capital reporters announced that the doctors and the chiro had reached an amicable agreement, with the medical lion inside the chiro lamb.

Dr. Wightman suggested that the doctors carry on propaganda for educating the public. He also made a strong plea for the doctors to come to an early agreement among themselves regarding a Practice of Medicine Act, so as to enter the legislative campaign next winter as a united body.

Dr. N. B. Van Etten, Editor-in-Chief of THE NEW YORK STATE JOURNAL OF MEDICINE, spoke on the need for an educational campaign that should reach the public as well as the doctors. He said the doctors had not yet reached an agreement regarding the form of a Practice of Medicine Act and therefore much less could the public agree on a proper law. Dr. Van Etten suggested that reprints of the educational articles on the Medical Practice Act that have appeared in the JOURNAL be prepared and sent to legislators, teachers, ministers and others who are molders of public opinion.

The last speaker of the evening was Dr. Rush Rhee, Dean of the new Medical School of the University of Rochester. The doctor said that endowments, buildings and students were needed to make a medical school, but that more important still, was a teaching personnel. He said that in planning the medical school he had three special points in mind:

- 1 A proper building and equipment. The medical school, hospital and laboratories will all be housed in one block.

- 2 Intimate co-operation and association of the students with instructors and professors, and of the members of the professional staff with one another. This will be made physically easy by the housing of all the departments under one roof.

- 3 An identical course for dentists and physicians during the first two years of the course.

Dr. Rush Rhee said that the college would probably receive some students in 1925, and that the standard of the college would be high quality rather than quantity.

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# Medical Society of the State of New York

## ANNUAL REPORTS, 1923

### REPORT OF THE PRESIDENT

#### *To the House of Delegates*

The year 1924 closes one of the most progressive years in the history of our State Medical Society

I think to bring to your attention in a more vivid way the outstanding events, it might be well to note in order those things which have particularly occupied the attention of the medical profession during this period

I would state first, that your President is deeply impressed with the need of a close personal touch with the various County Societies throughout the State, and feels very grateful to the presidents and officials of these Societies for the cordial way in which they have received him on the occasions of his visits to the District Branch meetings. It has been his pleasure to attend every District Branch meeting in the State during the past year. Inasmuch as this included an itinerary from Brooklyn to Buffalo, the task imposed was no small one, but owing to the most cordial co-operation of Dr E Livingston Hunt, your Secretary, these trips were made extremely profitable and helpful to our organization

I would say, further, that another outstanding event of the year has been the establishment of a close and cordial relationship with the Departments of Health and Education, the former under Dr Nicoll and the latter under Dr Downing. It has been our desire to unite all the forces in the State in a concerted effort to work as a unit whenever it became necessary to further legislation at Albany

The Department of Health, through its health officers is doing a big work for the State of New York. It needs and requires the sympathy and support of every doctor, for whether we wish it or not, the medical profession must of necessity determine what is best for the State in medicine and must become an economic part in carrying out any plan for the conservation of the public health

In Dr Downing we have found a conscientious and stalwart supporter of medical ideals. He has faced the task of cleaning up the State and placing upon his roster men properly qualified to practice medicine. He has maintained but one rule—and that the rule of proper qualifications. In Dr Downing we have had an able co-worker for the betterment of the medical profession

I might state that another outstanding event of our past year has been the reorganization of our STATE JOURNAL under the able leadership of Dr Van Etten, the securing of a paid editor and the broadening of our field of usefulness by a bigger and better JOURNAL, well edited and, we believe, well read throughout the State. In Dr Overton we have secured a physician of sterling integrity, honesty of purpose and high ideals, whose broad scope enables him to view our medical problems with less bias than might be expected of the ordinary physician. In the rehabilitation of the STATE JOURNAL we have endeavored to give proper space and publicity to the Departments of Health and Education, to allow sufficient space for scientific papers, to give a public forum to the profession at large, to provide space for the able presentation of legal matters as interpreted by our distinguished Counsel, Mr George W Whiteside, and further, and probably most important, the use of the JOURNAL as a method for the necessary education of the profession as to what is going on in our Legislature through the able leadership of Dr James N Vander Veer of Albany, whose tireless efforts have meant more to the profession than they will ever know

In thus correlating the forces that we have in the State and giving them an outlet through our STATE JOURNAL, we feel we have more firmly knitted the Society together than it has ever been before

We hope, believe and trust that with its increasing usefulness it will in turn call for the strongest support of the medical profession and will be a means of reaching every physician with the truth, clearly and simply stated. Not alone in its value as a journal, but also because it enables us to be in closer touch with our legal counsel. We have on frequent occasions called upon Mr Whiteside for the solution of practical problems and he has responded promptly and willingly on every occasion. We feel that the simple presentation of facts, and the interpretation of the law in a way that we can understand, is a most convincing proof of the value of the Legal Department of the STATE JOURNAL

The Legislative Committee has been placed upon a firm working basis through the establishment, by Dr James N Vander Veer, of a permanent office in Albany. This has enabled him



to have a definite place where the Committee on Legislation can organize such activities as may seem wise.

We feel that the State Society has entered upon advanced publicity which would have seemed out of place not so many years ago. The awakening of interest among physicians is an excellent sign and bids fair to make them more valuable citizens, as well as doctors, through their interest and co-operation in State economies.

During the year we have also centralized the Insurance Bureau, under the H. F. Wanvig Co., where we may take better care of our members who have taken advantage of the Group Insurance. We feel that in this step the State has strengthened its position and in Mr. H. F. Wanvig we have secured an able ally in protecting us from all types of suits for mal-practice.

In conjunction with the Department of Health at Albany, your President has been asked to be part of the Committee considering the investigations as to the needs of the State for physicians, nurses and proposed laboratory and health nurses. As far as we know, no definite action has been taken relative to these matters, and while they come distinctly under the Department of Health, the courtesy of inviting your State President to be a part of them, indicated in a further way the kindly attitude which the State has shown to the medical profession in formulating any type of program.

The trend of opinion relative to the nursing problem seemed to be that women should be trained for two distinct purposes: (1) To take care of the sick, (2) As executives for the administration of hospitals and public welfare work. While this problem is not one for the medical profession to solve, it is one that mainly concerns them, as they are constantly embarrassed by the high cost of nursing among people of modest means who are unable to meet the present expense.

Your President would likewise commend the Committee appointed to amend the Constitution and By-Laws for their careful work in analyzing and improving various phases which were not sufficient to meet some of the delicate situations which have arisen.

Another event which we would like to call to the attention of the Society, is the immense value of the meeting of the Chairmen of County Legislative Committees, called by the Chairman of the State Legislative Committee, Dr. Vander Veer, on March 19, 1924.

This meeting was most helpful, and did much toward getting the men of the State together and unified for some of our outstanding problems. It enabled men to ask questions, to have laws explained in a simplified way, and to carry back to their counties a firm determination that the

medical profession could accomplish almost anything if a solid body, and that their local societies must take a broad, constructive view so that they would not nullify what was best for the State as a whole.

### Legislation

Our efforts in the Society have merely followed a program which you have so often seen outlined in the *STATE JOURNAL*.

To briefly recapitulate Governor Smith asked for an advisory committee over a year ago. Subsequently to this he asked that a few meet him relative to drawing up some type of medical practice act which would clarify conditions in the State.

Your President has endeavored to carry out this plan and the subsequent activities conducted in conjunction with our Legislative Bureau, with the various members of the Assembly and Legislature, in the press and through the various societies, is so well known that we hardly need to recapitulate. I would simply state that the Bill had four big ideas:

- 1 To clean up the State of illegal practitioners
- 2 To establish a machinery for prosecution with teeth in it
- 3 To safeguard the title of "Dr."
- 4 To employ adequate fines that would make it unprofitable to practice illegally and to take from the medical profession the onus of persecuting anybody and placing the police power of the State in the hands of an Attorney General who should be qualified to protect the people.

The campaign which has been carried on to try to bring about the passage of this law has been extremely educational, as it has given us an opportunity of learning how illegal cults work in their determined effort to practice in spite of the Department of Regents at Albany.

We believe that the effort made this year whether the bill is successful or not, will result in an educational program among the physicians which will enable them to carry out this program of bettering the State conditions in the future.

Your President met during the year with a Committee who considered the narcotic problem and while this does not belong to the medical profession, it was brought out at these hearings that the bill should not further hamper the doctor in the multiplicity of the forms to be filled out and records to be kept, but that the honest fulfillment of the Harrison Law was all that was necessary to meet the needs of the medical profession. Further than this, as 98 per cent of the offenders were criminals, it was distinctly a police problem. The consensus of the conference committee that met to consider this was that the police powers in the State should be enlarged, and that if they were properly increased the



problem was solved as far as the medical profession was concerned

Another matter of outstanding importance is the careful consideration of what constitutes legalized publicity for the medical profession. We found that no matter how interesting our cause might be, it is no cause at all unless the people know about it

How may we place ourselves in print without offending our professional brethren, but at the same time carrying our story to the people and appealing to the justice of the cause for their final approval

The best Court of Justice is the public. Persecution of any sect or cult can do nothing but make friends for the so-called persecuted. It is only by a simple explanation of facts to the public that the people can realize the medical profession is fighting their battle and taking care of them in a protective way against all kinds of charlatans

With the foregoing facts in mind, we feel assured that our recommendations as to the policy of the State Society for the coming year should include (1) dues in sufficient amount to meet the increasing demands of your State Society

We should have each year a carefully prepared budget so that our activities could be curtailed or encouraged in proportion to the funds at our disposal. We should have a permanent office in Albany with a paid Executive Secretary who should work under the direction and in perfect accord with the Chairman of the Committee on Legislation, and a man of such sterling character that he was not able to be approached by those who would be willing to use methods of persuasion for his influence and support. With this type of machinery at Albany, the physicians who at present have the best interests of the State at heart, could more easily supervise the larger sphere of work and permit the details to be referred to its executive secretary. It is a total impossibility for any physician to give up of his time and effort in such a huge way as has been done by the preceding Chairmen of the Committee on Legislation. They have worked unselfishly without any regard for their own health, strength or financial return and deserve the lasting thanks of the Society. This cannot go on indefinitely and it is time the State Society included in its yearly outlay some appropriation for the permanent establishment of this office at Albany

We have done all that can be accomplished in our JOURNAL, in our District Branch meetings with the present Legislative Bureau and the administration of the home office on the present income of the Society

If you want these things to be properly expanded in a natural way and along proper lines of growth, you must insist upon the dues being

raised so that we can meet the increased needs. Far better to anticipate and expand, than to curtail all the good that has been accomplished to date by a financial policy that is totally inadequate to meet our needs

### STATE JOURNAL

We have proved, in the time during which the JOURNAL has been run with a paid editor, that the investment has been well worth while. We would advocate the continuance of this policy and state that in our opinion the JOURNAL might be continued as a bi-monthly instead of as a weekly, except as otherwise decided by your Publication Committee and that, during the inactive, or summer months, it be simply a monthly. Its sphere of usefulness could be markedly increased by having it the legal representative of some of the various Academies of Medicine throughout the State, with space offered for the publication of their proceedings. The Departmental work, as carried out during the past year has been highly satisfactory and we would urge its continuance. The public forum is a most desirable feature and we hope that the cordial relations with the Health Department and the Department of Regents will continue as in the past, proper space being given for the publicity of their valuable work

### PLACE OF YEARLY MEETING

At the present time your presiding officer is always embarrassed with the necessity of finding a place for the next yearly meeting

We feel that this unfortunate situation could be very much bettered if meetings year by year were assigned by the Council instead of the Society being compelled to wait for an invitation. In the event of a city being selected which for good and sufficient reason made it impossible to hold the next session at that particular city, it should be within the province of the city to offer an exchange of dates to a time more suitable. There are five or six cities in the State to which the Society could go, and if these cities in advance knew what was expected of them, it would clarify the situation very much and wake up an enthusiasm which would call for the united support and the hearty co-operation of every physician in the district

The State Society during the past year has found it most desirable to maintain the standards of the American Medical Association, especially with regard to the adoption of our code of ethics which was based upon the central organization's program, and we are glad to state that the various progressive suggestions offered by the American Medical Association have from time to time received our serious consideration. We hope that in the future some State economic program



may be worked out which will consolidate under a single tax, such registration as may be absolutely necessary, but we qualify this with the hope that no more registration than is absolutely necessary will be offered to the medical profession. We regret that some of the taxes are imposed by the Federal Government instead of the State, which thus increases the multiplicity of our burden. If we could pay but one tax to cover all, it would simplify the problem very much.

During the past year your President has met with the most hearty and faithful co-operation in all the departments of the State Society.

We cannot close this report without most heartfelt thanks to the duly constituted officers of the Council and the Executive Committee, to the Secretary Dr E Livingston Hunt whose untir-

ing efforts have meant much to the progress we have made during the past year, to the ceaseless energy of the Chairman of the Committee on Legislation, Dr James N Vander Veer of Albany, to the Chairman of the Committee on Arrangements whose efforts in arranging the program for this meeting have been so successful, and to our Counsel, Mr George W Whiteside, whose loyalty to the physicians of the State can never be paid in money.

We trust that the year to come will be a most successful one and that our successor will find the same delightful co-operation in all parts of the State which has been so freely given to your retiring President.

ORRIN SAGE WIGHTMAN, *President*

April 1, 1924

## SUPPLEMENTARY REPORT OF THE PRESIDENT

*Mr Speaker and Members of the House of Delegates*

I assume it would not be difficult for me to read my yearly report from the Annual Reports, but, to be perfectly frank with you, I am not interested in reading anything from a paper, I prefer to talk to you, and in that way I think we can speak of a few of the things which have been bothering us during the past year. I believe if you understand the problems and the statewide advance that we have tried to make, you will enter the more heartily into the recommendations and the suggestions that we have to offer.

You who have taken an active interest in the State legislation that has gone on during the past year must realize that it has been a pretty hard task. I say it has been hard because primarily we have been left in the lurch by competition in other fields, by our indifference to our own welfare and by the rapid growth of cults. We paid no attention to them as long as they did not tread on our toes but when they become a public menace, when their schools grew so rapidly and the number of their graduates increased by leaps and bounds, it became more or less a medico-economic problem and it was our duty at least to understand the situation and try to combat it. I do not know that we are ever going to be able to prevent the gullibility of the public, I question it very seriously. The late P T Barnum had a business of his own and I think as long as there as P T Barnums in the community there will always be a large attendance. I do not believe we are ever going to stop the people being fooled. They like to be fooled. The psychology of those who are practicing cults is based on the fact they want the money. They mean to secure

it. They have no aim outside of cash, and they purpose getting the cash.

It has taken us a year to find out a number of things. First, I think we lose much, as physicians, because we are not unified. We devote more time and find greater pleasure in rowing among ourselves than in rising above it to the big issues before us. You know when a pickpocket wants to go to work he generally starts a fight, and when you are looking on at the fight he gets your watch, and most of the cults use the same tactics. They try to produce division among us in some way so that as we are diverted from the main idea they secure what they are after. But our idea during the past year has been a unification of the medical profession with the powers that be. We have been unusually successful. We are in accord with the Department of Health and the Department of Education, and they are working in perfect harmony with us. The Attorney General's office also advises with us, Governor Smith is an extremely good friend of the medical profession, Mr Machold has been kind to us, and all the way down the line we have received a support that we never would have obtained otherwise. Now, the fact is this. You may be a success as a physician, but you will have to wake up to the fact that your task is something more than making your daily calls and taking care of the daily operations and unless you and I show an interest, malpractice is going on in spite of us.

This year we have made a strenuous campaign. You know what Dr Vander Veer has done with his Legislative Bureau, you know what Mr Whiteside has done in drafting laws and trying to keep them clean. You know we have not bartered with any interest. We



stand on our own two feet as a dignified profession. We have listened to no overtures, we have made no party agreements, we have not sat down at the party table to smoke the pipe of peace with any cult for the purpose of making a trade. The medical profession has not been sold out, gentlemen. A price has not even been offered—as none, of course, would be considered. But you and I know that there are other tactics which may be quite effective—you tickle me, and I'll tickle you. The chiropractors had no objection at all to our bill going through, just so they were carried along as a rider. Mr. Whiteside tells me there is between nine and ten million dollars a year contributed by the people of the State of New York to the chiropractors. Frank Overton a while ago made a statement it was approximately two hundred dollars per capita of physicians in the State. If Mr. Whiteside's figures are correct it is a great deal more than the two hundred dollars per capita that leaves the hands of the doctor for the pocketbook of the chiropractor. It behooves us to stand together, work together and fight together. Then we will get somewhere.

There is another thing that I do not think the medical profession understands thoroughly. Very frequently we get more pleasure out of our little differences than we do in concentrating on the big ideas we are trying to put over, with this result. You do not know how you are being used politically for political ends. It has been my experience that if the politician finds harmony marred by a discordant note he promptly discards us as unworthy of being heard by the average audience. You and I have been the dupes until it has become tiresome. The situation does not actually indicate a discordant note—anyone can disagree—but the politician takes it hook, line and sinker and says, "You don't agree, and as long as you don't agree how do you expect us to favor you?"

Now, gentlemen, united we stand and divided we fall. I think the medical men of the State are big enough mentally, morally and physically to cope with their problems and bury things that have no major place in the Society's affairs, so that we can go on with our tasks, and I say that with no bitterness at all. I have only the kindest feeling for every man in the State of New York. I would not be surprised if I have been criticized at times because of my attitude. I do not care if a man disagrees with me, it is an honest difference, man to man. We can get those things ironed out after a while. Ninety per cent of the State disagreed, and ninety per cent now agree, showing how all are amenable to reason and education. For that reason do not look askance at me if I shake hands with everyone in this room. I love every one here and I have no differences with them, whether they disagree with me or not. That is my attitude. We stand for the State.

As to the policies we have tried to outline I want you to agree on something. I am a poor politician. Politicians as a rule have a little latitude with the truth, and I discriminate not at all between lies, they are all of one color to me. I have to play true or I do not know how to play. So when I bring you these problems I bring them to you in a conscientious way, believing you will act with me to make for a better State and a better medical association, and I am going to review briefly three or four things that I want to recommend. I want you not to think of them as small conditions that may exist, but to think of them in terms of advancing civilization, having in mind the fact that you and I, as physicians, if we do not get ahead of our task as physicians will be pushed out of the road and the State will take it away from us. I hear on all sides, "State medicine, State medicine!" No, it is not, it is not State Medicine, it is indifference. These problems come to us and we are infinitely more interested in making our afternoon rounds than in seeing what it is all about, and the State, for its own protection, often has to step in to make us do our duty. And then we talk about "State medicine." No one has any idea of State medicine. None of the vicious things that have been proposed have been through our initiative, but most of them are of the times, and you have to keep abreast of these problems if you want to succeed.

Primarily we have done pretty well with what we had to work with. Money. I speak of that particularly. Unless we can get enough cash to run this Medical Society we might as well quit. I say that honestly. It looks as though we were talking big business. Do you know how much the chiropractors spent in Albany this last year? (I am reporting now, I have no definite figures.) They put in between one hundred and fifty and two hundred thousand dollars. How much do you suppose Dr. Vander Veer's office is going to cost this year? I think it will be a little under seven thousand dollars. He will even give us some money back. How about it, Jim? Will we have any money returned this year?

DR. VANDER VEER. About seventeen hundred.

PRESIDENT WIGHTMAN. Now, gentlemen, think of it. We are fighting two hundred thousand dollars with anywhere between five and seven thousand dollars. I wish I could do business ordinarily on that basis. If you want more work done you will have to pay for it. You do not object when they run your golf dues up. You do not object when the railroad makes you pay three cents a mile instead of two, and the Lord knows how you welcome the income tax man. Now, here comes the time when you ought to do something for your State Society. You can't make bricks without straw. It is not a question as to whether you need the money in your County.



Society This is a separate, distinct and positive business venture. It is just as much a distinct proposition as though you bought the property adjoining your house. If you want protection you have to pay for it, if you want insurance you have to pay for it, and if you get something for nothing that is all it is worth. That is my experience in life. When I pay money for a thing I expect to get its equivalent. Now, if you will give us the money to work with we can do a great deal more for you. I want more dues from this Society. The Bar Association pays seventy five dollars a member and ten dollars in addition. In all, they pay eighty five dollars a year to be a lawyer, and they take care of their own troubles, try their own cases of malpractice, throw out the no-goods and admit the eligible and proper lawyers. Under these circumstances they pay eighty five dollars a year as a class tax. I have never yet heard any lawyer raising a rumpus because he paid eighty five dollars a year to be a respectable lawyer. He does not quibble, he plays the game. And they keep their ranks clean.

I want two dollars a year out of the "State" and I want you men to see it as I do, and we will conduct our business properly. Now, what are you going to do? I never knew a man yet who objected to paying a tax for something if you gave him something in return, and I have nothing now to offer to a member except promises unless we can produce the money. If we can produce it you will get returns representing many times what you pay. Don't try to make a formula for compounding Three-in-One shoe polish out of State dues, it doesn't work. I am talking State dues, for the State, by the Doctor. That is an entity, complete in itself. Now let us talk about it from another angle. We need the money. It is a mystery to me how Dr. Vander Veer has gone on through this past year giving up his time working all hours of the day and night. I saw his little secretary here today—God bless her—and if thanks are due anybody they are due the little woman who stood beside Dr. Vander Veer during our local campaign. And I haven't heard a whisper. She saw her task, she saw her duty, just as Miss Baldwin sees her work and sees her duty, and you do not hear any wail from her.

Now, you know there is a limit to a man's endurance. You may think Dr. Vander Veer is not exhaustible. I tell you he is human. He works day and night. He cannot go on forever. Whether or not he can be induced to continue in this work, one thing is certain, it is absolutely inhuman to ask Dr. Vander Veer to go on as he has been doing without help. I haven't the face to ask it. Unless you give us money to work with his office must stop, or you will have to get some one who will work for nothing—and I have just told you what I think of a man who works indefinitely for nothing. I want an execu-

tive to work with Dr. Vander Veer to take hold of the detail work in Albany. He has a fine office with everything up to-date, kept in perfect order by his secretary, and you will have something there that will function and will be worth while.

I want another thing, I want a Bureau of Medical Publicity. Now, you say, I am treading on your feet. No, I am not treading on anybody's feet. I am sick and tired of going into a community, telling the truth and having a chiropractor call me a liar the next day. One of them, who is a graduate of the Universal School (I did not know where that was, but they tell me it is in Davenport, Iowa) had a case in Amsterdam a little while ago. We had a meeting of the Montgomery County Medical Society, and Dr. Wilson gave me some X-rays. They show a malformation of a child's forearm, a palpable malformation of the ulna. A local chiropractor who was treating this case used excellent judgment by taking an X-ray. Although he took an X-ray—he didn't let up on the spine, although he found a malformation of the bone where the fragments were crossing each other. I would like to know what good rubbing a man's spine does to a malformation of bone? When Dr. William Sharpe told me the other day that he had three cases of broken spine, two of which died by fracture of the backbone, I got a little hot under the collar. I still sympathize with Barnum, but I want the public to know how they are fooled. In the old days, under our old administration, the idea was this: "Don't do anything, gentlemen, that will take you out of the beaten track." I do not think you have to do more than that now, if you have a proper bureau of publicity, which can be properly advised by our Legal Department, where we can go into communities and help you men by subsidy, where you cannot do it yourselves. I had two or three notices in the Amsterdam paper, and if I had stayed there another week I think the chiropractors would have subsidized the whole paper. Each day they doubled up on the space they gave to damning the medical profession, and me in particular. Now, gentlemen, we should have a properly qualified bureau to see that publicity is forthcoming through the local press. The number of things that will spring from this are worthy of your consideration. When Dr. Hunt and I were on the circuit on one occasion we secured a copy of an open letter to a community, it read, "I am coming into your town. Meet me at the station at three o'clock. It looks to me like a nice community. I am a young man and am going to take up chiropractic. Let's get acquainted and shake hands. Nurse in attendance from nine to five. There you are. He can say that in the local press, and I haven't a doubt but there were many of Barnum's followers there at the station to meet him. No question about it. Now, gentle-



men, you may call that illegal advertising. I do not question as to the right of that, but I do say this that a simple, honest article about a medical subject, explaining simple things in the way of publicity will go far toward letting the people know, and they are going to think in no uncertain terms when they know the truth. I think a Publicity Bureau is extremely necessary.

Now, the A M A have some good ideas. One of them I believe is far reaching in its effect. You know how we have been damning the Life Extension institutes for this, that and the other thing. You drop your thirty or forty dollars in the slot and you go down and find out all the deformities or abnormalities that exist in your particular system. It is a Life Extension Institution. Now, the A M A have apparently held that idea. They have said, "If there are so many people going to these institutes there must be a need for physical examination on the part of the community. Whether you like it or not, we have to face it. Why not let the doctors at proper intervals go in and see whether there is anything the matter with you and fix it? Let your local doctor find it out instead of passing out these various sums to institutes all over the country." I say the idea is worth talking about, and I would like to recommend that a careful survey of the advantages of periodic examinations be made and a report of it be made to the Council.

I want the JOURNAL for the coming year, if we have the cash, to carry on much as it has in the past. I would like to see the JOURNAL go on, if it can, as a monthly for nine months, and ten weekly issues, but we will have to have the money if we are to do it. In spite of the fact that Dr. Van Etten has done such fine work for us, he also cannot make bricks without straw.

There is another problem which has interested me very much. This probably will be referred to the Council, who will send it for a referendum vote later. I am going to read it. I am sorry it was not typewritten, but I could not secure a stenographer in time, so I will worry along with the handwriting.

WHEREAS, this Society recognizes the right of its individual members to their opinions and the expression of the same in legislative matters to which the Society is committed and concerning which it has adopted a definite policy, and

WHEREAS, the participation in opposition to the policies of the Society by such members, appearing otherwise than as individuals expressing individual opinion before the legislature or its committees, either directly or indirectly, or through organizations or representatives, tends to defeat the carrying out of such policies and to create an unfortunate and unjustified public impression of a lack of unity and harmony in the Society, and

WHEREAS, the appearance of such member as aforesaid as a representative of units or organi-

zations not affiliated with the Society, or in behalf of a County Society or Societies of which he is not a member, is inimical to the best interests of this Society as a statewide body and to its effectiveness in properly and adequately representing the congregated judgment of a majority of the Society and of its duly constituted officers and committees, and

WHEREAS, the continuance of such conditions is not to the best interests of the Society or of the profession generally, therefore be it

RESOLVED, that any member of this Society, before he appears, other than in his individual capacity, in opposition before any legislative body upon any matter concerning which this Society has adopted a definite policy, shall first apply to and receive from the County Medical Society of which he is a member, permission so to do, and in default of such permission his appearance as a representative of any organization in opposition to the adopted policy of the Society shall be cause for discipline.

Now, gentlemen, I want these things carefully considered. These of necessity will go to the properly constituted committee, and I offer them as a supplementary report to what I have already stated.

I want to take this opportunity of thanking the good fellows in the Society who have stood by me and who have tried to visualize, as I have our medical possibilities in the State of New York. I think any man who has accomplished anything needs no further thanks. There is no necessity for that. The best thanks you can give any man is to say that you believe in him, that you believe enough in him to put aside personal differences, that you believe enough in him to act shoulder to shoulder when he is trying to do the big thing, and that you forget yourself, as I have, casting aside my own personal opinions, my own likes and dislikes, for the betterment of the Society.

The reference committee approved and concurred in the President's address and recommended the adoption by the House of Delegates of the following:

1st That the dues in the State Society be made \$10.00 per annum.

2nd That a paid legislative executive be appointed by the Council on recommendation of the Legislative Committee, the salary to be fixed by the Council.

3rd The establishment by the Council of a Bureau of Medical Publicity, whose scope of activities shall be determined by the Council.

4th That a survey be made by the Council on the question of periodic health examinations.

5th That the State Journal be published in nine monthly and ten weekly issues.



6th That the resolution offered by the President, regarding the appearance of members of this Society before any legislative bodies in opposition to any measure upon which the Society has adopted a definite plan, etc., be adopted in full

This report was adopted by the House of Delegates except that recommendation number 5 was changed to read That the Journal be published at least once monthly and during the session of the Legislature weekly, and more often as directed by the Council "

## REPORT OF THE SPEAKER

### *To the House of Delegates*

The revision of the Constitution and By Laws which will be presented to the House of Delegates for adoption is the work of a committee of the Council in co-operation with the legal counsel of the Society

In surveying the field of this extensive revision the question of the limitation of the Society by the laws of the State is forced to the front when such small matters as the term of office of the president, secretary and board of censors are affected Again, the duties of the secretary, who has to prepare a report of the Council, a report of the Board of Censors, and is obliged to make an individual or personal report There are special sections in the law which may be classed as petty detail which prohibit freedom of action in such matters on the part of the House of Delegates or of the Society by virtue of the referendum

In regard to the time and place of holding the annual meeting, the law of 1806 definitely stated it The place, as you well know, was Albany That law was revised and added to in 1813, it was amended in 1818, and in 1876 the time was changed but not the place In the amendment of 1909 permission was given to the House of Delegates to change the time and place of meeting provided a previous notice was read in the House of Delegates and recorded in the minutes as a notice of intention to change the time and place of the next annual meeting At such meeting a two-thirds vote was necessary to carry the motion The notice to change the time and place of the annual meeting was then duly recorded that it might be lawfully acted on at the following annual meeting From 1909 to 1922 inclusive, the writer handed to the secretary the proper legal notice to be read by him and recorded at each annual meeting The 1923 revision struck out the necessity of giving the said previous notice but there still remains in the law the definite fraction of the vote of the House of Delegates needed to make legal a change in the time and place of holding the annual meeting The wording is as follows The Medical Society of the State of New York may from time to time change the place and the day of holding its annual meeting to such other place and day in the year as may be more convenient by a two thirds vote of all the members of the House of Delegates of said Society present at any anniver

sary or annual meeting of said Society There is no provision to delegate the matter to the Council, but fortunately the Council may act as a House of Delegates It often happens that the House of Delegates finds it is not prepared to name the time and place of holding the annual meeting, and there should be a provision in the law to permit the Council to decide the question by consent of the House of Delegates At times it is a very troublesome question for the Council to decide, as the experience of the past two years has demonstrated

Up to this annual meeting the dues of the State Society were limited by law as follows 'Provided that the aggregate of assessments and dues of any member in any one year shall not exceed the sum of five dollars' The law quoted was repealed in 1923, it was inconsistent with the provisions of the charter of the New York State Medical Association which also governs the Medical Society of the State of New York, that charter permits the Society 'to determine the amount of the annual dues and also to impose assessments from time to time on its members' To show how difficult it is for members of the House of Delegates to know of the limitations placed upon the House by the law, let me briefly call your attention to the enabling act passed by the Legislature in 1904 which authorized the consolidation of the Medical Society of the State of New York and the New York State Medical Association This law authorizes either body to petition the Supreme Court for an order consolidating the two corporations according to the agreement submitted in the petition provided that the agreement was approved by a majority of the vote lawfully cast at an annual meeting of each corporation separately

It further provides 'all property belonging to the corporations so consolidated shall vest in the Medical Society of the State of New York which shall have all the powers rights and privileges possessed by either corporation at or immediately prior to the consolidation It also provides that a certified copy of the court order including the agreement made pursuant of this Act be filed with the Secretary of State Under the enabling act and the Supreme Court order the House of Delegates could increase the annual dues above five dollars, although the Act of 1813 as amended in 1893 prohibited an increase in the yearly dues above five dollars This inconsistency was re-



moved by the repeal in 1923 of the five dollar clause. The importance of the words in the law which say "approved by a majority vote lawfully cast at an annual meeting" is evident. The first application to the court for the consolidation of the Society and the Association under the Enabling Act of 1904 was made in New York County before Justice Fitzgerald of the Supreme Court, upon "return day" an affidavit of the vice-president of an up-State County Medical Association raised the question as to the legality of the meeting called to adopt the joint agreement. The notice of the meeting sent in accordance with the By-Laws was of the usual form common to all medical societies up to that time.

The court sustained the maker of the affidavit and dismissed the case. The instigator of the affidavit at the next meeting of the association, which was lawfully called, moved that the joint agreement of consolidation be accepted with thanks to the committee. Then the State Society called a lawful meeting on the advice of ex-Chief Justice Andrews, of the Court of Appeals, and for the second time adopted the agreement. The loss of time and the increased expense suggest to medical societies greater care in the methods of business procedure. The wording in the section of the By-Laws describing the form which shall be sent as a notice of the meetings of the Society is the result of that sad experience.

Suffice it to say that the inconsistencies, redundancies and contradictions in the laws from 1806 as revised and enlarged in 1813 and amended from time to time for over a century as affecting the organization of the Medical Society of the State of New York, need to be cleared up and put in order. Therefore, I recommend that the Council, with the aid of the legal counsel, examine all the statutes, including the Enabling Act of 1904 and the Supreme Court order which includes the agreement pursuant to the authority of said act and all other acts which affect the Medical Society of the State of New York. And further to prepare bills to be introduced in the Legislature with the object of simplifying the operation of the law and of removing the objectionable features in the statutes and providing, if possible, a codification of the laws governing the Medical Society of the State of New York.

The aim of the committee on revision was to make the Constitution and By-Laws up to date in meeting the needs of the Society and to arrange the articles and sections for quick and ready reference. The Constitution, designated by articles contains only the essential headings of the organization, and the By-Laws, consisting of sections only, contain the detail of the laws governing the Society. The subject of membership may be taken as a practical example. In the Constitution, article IV, on "membership" con-

sists of twenty-three lines, and in the By-Laws it consists of twenty-one lines. In the revised Constitution, article II, "membership" consists of three lines, and in the By-Laws the sections on membership consist of sixty-two lines.

This plan has been carried out as far as practicable in the revision.

As to the additions made under the heading of "membership" there was one amendment offered at the last meeting by Dr. Rooney which was incorporated in the revision, as follows: "No applicant shall be eligible to membership if his diploma or license be of a sectarian character unless the applicant declares in writing his or her abnegation of sectarian title." "As this matter was eliminated from the Principles of Professional Conduct, in its recent revision, it is more fitting that it should be in the By-Laws."

At the meeting last year a number of amendments were introduced by Dr. Dougherty of the New York County Society, and many of them have been incorporated in this revision.

The question came up of a retired member being refused active membership in the Society, of the county of his new residence and provision was made that such applications for active membership shall be governed by the Constitution and By-Laws of the component County Society relative to active membership.

Under the heading of "officers" a second vice-president was added.

The Censors should represent all parts of the State and as the presidents of the district branches meet that requirement and are eminently fitted for the office, the eight presidents of district branches with the president and secretary of the Society are to be elected each year by the House of Delegates as the ten Censors of the Society. The law requires a yearly election. The referendum was extended from ten to fifteen days based upon the recent experience with the Principles of Professional Conduct. The "Annual Meeting" of the House of Delegates is stated to begin at 2 p. m., with a proviso that the Council may change the time and place for sufficient cause.

The present Constitution and By-Laws provide that the House of Delegates shall have power to suspend or otherwise discipline district branches and component county societies. The revision adds the following: "Any member of the Society while acting in any capacity for and under authority of the State Society," and in all such cases requiring discipline the House of Delegates has original jurisdiction. In the revision the election by the House of Delegates embodies the result of recent experience and removes from the ballot the names of single candidates for any office and permits their election by a majority vote without ballot, thereby relieving the tellers of much extra and useless labor.



The duties and procedure of the Board of Censors have been elaborated and in the revision use was made of the amendments submitted by the New York County Society at the last annual meeting. In the revision of the committee on legislation component county societies and their committees on legislation shall co-operate with the State committee on legislation and act in harmony with it on all medical matters pending in the legislature. The committee shall have charge of all hearings before the committees of the legislature.

The standing committee on scientific research was originally created for one special duty, to assist the committee on legislation in the matter of animal experimentation. In the last two years that committee failed to function as a committee, but at the solicitation of the presidents during that period a few of its members promised to work in co-operation with the committee on legislation during the session of the legislature, but would not meet as a committee. In the revision it was made a special committee of ten to be appointed by the president.

In the revision of component county societies, an active member removing to another county shall have his name transferred to the component

county society of his new residence upon his request, without cost. The following addition is new provided that he files a certificate with the secretary signed by the president and secretary of the component society of the county from which he removed as to his good standing in such county society.

The changes in Constitution and By Laws made in this revision, part of which has been mentioned by the Speaker, will be brought out in complete detail in the report of the reference committee, to which they will be referred for analysis and studied presentation to the House of Delegates.

In thanking the members of the House of Delegates I wish again to express my appreciation of the kind consideration and support which has been given to me as Speaker and has helped me in the performance of the duties assigned.

Respectfully submitted,

E. ELLIOT HARRIS, *Speaker*

April 1, 1924

The Reference Committee reported favorably, and the House of Delegates adopted the Speaker's recommendation regarding the codification of the State laws governing the Medical Society of the State of New York.

# REPORT OF THE SECRETARY

## To the House of Delegates

In compliance with Section 5, Chapter VI, of the By-Laws, the Secretary submits the following report for the year ending December 31, 1923

Membership, Dec 31, 1923	9,149	
New Members, 1923	593	
Reinstated Members, 1923	441	
		10,183
Deaths	125	
Resignations	36	
		161
		10,022
Dropped for non-payment of dues, Dec 31, 1923	455	
		9,567
Elected after Oct 1, 1923, and credited as of 1924	181	
Membership, Jan 1 1924	9,748	

On January 1, 1924 the membership in the State Society showed an increase of 333 for the current year. This is the largest membership which the State Society has ever attained. There are still over 5,500 physicians in the State of New York who are not members of the State or any County Society. The mere recital of

this fact should be a stimulus to the officers of the various County Societies to make a special effort to increase the membership of the State Society.

The organization of the Society during the current year has been more effective and better than at any previous time. This has been due to three factors. Greater interest on the part of the individual members, greater efficiency on the part of the officers, and an appropriation of larger sums to carry on the work. There is no doubt that the Society has now grown to a point of efficiency from which it will never recede and from which it is bound to progress.

Its ability to do good and assist its members is now only measured by the financial resources. In order to accomplish more and to bring greater advantages to the medical profession in the State, it will be necessary to expend larger sums. Therefore, I consider that the most important work which the House of Delegates of 1924 will have before it, will be to provide an increased revenue. Therefore, I recommend that measures be adopted by the House of Delegates to increase materially the annual dues of the State Society.

EDWARD LIVINGSTON HUNT, *Secretary*

April 1, 1924



# REPORT OF THE TREASURER

SETH M. MILLIKEN, *Treasurer*, In Account with THE MEDICAL SOCIETY OF THE STATE OF NEW YORK  
Dr Cr

CASH RECEIPTS, YEAR ENDED DEC 31, 1923		
Balance, January 1, 1923		\$15,686 54
Directory Advertising, 1922	734 10	
Directory Advertising, 1923	2,792 45	
Directory Sales, 1922	1,066 50	
Directory Sales, 1923	1,959 50	
Annual Dues, 1922	2,272 00	
Annual Dues, 1923	46,987 00	
Annual Dues, 1924	1,020 00	
Arrears	170 00	
Per Capita Tax	152 00	
Clerical Work	292 93	
Telephone	15 75	
Interest on Deposits	566 16	
Journal, Subscriptions and Sales	340 31	
Journal Advertising	12,421 15	
Journal Expense	3 00	
Interest on Mortgage Certificates	90 00	
Refund on Traveling Expense	54 21	
Sale of Furniture and Fixtures	5 00	
Interest on 4th Liberty Loan 4¼ Bonds	425 00	
Stationery and Printing	2 50	
Expense, General	309 71	
Annual Meeting, 1922	139 96	
Annual Meeting, 1923—Delegates' Dinner	347 50	
Annual Meeting, 1923—Commercial Exhibit	5,855 00	
Annual Meeting, 1923—Banquet	1,865 00	
		<u>\$79,886 73</u>

CASH PAYMENTS, YEAR ENDED, DEC. 31, 1923		
Rent		\$1,600 00
Telephone		199 87
Insurance		5 64
Salaries, General		4,789 62
Journal Postage		1,170 44
Journal Commission		1,662 74
Journal Salaries		2,453 26
Journal Expenses		80 83
Journal Publication		14,696 24
Journal Advertising		37 84
Postage		193 21
Furniture and Fixtures		226 05
Liberty Bonds, 4th, 4¼%		4,907 13
Accrued Interest on Liberty Bonds		80 28
Union Dime Savings Institution		67 50
Union Dime Savings Institution		22 50
Traveling Expenses, General		1,239 51
A M A Delegates		2,239 38
General Expense		586 62
Office Supplies		64 81
Stationery and Printing		421 31
Exchange		2 15
Audit		275 00
Express		23 03
Premium on Treasurer's Bond		12 50
Carfare		19 85
Annual Meeting, 1923		7,701 46
Annual Meeting, 1924		75 50
Legal Expense		13,200 00
Committee on Legislation		4,091 50
District Branches		725 82
Secretary		500 00
Directory Salaries		4,123 54
Annual Dues, 1923, Overpayments		185 00
Committee on Medical Economics		168 99
Directory Commissions		629 75
Directory Incidentals		287 00
Directory Postage		552 00
Directory Delivery		1,053 59
Committee on Public Health and Medical Education		115 00
Directory Printing, 1923		7,700 00
Committee on Revision of Professional Conduct		1,193 23
		<u>\$79,379 69</u>
Balance on Deposit with Guaranty Trust Company, Dec. 31, 1923		
General		15,718 37
Committee on Medical Research		465 47
		<u>\$16,183 84</u>
Balance—Petty Cash		9 74
		<u>\$16,193 58</u>

\$95,573 27

\$95,573 27

ANNUAL DUES, 1923				ANNUAL DUES, 1923—(Continued)			
<i>County</i>	<i>Amt Paid</i>	<i>County</i>	<i>Amt Paid</i>	<i>County</i>	<i>Amt Paid</i>	<i>County</i>	<i>Amt Paid</i>
Albany	\$1,015 00	Kings	6,610 00	Schenectady	550 00	Ulster	280 00
Allegany	160 00	Lewis	70 00	Schoharie	85 00	Warren	155 00
Bronx	2,667 00	Livingston	120 00	Schuyler	55 00	Washington	200 00
Broome	460 00	Madison	185 00	Seneca	110 00	Wayne	185 00
Cattaraugus	170 00	Monroe	1,905 00	Steuben	380 00	Westchester	1,460 00
Cayuga	240 00	Montgomery	245 00	Suffolk	500 00	Wyoming	140 00
Chautauqua	430 00	Nassau	405 00	Sullivan	150 00	Yates	55 00
Chemung	260 00	New York	14,860 00	Tioga	105 00		
Chenango	30 00	Niagara	395 00	Tompkins	290 00	Total	\$46,987 00
Clinton	105 00	Oneida	\$1,055 00				
Columbia	195 00	Onondaga	1,435 00				
Cortland	85 00	Ontario	365 00				
Delaware	60 00	Orange	545 00				
Dutchess-Putnam	500 00	Orleans	75 00				
Erie	3,225 00	Oswego	280 00				
Essex	90 00	Otsego	210 00				
Franklin	235 00	Queens	985 00				
Fulton	180 00	Rensselaer	535 00				
Genesee	105 00	Richmond	335 00				
Greene	115 00	Rockland	175 00				
Herkimer	270 00	St Lawrence	290 00				
Jefferson	365 00	Saratoga	245 00				

## ADVANCE DUES, 1924

<i>County</i>	<i>Amt Paid</i>	<i>County</i>	<i>Amt Paid</i>
Albany	\$5 00	Orange	35 00
Bronx	125 00	Richmond	10 00
Cattaraugus	80 00	Rockland	5 00
Chemung	5 00	Schoharie	5 00
Clinton	20 00	Suffolk	35 00
Delaware	55 00	Sullivan	5 00
Jefferson	10 00	Tioga	5 00
Kings	110 00	Tompkins	10 00
Madison	5 00	Washington	10 00
Monroe	60 00	Westchester	15 00
New York	380 00		
Oneida	30 00	Total	\$1,020 00



## REPORT OF THE TREASURER—Continued

DIRECTORY ACCOUNT		Expenditures	
	<i>Income</i>		
Advertisements	\$3,730 00	Printing	\$7,749 13
Sales	3 001 50	Salaries	4 123 54
		Incidentals	42 50
<i>Cost of Directory</i>	<u>\$6,731 50</u>	Commissions	629 75
	7,764 66	Discounts	101 15
		Postage	552 00
		Delivery	1,053 59
		Stationery and Printing	244 50
	<u>\$14,496 16</u>		<u>\$14,496 16</u>

JOURNAL ACCOUNT, YEAR ENDED DECEMBER 31 1923			
<i>Income</i>		<i>Expenditures</i>	
Advertisements	\$13,475 49	Publishing	\$14,605 49
Sales	339 56	Postage	1,213 15
	<u>\$13,815 05</u>	Expenses	125 12
<i>Cost of Journal</i>	7,522 94	Salaries	2,453 26
		Commissions	2,389 77
		Discounts	551 20
	<u>\$21,337 99</u>		<u>\$21,337 99</u>

BALANCE SHEET, DECEMBER 31, 1923							
Current		Assets		Current		Liabilities	
Petty Cash		\$9 74		Advance Dues, 1924		\$1 020 00	
Cash in Bank		16,183 12		Committee on Medical Research		465 47	
			\$16 192 86				\$1 485 47
Accounts Receivable Journal Advertising		443 67		Trust Funds			
Accounts Receivable, Directory Advertising 1922		362 30		Lucien Howe Prize Fund		\$2,608 64	
Inventory				Merritt H Cash Prize Fund		1 151 67	
Directory		\$700 00		Special Fund		101 30	
Directory Advertising		860 00					\$3,861 61
			\$1 560 00	Surplus			
Liberty Bonds			9,841 26	Balance, Jan. 1, 1923	\$23,266 51		
Accrued Interest on Liberty Bonds			125 73	Adjustment Directory Advertising December 31 1922	100 00		
Deferred Charges						\$23,366 51	
Annual Meeting 1924			75 50	Excess of Income over Expenditures for year ended December 31 1923	5,582 64		
Trust Fund Investments							\$28,949 15
Union Dime Savings Bank,							
Lucien Howe		\$858 63					
Union Dime Savings Bank,							
Merritt H Cash		401 68					
Liberty Bond		599 34					
Title Guarantee Mortgage Certificates		2 000 00					
Accrued Interest on Liberty Bonds		1 24					
Cash General		72					
			\$3,861 61				
Fixed							
Furniture and Fixtures			1,833 30				
			\$34 296 23				\$34,296 23

Respectfully submitted, S. E. HENDERSON & CO., Public Accountants.

INCOME AND EXPENDITURES YEAR ENDING DECEMBER 31, 1922			
	<i>Income</i>		<i>Expenditures</i>
Annual Dues Arrears	\$170 00	Committee on Medical Economics	\$168 99
Annual Dues 1922	2,272 00	Committee on Public Health	115 00
Annual Dues 1923	48,232 00	Committee on Legislation	4 091 50
Special Per Capita Charge 1920	32 00	Honorarium—Secretary	500 00
Special Per Capita Charge, 1921	120 00	Salaries—General	4,774 62
Clerical Work	277 93	Rent	1 600 00
Interest on Deposits	566 16	Telephone	184 12
Annual Meeting 1922	139 96	Stationery and Printing	369 68
Interest on Liberty Bonds	425 00	Postage	180 30
Income over Expenditures Annual Meeting	304 29	Expenses	307 18
		Insurance	5 64
		Auditing	275 00
		Legal Expenses	13,200 00
		Traveling Expenses	3 424 68
		District Branches	719 78
		Doubtful Debts	472 14
		Office Supplies	64 81
		Exchange	2 15
		Express	7 78
		Bond Expense	12 50
		Committee on Revision Professional Conduct	1 193 23
		Cost of Directory	7 764 66
		Cost of Journal	7,522 94
			\$46,956 70
		<i>Excess of Income over Expenditures</i>	\$5,582 64



## REPORT OF COMMITTEE ON SCIENTIFIC WORK

*To the House of Delegates*

The committee held a preliminary meeting in the rooms of the State Society, New York City, on November 10th, 1923, when there was a general discussion on medical topics and the character of the papers to be arranged for the annual meeting.

The final meeting was held in the Hotel Seneca, Rochester, New York, on January 18th, in conjunction with the local committee of arrangements. The complete programs of the sections were presented, rooms inspected for places of meeting and the need of the sections for lanterns and screens satisfactorily completed.

It has seemed to the Chairman of this section that the Committee on Scientific Work and the State Society were doing as much as might be done for many of the members of this society and also for the Community which they serve.

One annual meeting attended by a few hundred members, probably less than ten per cent of the membership, and a monthly journal do not seem a great deal in the diffusion of scientific medical knowledge.

Two possibilities appear open to the society. First, a series of small clinics held in conjunction with the State Department of Health in sections of the State more or less remote from medical centers. These clinics, held under the auspices of the County Societies, could demonstrate with local patients the modern methods of diagnosis and treatment. This is simply an extension of the work which has been already inaugurated along certain lines by the State Department of Health.

Second, there might be held each October in the very largest medical centers a two-day exclusively clinical meeting. At this meeting there would be an intensive demonstration of recently developed methods of diagnosis and treatment with presentation of cases illustrating all phases of the diseases demonstrated.

These sessions would have to be critically arranged and constructively correlated. Each section should be in the same hospital for at least a complete half day's session. Although there are difficulties to the accomplishment of both these plans, they are not insurmountable, and the effort seems worthy of a trial.

The second thought is that the State Medical Society is not doing the educational work in the Community which its position demands. If the people at large are to appreciate the marvelous strides made by modern scientific medicine, they must be told and retold about them.

The American Medical Association has attempted to reach this condition by the publication of the most excellent journal *Hygeia*. This journal, however, is read by members of the medical profession and the intelligent laity and does not reach the very people whom it would especially benefit. The only way to reach these people is through the columns of the daily press which they devour.

It is possible that under the aegis of the State Society a column coming from our Editorial Department might be published in the press once a week, giving in popular form something of the romance of modern medical science, together with a recital of some interesting phenomena always appealing to the laity. Then, too, the absurdity of the many claims of quacks, charlatans and various isms could be continuously hammered home until every normal man and woman would have the opportunity at least to understand and appreciate what the medical profession is seeking to accomplish.

ANDREW MACFARLANE, *Chairman*

April 1, 1924

The Reference Committee approved the suggestion that clinics be held, and recommended the appointment of a committee to carry out the details for such clinics.

## REPORT OF THE COMMITTEE ON ARRANGEMENTS

*To the House of Delegates*

Your Committee on Arrangements wish to report that all arrangements have been completed.

The bureau of registration, meeting of the House of Delegates, Scientific Sessions, and commercial exhibits will all be held at the Hotel Seneca.

There will be, as last year, a dinner Monday

night for the delegates, and the annual dinner Wednesday night.

The President's address and a short entertainment, through the kindness and generosity of Mr. George Eastman, will be given at Kilbourn Hall, Eastman School of Music, Tuesday evening.

OWEN E. JONES, *Chairman*

April 1, 1924



REPORT OF THE COUNCIL

*To the House of Delegates*

The Council of the Medical Society of the State of New York takes pleasure in presenting the following report

During the past year meetings have been held on the following dates

May 24 1923, in New York City, Minutes will be found in July 1923 issue of the NEW YORK STATE JOURNAL OF MEDICINE, page 321

June 5 1923 in New York City, Minutes will be found in the July 1923 issue of the NEW YORK STATE JOURNAL OF MEDICINE, page 321

December 11, 1923, New York City, Minutes will be found in the February 8, 1924, issue of the NEW YORK STATE JOURNAL OF MEDICINE, page 135

The Executive Committee has held regular meetings during the year, and a referendum vote of the Council has been taken on all matters of importance which have come before it

Respectfully,

EDWARD LIVINGSTON HUNT,  
*Secretary*

April 1, 1924

REPORT OF THE COMMITTEE ON PUBLICATION OF THE COUNCIL

*To the House of Delegates*

At the meeting of the Council held on June 5, 1923, the following Committee on Publication, recommended by the Executive Committee, was appointed Drs Nathan B Van Etten, Joshua M Van Cott, E. Elot Harris James N Vander Veer, George W Kosmak

The Council appointed Dr Van Etten Editor, and authorized him to appoint his associates Dr Van Etten appointed Dr Albert Warren Ferris Associate Editor

DIRECTORY

The Directory was published, on time, at a cost to the Society, as shown by the Treasurer's books, of \$7,764 00 The increase of \$1,300 00 in the cost of publication of the Directory over that of 1923 is not only due to the necessity of publishing a larger edition, owing to the increase in membership, and to a decrease of almost \$300 00 in the receipts from advertisements and sales, but also to the publication in the Directory of the alphabetical list of physicians, which had been temporarily discontinued owing to the high cost of publication during and following the war. As the cost of paper had materially decreased, and with it the cost of publication, the Committee felt that the time had arrived when it would be proper to once more publish the alphabetical list as it is one of the most valuable portions of the Directory, the omission of which materially decreased the value of the book. It is only through this list that a physician who has moved from one location to another can be traced

JOURNAL

The treasurer's report shows the cost of the JOURNAL to the Society in 1923 to be \$7,522 00, a decrease in the expense of publication over 1922 of \$1,109 00 This saving was accomplished by an increase of \$2 609 00 in the receipts from

advertisements and not to a decrease in the cost of publication, which was higher than in 1922

In accordance with the recommendation of the Executive Committee, approved by the Council on referendum vote the JOURNAL has been published weekly from February 1st to April 19. Owing to the increased work which a weekly publication would entail, it was found necessary to engage an Executive Editor and Dr Frank Overton was chosen for this office. Dr Overton has most satisfactorily given his entire time to the JOURNAL has remodeled it, and has proven beyond question that a full time editor is indispensable

Beginning with the January issue the JOURNAL appeared in a new and attractive form with new type and was clearly divided into ten departments for easy reading

The weekly JOURNAL has been issued on time every Friday beginning February first, and has averaged forty nine pages per issue. Twenty-three pages were covered by scientific papers and editorials, two pages were used by the Legal Department for the discussion by Counsel of current legislation, and by very instructive law case reports. The State Health Department used one page. Three pages were given to medical news and one page to correspondence. Fourteen pages carried legislative matter contributed by the Legislative Committee, augmenting the "Bulletins" as formerly sent out from the office of the Legislative Chairman, and carrying to every member of the Society as complete information as possible on the progress of legislation at Albany

The value of the JOURNAL, as a weekly, must be appraised, largely, according to the importance of this department

The cost of the JOURNAL, to the Society, for publication and editor's salary alone, during the weekly publication has averaged about \$650 00 per issue



Of the 82 advertisers in the JOURNAL, only 15 took advantage of the weekly publication, and 6 others authorized an insertion of their advertisements every other week, leaving 61 advertisers who continued with only one insertion a month. Also when new advertisements were obtained, in only one instance was the advertiser willing to give a contract for the weekly publication, the others all deciding on monthly insertions.

The annual cost to the Society of a weekly JOURNAL, at about \$650 00 an issue, would probably be less than an extension of these figures to \$33,800 00 for fifty-two issues, because yearly advertising contracts would probably yield a larger income than \$300 00 weekly as now received from an experiment covering twelve issues, but would be insufficient to carry a JOURNAL.

The committee believes that weekly publication would involve an expense to the Society of not less than \$30,000 00, that a semi-monthly would cost \$15,000 00, a monthly \$7,500 00 (as in 1923),

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The Committee recommends the continued employment of an Executive Editor, with an expense account sufficient to permit travel through the State in order to establish closer contacts for the JOURNAL with our membership, and further recommends, the condition of the treasury permitting, that the JOURNAL be published in ten weekly issues during the session of the Legislature and in nine monthly issues during the remainder of the year.

Respectfully submitted,

E. ELIOT HARRIS,  
GEORGE W. KOSMAK,  
JOSHUA M. VAN COTT,  
JAMES N. VANDER VEER,  
NATHAN B. VAN ETEN, *Chairman*

April 1, 1924

## REPORT OF THE COMMITTEE ON MEDICAL ECONOMICS

### *To the House of Delegates*

Owing to unforeseen difficulties, the collection of data and the evaluation of much already completed has been delayed.

(1) The work of the New York State Council of Rural Social Workers has been practically at a standstill because of the illness of one of its leaders. The data collected by that organization in co-operation with the Committee on Medical Economics will not be available for publication for some months.

(2) Nursing Problems. This field of inquiry has developed many unexpected problems. The incompleteness of the data makes it impossible to offer any recommendation for action of the House of Delegates at this time.

The problem of insufficient nursing service still continues and, outside of New York City, recently has become perhaps more acute through the general raising of per diem charges on recommendation of the State Society of Registered Nurses.

The number of pupil nurses has increased.

A number of writers on the subject have found a partial reason for the nursing problem in the scarcity of pupil nurses. After study your Committee concludes that this has practically no bearing upon actual conditions and that should the training schools be filled to capacity the increased number of graduates would have very little if any effect upon the cost of nursing service to the public. Reports from hospitals are satisfactory. They are running along much more smoothly with their increased number of pupil nurses. The

reason for this is obvious. The hospitals are getting a greater amount of service at practically no cost and hospital routine is accomplished at a lessened expenditure of energy. The advantage, however, begins and ends in the hospital.

One interesting fact appears in our data relative to the trained attendant. Several hospitals which previously graduated Registered Nurses have been disqualified by the State Board of Regents and are endeavoring to continue their hospital work by devoting what facilities they have to schools for trained attendants. Most of the courses are for one year. It is apparently impossible for many of these hospitals to fill these schools. Newspaper advertisements and other publicity and offers of double the money paid to pupil nurses in registered schools fail to attract pupils.

If this situation is proven in the final evaluation of our statistics, we will find what was originally the most promising factor in the solution of this problem valueless.

From time to time criticism of and objections to the secondary school system of New York State appear in the public prints. These suggest a gradually crystallizing idea that more studies of a practical nature, more vocational training should be put into the secondary school systems. At the same time students of medical economics have realized that many potential nurses drifted into other fields of activity between the time they finished high school and reached the age of eighteen or more, when they were eligible to enter hospital training schools. Realizing this, a number of economists, notably Lytle of Buffalo, an



active member of the Society, have advocated nurse training as a part of the high school work. Discussion for and against such a plan can develop many advantages and many objections, but the scheme is by no means impossible when the tendencies of both lay and professional minds are toward a common field.

(3) Health Insurance There has been no proposal for legislation in favor of health insurance in New York State this year.

Your Committee continues its studies of conditions which arise in countries where health insurance is in force, and a situation arose in England late in 1922 which is an example of what the medical profession of New York could have encountered should one of the several attempts to put health insurance on our statute books have succeeded. The English Ministry of Health and the Scotch Board of Health issued certain regulations intended to cut down the fees of the "panel physician." They based their action upon statistics which had been presented by several "interested societies" (general societies of the local Guilds having jurisdiction over the executive work in their several localities). These statistics were satisfactory to the authorities and immediate action would have been taken but for the appeal of the British Medical Association. Through the efforts of that Association a hearing was held. The result of the hearing was that the fees were reduced, though the reduction was much less than that demanded.

In this connection your Committee would respectfully call your attention to what is considered an unwise attitude which the House of Delegates took at the 1923 meeting when it explicitly limited the activities of this committee in the work with the State Council of Rural Social Workers. Because the Council was operating at the expense of a Foundation the House of Delegates feared full co-operation, without the judgment of the members of the Committee, and took the action that it did. The final reports of the Council of Rural Social Workers will undoubtedly contain references to if not recommendations on Health Centers. Your Committee is participating in the collection and evaluation of the data upon which the report will be based and has been able to advise in the methods of inquiry and will have a voice in the conclusions arrived at in the joint work. Thus we are assured that sound data and correct interpretation will form the basis of whatever action may be taken.

If such co-operation had been had between the "interested societies" and a committee of the British Medical Association the authorities would have based their conclusions on complete statistics, and in all probability no action would have been taken. If the medical profession wishes to hold its place in this rapidly changing society, marked especially by its frequent introduction of

changes and reforms which touch medicine not only in an economic but in a scientific way, it must emerge from its chrysalis of foolish dignity and meet the rest of the world on a common ground.

(4) Workmen's Compensation During the current year an amendment to the Workmen's Compensation Law which provides for free choice of physicians has been introduced into the Legislature. This measure had the endorsement of the Legislative Committee of the State Medical Society. While your Committee is familiar with several abuses under the present regulation which leaves the choice of the physician to the employers, it is an open question as to which is the better system. Considered from an economic viewpoint it is to the advantage of the employer and the insurance carrier to return the injured man to work as soon as possible and in such condition that he will not, immediately or in the near future, become a liability. Because the employer is usually in a better position than the employee to select the best medical service it is logical to assume that the greatest benefit will accrue to all parties concerned by a continuation of the present system. It would appear that the Commission should be in a position to regulate all abuses which may arise in the administration of the law.

The Committee on Medical Economics is in communication with the State Department of Labor and with insurance carriers relative to controversies arising between physicians and the medical representatives of the Department concerning the type of medical service rendered or to be rendered. Your Committee is not in possession of sufficient data to recommend action by the House of Delegates.

(5) Medical Practice Act (Annual Re-registration Bill) Considered as an economic measure the bill is lacking, but there is an immediate necessity for some measure which will eliminate illegal practitioners of medicine and it is our opinion that this measure will function effectively. We, therefore, request its endorsement by the House of Delegates.

(6) The California State Society plan for the improvement of medico-social conditions by making the office of each member a "health center," making it unnecessary to interpose any agency between the public and the medical profession in order to bring about the best medical service. This subject was presented to the House of Delegates at the 1923 meeting. The Secretary of the California State Society reports that data is incomplete. The Society has continued to keep the subject before its members through editorials in "California and Western Medicine." It is expected that a complete report will be delayed for perhaps another year.

(7) Pay Clinics The Cornell Medical College Pay Clinic was discussed at length in the



Of the 82 advertisers in the JOURNAL, only 15 took advantage of the weekly publication, and 6 others authorized an insertion of their advertisements every other week, leaving 61 advertisers who continued with only one insertion a month. Also when new advertisements were obtained, in only one instance was the advertiser willing to give a contract for the weekly publication, the others all deciding on monthly insertions.

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April 1, 1924

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national journals, and 87 American journals. Its purpose is to make available to general practitioners, laboratory and other workers, current disease findings and opinions. It can be obtained for 50 cents per annum or 5 cents per single copy, sent in cash, check or money order (not stamps) direct to the Superintendent of Documents, Government Printing Office, Washington, D C.

Advices from various States of the Union give evidence of growing realization of the importance of periodic health examinations for individuals in all classes of society, whether sick or well. This is a big problem, with many and difficult details to be worked out. But the time is now at hand, when physicians throughout the country must be thinking of this newer trend in the practice of medicine. The people at large are sensing the importance and advantage of modern diagnostic methods as a means of evaluation, not alone of concrete disease, but also of health, and it has become a charge upon all physicians, in every grade of medical practice, whether private or corporate, to establish these methods amongst those of the people who have elected them to be the custodians of their health.

The National Health Council is promoting a nation-wide health examination campaign. Its members include the foremost health organizations of the country: American Association of Industrial Physicians and Surgeons, American Child Health Association, American Medical Association, American Public Health Association, American Red Cross, American Social Hygiene Association, American Society for the Control of Cancer, Conference of State and Provincial Health Authorities of North America, National Committee for Mental Hygiene, National Committee for the Prevention of Blindness, National Organization for Public Health Nursing, National Tuberculosis Association, United States Public Health Service, Women's Foundation for Health.

Aside from a widely distributed literature, the Council is offering, either for sale or rent, a series of valuable lantern slide on health topics, and an excellent moving picture, produced by the Metropolitan Life Insurance Company, which is loaned free, except for transportation charges, to "health departments, women's clubs, lodges, granges and other organizations." In Brooklyn, N Y., many of the hospitals have already seen this film, which is unique and to the point. Obviously the inertia of this movement is very great, it cannot and will not be neglected by the medical profession at large.

There is cause for gratification and hope in the awakening of the laity to realization of the value and benefits to man and animals of vivisection. The "Story of the Friends of Medical Progress" is a lecture which is being delivered

from "coast to coast" by Mr Ernest Harold Baynes of Boston, Mass., the President of the Society. Mr Baynes himself is a great lover of animals and one-time rabid anti-vivisectionist. His lecture is a remarkable expose of some of the frauds perpetrated by and the insincerity of the anti-vivisectionists. A movement is already on foot to establish a national society of lay-people, with ramifications in cities and towns throughout the country whose object will be to counter the efforts of individuals, whether malicious or ignorant, who are perpetually striving to retard the progress of scientific medicine by securing National and State laws against legitimate vivisection. This splendid movement is worthy of our heartiest endorsement and co-operation.

For the first time in the 118 years since the incorporation on April 4, 1806, of the Medical Society of the State of New York, the Governor of the State invited the President of our society to appoint a small committee of medical gentlemen to meet him at the Capitol for the purpose of considering any constructive measures which the committee might suggest for the improvement of the status of the medical profession in the State, the protection of the public health and the advancement of medical education.

One result of the conference was the drafting of the State Department Education bill to amend the Medical Practice Act, which was ably drawn by our Counsel, Mr Whiteside, and was acceptable to all of the parties concerned. Up to this time of writing, of the Counties reporting to the Chairman of the Committee on Legislation, 28 were in favor and 14 against the bill.

We feel it to be regrettable that this bill could not have met with the unanimous approval of all of the Counties, as it offers the best compromise of a difficult problem, the acceptance of which would go far to establish a firm status for medicine in the State, meet the Governor half way in his evidently sincere desire, not only to take us into his confidence, but to help us to help ourselves, and go far to rid the State of illegal practitioners.

Feeling is growing in every State of the Union that opportunity should be afforded all physicians and surgeons for graduate study. Some of the States are already actively engaged in developing this problem. New York is one of them. The County of Kings is to be commended for the energy displayed by its officers and various committees in their efforts at constructive work along these lines. The most difficult element to be met is not in the larger cities, but in the smaller towns and country districts, where hospitals and laboratories are not at hand and medical men are obliged to spend much of the day covering long distances from patient to patient, and cannot afford to leave their practice for any extended period. On the other hand, to be of any real



value, graduate teaching must be fundamental. It is a useless expenditure of time and energy to skim the surface in an effort to keep up with the pace of modern medicine. Some scheme must be evolved, which will be of sufficient advantage to those who would keep abreast of the times to make the duty clear to those who would be asked to carry it out.

Respectfully submitted,

JOSEPH L. MOORE	EDWARD C. PODVIN
SAMUEL KOPETZKY	WILLIAM RUNCIE
LEO H. NEUMAN	CHARLES A. BENTZ
FREDERICK W. SEARS	JOSHUA M. VAN COTT
	<i>Chairman</i>

April 1, 1924

The Reference Committee carefully studied the report and approved it as a whole. They especially indorsed the recommendation in regard to periodic examinations of individuals by private physicians, and also to call attention to the report of the work of the lay society known as the Friends of Medical Progress. They urged the members of the Medical Society to give this organization its active support.

They emphasized that part of the report describing the activities of the Medical Society of the County of Kings in its efforts to provide post graduate lectures for members of the medical profession.

### PRELIMINARY REPORT OF THE COMMITTEE ON LEGISLATION

(Supplementary report submitted at Annual Meeting April 21 (See page 682))

*To the House of Delegates*

Your Committee on Legislation begs to submit the following report, as of March 29th, inasmuch as the Society will not hold its Annual Meeting until April 21st, and the legislature presumably will adjourn during the week of April 12th or the week of April 19th, for although the resolution to adjourn on April 10th has been introduced in the Assembly, the Senate has not as yet concurred in the date, consequently a supplemental report will be written and submitted to the House of Delegates after the adjournment of the legislature.

To the date of writing this report there have been introduced in the Senate 1,533 bills and in the Assembly 1,804 bills, of which fully 10% must necessarily be read carefully, and 5% concern medical questions to such a degree as to warrant their printing or commenting upon by publication to the members of the Society. It will thus be realized that there has been an enormous amount of labor necessitated on the part of your Committee on Legislation.

Were it not for the factor of the Journal being now a weekly, during the legislative session, and acting as an outlet for information, it would be a wonder that physicians received any consideration at the hands of the State legislature, or that the interest of the public health as taken in its broadest sense would be cared for to any degree except that exhibited through governmental bureaucracy.

The enormous amount of work placed upon the Legislative Bureau has had its recompense, however, in the attitude of the legislators in seeking closer relationship with the physicians on more of the questions concerning public health than in previous years.

Again we would call attention to the mass of

legislation which has appeared to deprive the physician of his initiative, and there seems to be broadening on the horizon the tendency to group practice under governmental direction.

The State Department of Health now has its excellent corps of sanitary supervisors, together with its well balanced machinery of a State laboratory with jurisdictional function over county laboratories now well established, and these individuals are grouped in the State Sanitary Officers Association in conjunction with the various groups representing the health officers of the cities and towns of the State.

The State Department of Education is rapidly coming to the front with its group of medical inspectors in schools, a public health question to which the only objection can be the danger of such inspectors assuming the duties of family physician by treating the children under inspection and in relation to which the Medical Society must soon take a stand.

There is now a group within the confines of the State known as industrial surgeons who have to do with the industrial life of the State from a protective and advisory standpoint, and various large and small corporations are purchasing the services of physicians in behalf of the welfare and public health of their employees, and there now is bearing heavily upon this question the entrance of the dentist, the nurse, the masseur and like allied sub-medical groups created by demand to relieve the physicians, as it were, of their manual labor that their brains might be the more free to consider problems of greater moment. There is also the group of physicians entering in by societies, and individually, through their affiliations with insurance companies.

Physicians in large number are interested through welfare bodies in support of legislation which to them bespeak the highest type of service to a community, and yet in many instances this



one bit of legislation is all in which that physician is interested

There have been the usual bills of pernicious type of welfare seekers with the same objections in view on our part as we see year after year

And in addition there has been a wholesale outpouring of amendments to the Workmen's Compensation Law

We have had our usual friends as typified by the Anti Vivisection Bill, the Child Experimentation Bill, to which this year has been added a new one concerning the distribution of information in regard to results of scientific study, to say nothing of the usual cult bill, which is always the stalking horse in the front van of measures to permit of drugless healing through the short cut route

Education of the physician throughout the State and specially of lay people must continue with redoubled vigor as to the protection of the public health and the overcoming of the apathy that is exhibited on the part of certain groups

Especially must education as to the dangers besetting the public in general be directed to the teachers within our collegiate and scholastic institutions, so that the young mind may be shaped in order to grasp the proper conceptions of the relationship of one citizen toward another

If the broad principles of Hippocrates are to be maintained and the practice of medicine be kept upon its high plane, devoid of commercialism and advertising, to its highest extent, then the individual physician must arouse himself and through education teach his local communities and guide their steps into paths of trustworthiness and thought for the protection of others

To a degree this has been sought in the Journal of the Society in its new form, and how well that success has been attained remains with the Society to affirm through its House of Delegates

This is the third year since the Legislative Bureau was founded and the same theory has been followed relative to placing the burden upon the County Legislative Chairmen as to the education of the legislator at home in regard to public health questions of medical import and we believe it can be said that from experience in the legislative halls the success of such a movement has been noticeable

But success in such a measure has only been attained through the hearty co operation of the majority of these same County Legislative Chairmen so that whatever success has crowned the legislative activities of this past year has been due to the loyal work of these men who have represented the individual counties

With the increasing burden of much editorial work for the Legislative Columns of the Journal in its new form and perusal of the many bills introduced during this past session your Chair

man of the Committee on Legislation feels that he has created with the help of others a "Frankenstein," and that no single physician can hope to carry on the work now demanded by the Society, but that the time has come when the Society should seek for a full time paid executive whose duties it would be to devote six months of the year to legislative matters and the remainder to visiting the County Societies and assisting the President and Secretary of the State Society, as well as the Editor of the Journal, in their various duties

It has been a sad commentary that with the increasing unanimity of thought in relation to legislation there has crept in a beginning jealousy between County Societies which now is extending into the legislative halls themselves, but your Committee on Legislation would thank the County Societies for the cordiality which has been expressed toward its individual members on the part of all

As in the past years, your Bureau has been conducted most economically, and yet its functions could be more widely extended were it used possibly under a paid executive, as a means of distributing printed literature to the various societies, corporations and business interests throughout the State, of topics on medical economics written by men of authority or known within certain sub-districts of the State.

Our Journal has not been distributed widely enough, nor have the aids in the way of the newspapers been sought out and affiliated in guiding the people relative to public health questions. Much more can be done in this direction as will be noted under "Recommendations"

In some instances your County Legislative Chairmen have been energetic to the degree of initiating the practice of issuing bulletins from the information gathered through your State Journal and elsewhere, thus increasing the outlook of the individual physician, especially where the matter is presented to him in concrete and digested form

In some of the smaller counties where a printed bulletin is not feasible, weekly letters have been issued by mimeograph, which have served as guidance for discussion at the weekly, monthly or quarterly meetings of medical and mixed bodies

In this way can much of medical information be disseminated.

#### RESUMÉ OF ACTIVITIES OF LEGISLATIVE BUREAU

With the close of the legislative session last year, and frequently during the year, communications have been sent to the County Legislative Chairmen urging them to make themselves personally acquainted with their individual legislators, and with the oncoming election in November special urgency was impressed we trust, upon



the County Chairmen to meet the various candidates and discuss with them in an open and frank manner the questions of moment pertaining to the Medical Society of the State of New York and its individual members

Certain legislators have shown always a tendency toward defeating medical aims, for reasons of various kinds

In charity, they have been credited with so doing because of honest and candid opinions, yet the medical profession of one County was quick to demand the retirement from the public service of one who had betrayed his constituents falsely in his relationship of guardian of their public health, and was enabled to so bring it about that his renomination was refused

This is a powerful factor and should only be used in behalf of the public good, and care should be taken that it is not sought to satisfy personal grudges. However, it should be impressed upon the legislators that the attitude of the members of the medical profession toward the public health still maintains as one of conservation and not for selfish motives, as has been so proven throughout the history of true medical thought and action

To further impress this upon the legislators there is commended the method utilized now by a number of County Medical Societies of gathering together the legislators of their political district at a social function, as in many of the Counties of the State known to your Committee on Legislation, such as has been done in Erie, Kings, Nassau, and others, where questions of moment were freely and fully discussed. This should be done throughout the State at large, for medical men have nothing to hide and all to give of their knowledge for the public good

As last year, the replies to communications sent out have been more or less desultory, perhaps due to the fact that the members of the Society were aware of their being made acquainted with all subjects through the Journal, but in the main the percentage has been much better than in the previous years, which would indicate that the Societies have chosen their County Legislative Chairmen to a wiser degree and have interested more actively the ones upon whom they depend. As an example, however, of how backward are some of the replies—two counties did not see fit to reply to a communication sent them in November, 1923, until the early part of March, 1924, which communications desired accurate information concerning the officials of the Societies

Indeed some Societies have yet to be heard from in relation to the same communication<sup>1</sup>

Early in December, 1923, a conference was held with Governor Smith, at his invitation, at which were representatives of the State Department of Health, the State Department of Education, the Attorney General's department, and the

officers and Council of the Medical Society of the State of New York, for the purpose of discussing medical legislation, especially in view of the situation which had developed in the State of Connecticut, it being the Governor's desire to strengthen the educational and legal aspects of the practice of medicine in this State. As a result of this conference there emanated the State Department of Education Bill, Senate Int No 637, Pr S 663, conc A Int 888, Pr 927, which has been the subject of such great discussion throughout the State, and which finally ended in the various Counties taking their positions on the bill in the following manner

#### RECORD OF COUNTY MEDICAL SOCIETIES.

FAVOR—No MEMBERS		FAVOR—No MEMBERS	
Albany	215	Suffolk	115
Bronx	562	Sullivan	35
Cayuga	56	Tioga	23
Chautauqua	99	Tompkins	60
Chemung	56	Ulster	63
Clinton	35	Warren	33
Columbia	37	Washington	43
Dutchess-Putnam	106	Wayne	36
Erie	757	Westchester	309
Essex	21	Wyoming	31
Franklin	46	Yates	21
Genesee	24	Broome	101
Greene	21	Livingston	30
Herkimer	55	Allegany	37
Jefferson	82	Queens	212
Monroe	399	Cattaraugus	44
Montgomery	48	Nassau	87
New York	3084	OPPOSING REGISTRATION	
Niagara	80	FEATURE—No MEMBERS	
Oneida	183	Kings	1505
Onondaga	290	Orange	102
Ontario	76	Rensselaer	108
Oswego	55	Schenectady	114
Richmond	68	Otsego	49
Rockland	38	Fulton	40
St Lawrence	62	Madison	38
Saratoga	47	NOT HEARD FROM	
Schoharie	19	Chenango	38
Seneca	27	Lewis	14
Steuben	74		
Total number in favor of bill			8002
Total number opposed to registration feature			1956
Number not heard from			52

In the settling of this question by the various County Societies there seemed to be only dissension in relation to the registration and re-registration feature only, as evidenced by the reports given at the Conference of County Chairmen held on March 19th

Again on February 21st, by invitation of the Commissioner of Health, Matthias Nicoll, Jr, M D, who called it at the request of the Governor, a conference was held in the State Department of Health relative to the narcotic question, and from that conference there emanated the new Kennedy-Weinfeld narcotic bill, Senate Int 1198, Pr S 1329 and 1624, concurrent Assembly Int 1549, Pr A 1745 and 2030, which has seemed to meet with the approval of the mem-



bers of the State Society as being eminently satisfactory and without criticism. At this conference there were present Dr Matthias Nicoll, Jr, Commissioner of Health, State of New York, Capt John A. Warner, Superintendent of State Police, Dr Carleton Simon, Special Deputy Police Commissioner of New York City, Dr C Floyd Haviland, State Hospital Commissioner, Prof J P Chamberlain, Columbia University, Mr Stephen P Anderton, Chairman Committee on Legislation of the New York State Bar Association, Dr Frank H Lattin, Chairman Assembly Committee on Public Health, Dr James N Vander Veer, Chairman, Committee on Legislation, Medical Society of the State of New York, Dr Orrin Sage Wightman, President Medical Society of the State of New York, Mrs Henry Moskowitz, Dr E. H Lewinski Corvin, Legislative Committee of the New York Academy of Medicine, Dr S Dana Hubbard of the New York City Health Department, and Dr Paul B Brooks, Deputy Commissioner of Health, State of New York.

The same type of meeting of County Legislative Chairmen with the Committee on Legislation, the Advisory Committee on Legislation, the officers and Council of the Medical Society of the State of New York as was held in Syracuse last year, was held in Albany on Wednesday, March 19th, 1924 to discuss the legislation pending in the State legislature.

This was accomplished through money appropriated by the Council to pay for the railroad fares and an allowance of \$7 per day for hotel expenses during the Conference.

It is to be said to the credit of the many busy physicians who attended the Conference that their time and thought were freely given to the questions under discussion, but eighteen counties were not represented in any way, thus showing the lack of interest on the part of some County Chairmen in co-operation with the President of their County Society in not making sure that a substitute attended.

At this Conference there were discussed the following questions and the results concerning the same are given in brief inasmuch as the minutes consumed some 109 pages of discussion.

(1) What should be the attitude of the State Society in regard to bills introduced in the legislature, strictly local in character, and such as your Committee on Legislation has been requested to interest themselves in.

The sense of the Conference in regard to this question was that the Committee on Legislation act only when the local society calls attention to such bills and that unless there be reasons presented to the Committee that in their judgment are sufficient to warrant such action being taken.

(2) What should be the attitude of the Medical Society of the State of New York, as expressed through your Committee on Legislation, in relation to bills which solely concern other professions, such as those of pharmacists, veterinarians, dentists and the like, but which in their general purport deal with the public health?

The sense of the Conference in regard to this question was that it be left to the discretion of the Committee on Legislation in consultation with the Executive Committee of the State Society, and that unless that combination recommends some other action on the part of the Chairman of the Committee on Legislation as a whole, that no other action be taken.

(3) How shall the question of the Workmen's Compensation Law be handled in relation to the many amendments which are continually being introduced year after year, and would it not be well for this law to be again carefully considered by one of the State Society committees, and changes suggested for our Committee on Legislation to attempt next year in the interest of the physicians?

The Conference recommended to the House of Delegates of the State Society that a committee be appointed to study the Workmen's Compensation Law and rewrite it from the standpoint of the medical profession.

(4) There appears to be creeping into legislation a desire on the part of groups under the guise of bettering the public health to cause legislation to be introduced tending toward State medicine. Can a general policy be adopted in relation to such measures?

The sense of the Conference in regard to this question was that no general policy can be adopted in relation to such bills, with the provision that any bill that has a tendency toward the development of state medicine should be opposed by your Committee on Legislation.

(5) General discussion as to what should be the view of the medical profession toward those who would take up the healing art relative to

(a) Licensing of any cult whose members show their good faith by taking examinations in the basic subjects as now given.

(b) Is a single board for licensing practitioners of the healing art the best means of protecting the public?

(c) Should any cult be allowed the privilege of adding one of its practitioners to this board, and then by legislation should the privilege be granted to any one who has fulfilled the Regent's requirements to taking the basic examinations?

(d) Is it theoretically and practically sound to advocate legislation, suggesting that practi-



tioners of the healing art must display in conjunction with their names the branch of practice which they propose to follow as for instance—"Dr Med John O Doe," or "John O Doe, M D," or "Dr Osteo, John O Doe," and etc ?

(e) Should degrees be granted solely by the University of the State of New York through legislative amendment of present laws relating to the healing art?

(f) Or should the present laws be maintained with an examining board as to final qualifications for permission to practice in this State?

(g) Or should the State entirely give over its licensing functions to the National Board of Medical Examiners, and thus exercise its functions through a subordinate State committee of the same?

It was the sense of the conference that the licensing and recognition of any cult be opposed, which same covered the questions A, B and C

Sub-topics D, E, F and G, were referred to the House of Delegates with a request that they recommend

(6) How satisfactory is the present Narcotic bill, and what suggestions are offered as to changes therein having in mind the various bills now pending in the legislature?

The sense of the Conference was that the narcotic bills and the questions embodied in the bills pending before the legislature be approved

(7) Re-registration

(a) Is such a measure warranted as evidenced by the arguments presented in its favor, and if so, how should it be accomplished?

(b) Is a re-registration unnecessary as proclaimed by opponents to the measure, and what are the grounds of negation?

(8) Annual Registration

(a) Is such a measure necessary for the medical profession in view of the arguments presented "for" and "against" the question, and in the light of the great body of physicians in this State desiring in general that practitioners of the healing art protect the public health by keeping the standards at their highest efficiency?

(b) Should this be done by the bodies of organized practitioners, recognizing the fact that there are now legally within this State, three great bodies so organized, consisting of the Medical Society of the State of New York, composed of some 10,000 members, the New York State Homeopathic Society composed of some 700 members and the New York State

Osteopathic Society composed of some 200 members?

(c) Or should the State through its governmental functions undertake this question with or without suggestions from the organized groups of this State as mentioned in paragraph "b" above?

After much discussion on the above questions, a vote was taken resulting in 44 counties voting in favor of the bill, 5 counties opposed to the bill and 4 not voting

The motion was then made that the vote be made unanimous Motion seconded and unanimously carried

(No mention was made of Topic No 8, it probably being understood or connected with Topic No 7)

(9) Advertising

How much leeway should be given in advertising on the part of the Medical Society of the State of New York relative to its individual members having in mind the Codes of Ethics of the National and State bodies?

No action taken on this question

(10) Management of legislation

Would it be of better advantage for the Medical Society of the State of New York to have a paid executive manager such as has been instituted in the American Medical Association, for the purpose of dealing with legislative matters and meeting with the Chairmen of the various standing Committees on questions brought up for immediate decision during the legislative session?

(See recommendation in accordance with action taken on this question)

(11) Miscellaneous

What is the attitude of this Conference relative to

(a) Birth Control

(b) Anti-Vivisection

(c) Child Experimentation

(d) Dissemination of information concerning results of scientific study

The Conference endorsed the action of the Chairman of the Committee on Legislation in opposition to the bills listed under B, C and D

The hearings have been attended promptly by your Chairman and other members of the Committee on Legislation, and the Advisory Committee on Legislation, and as before your Chairman has been obliged to spend a greater number of hours than ever in the Bureau and in the legislative halls

The same pleading however must be made on the part of your Chairman that much of the



time spent in the legislative halls was fruitless since many of the legislators have been in the city only a few hours per week during this session owing to the peculiar political division of the two bodies.

This again must impress the fact on the County Societies and most strongly upon County Legislative Chairmen that it is through them that contact must be kept up with the legislators as even a paid executive spending all of his time in the legislative halls could not come in contact with each representative.

The only way in which your Chairman and members of the Committee on Legislation have been able to keep in touch with the committee members and individual members of the Legislature has been through correspondence on each bill, through hearings, and occasionally through personal meetings.

There have been recorded in our files the introduction in the Senate of 63 bills up to March 29th, and in the Assembly 74 bills, a total of 137 bills.

It may be said that the insistent demands made by the State Society upon the individual members of the legislature is happily bearing some fruit. How well this is budding forth into fruition can only be judged by the close touch of the County Chairmen in such sentiment as has been gathered and would lead your Committee to judge that the legislators are even more willing to listen to their home physicians, and to consult them on matters of public health.

Some of the legislative bills and their introducers have not been considered as of high type when viewed from a medical standpoint, yet it must be remembered that legislation is sometimes sought by request, and is introduced only for the purpose of feeling out sentiment.

Many bills of pernicious type have been kept within the committees by legislator friends of physicians whose lights are hidden under a bushel, and we hope as a Committee that in the time to come we may ascertain those who have been our quiet friends and to them extend the handshake of thanks in a true and hearty manner, for physicians can only reward their legislators by the public encomium.

It has been an unfortunate thing for the State Society that the Chairman and one of the leading members of the Senate Committee on Public Health come from the largest County which has given a negative vote to the State Department of Education Bill relative to the practice of medicine, and undoubtedly because of pressure brought upon them through the local County Society in opposition to the overwhelming majority of the physicians throughout the State this bill has been allowed to sleep within the committee, thereby showing the power existing on the part of a single county Medical Society within the

legislative halls to thwart the welfare of the State Society in spite of the overwhelming majority in its favor. This does not augur well for the Society's efforts to secure progressive legislation by majority rule.

It is to be realized that the same action was taken last year by the same chairman in relation to the medical bills then pending.

Owing to the fact that there has been no definite way to judge the legislators up to this moment, your Committee on Legislation must refrain from criticism of the legislators by name with the single exception of Assemblyman Burton D. Esmond of Saratoga County, who has, as in the years past opposed the legislation introduced for the elevation of the medical profession and of public health, save in a very occasional instance, but be it said that he does not hide his opinions nor his prejudices in the legislative halls.

To the Governor, Alfred E. Smith, we are greatly indebted for his clear and concise manner of expression in our conference, and his desire to forward the interest of the public health, regretting that all of his plans in relation thereto, could not be brought about. But we are grateful for his manner in dealing with the medical profession through their accredited officers, and thus being enabled to place him in the best possible position on matters relating to physicians and their duties toward the public health.

To Assemblyman Frank H. Lattin, Chairman of the Assembly Committee on Public Health, with whom your Chairman of the Committee on Legislation has been in frequent conference, your Society owes a debt of gratitude. With the advancing years he has tried to give greater support to those things of vital interest to the medical profession, but his medical conferees back home have not educated their legislators to give him the just support which he deserves.

Again also do we inscribe the names of Augustus S. Downing, LL.D., Assistant Commissioner for Higher Education and Director of Professional Education, University of the State of New York, and Matthias Nicoll, Jr., M.D., Commissioner of Health State of New York, and Orrin Sage Wightman, M.D., our President, and our Counsel Mr. George William Whiteside, upon our scroll of thanks for their willing assistance whenever called upon.

And the active Committee on Legislation begs to thank the Advisory Committee composed of the following members:

Dr. Daniel S. Dougherty, Dr. Geo. B. Stanwix, Dr. Arthur D. Jacques, Dr. Frank Overton, Dr. Jas. F. Rooney, Dr. Wm. B. Hanbridge, Dr. Jas. T. McCaw, Dr. John M. Quirk, Dr. H. J. Knickerbocker, Dr. W. Warren Britt, for their unstinted help and especially for those who have so promptly responded to all the requests sent them.



And to the Executive Editor of the Journal, Frank Overton, M D, is your Committee on Legislation, especially your Chairman, indebted for the courteous treatment always accorded him

Lastly, your Committee on Legislation again pays its compliments and thanks to the Chairman of each County Medical Society and to the officers and individual members of the County Societies who have given of their time and labor to make efficient the interests of the Society and who have brought about enthusiasm among a number of laymen and lay societies to whom we are also indebted for their increasing and sane interest in the problem of public health

### RECOMMENDATIONS

Your Committee on Legislation respectfully offers the following recommendations to the House of Delegates of the Medical Society of the State of New York for their action, first taking up the recommendations as offered at the recent conference of County Legislative Chairmen held on March 19th

#### (1) In reference to local bills

(a) It is recommended that the State Society only act upon local bills when the local County Society calls attention to such bills as it desires action upon, or when the Committee on Legislation of the State Society deems that action should be taken

(b) It is recommended that the question of interest to be taken in legislative matters by the State Society in relation to bills relative to allied professions be left to the discretion of the Committee on Legislation in consultation with the Executive Committee of the State Society

(c) It is recommended that a special committee be appointed by the House of Delegates for the study of the Workmen's Compensation Law, and a re-drafting of the same be made from the standpoint of the medical profession for legislative action next year

(d) We would ask for guidance as to recommendations in relation to the 4 sub-questions D, E, F and G of Topic 5 discussed at the Conference of Legislative Chairmen

(2) We recommend that the Bureau be continued. The maintenance has this year been to date about \$3,000 with possible expenditures of less than \$2,000 more to run until the first of May

There was appropriated for this year \$7,000, and it is recommended that a like amount be appropriated for the next Committee on Legislation

(3) As in previous years, we recommend broader dissemination of education on public

health questions through the public press for the purpose of helping in legislation

(a) by sending the Journal of the State Society during the legislative session to all physicians in the State

(b) to all the legislators

(c) to a selected group of newspapers

(d) to the allied professional State or District Societies of nurses, dentists, physicians and the like

(f) to a selected group of lay societies

(4) We recommend that provision again be made for one or two conferences of the County Legislative Chairmen. This has proven of worth and needs no comment

(5) We recommend the employment of a paid full time executive whose duty it shall be to attend to the detail work of the Legislative Bureau primarily during the legislative session, and at other times to work in conjunction with other departments and committees of the State Society

(6) In conjunction therewith we recommend that a schedule be drawn up in the office of the State Society whereby your Chairman or members of the Committee on Legislation may make a tour of the State and meet County groups or District groups for the purpose of discussing legislative matters

(7) We again recommend the same rule be adopted in relation to physicians—members of the State Society appearing before committees of the legislature

We are pleased to state that with the present Committee on Legislation there has been no friction with the County Societies, nor restriction of free speech and the rule has apparently been no hardship

(8) We recommend once more that the House of Delegates urge County Societies to meet with their legislators as has been done so successfully in several of the Counties during this past year

(9) We recommend that once more during the summer, County Societies and individual members be urged to send into the Bureau such questions on legislation as appear of needful value or of importance for introduction, that the same may be drafted into bills for introduction at the next session of the legislature

(10) As many questions have been settled in times gone by, we recommend that an attempt be made through legislative procedure by request to the legislature to form in a proper manner an Advisory Council relative to the professions of this State, having in mind that this Council shall



be constituted through subordinate bodies, whose duties it will be to advise with the legislature upon request, in relation to all bills pending. Said Council as regards the medical subordinate body to be composed of the Commissioner of Health, or a representative of the Public Health Council, of the Commissioner of Education or a representative of the State Department of Education, of the State Attorney General's offices, of the Presidents of the legally recognized State medical bodies, and others to be suggested, thus eliminating the political aspect to as great a degree as possible and correlating to a much greater degree the efforts of those interested in public health.

(11) We recommend that in a proper and decorous manner funds be appropriated and expended by the proper committee of the State Society to be designated by the House of Delegates in paid statements published in daily newspapers during the legislative session, of the objects of the medical profession in the interest of public health, to combat the misstatements, etc., published from time to time by the various cults in support of their claims.

This will materially assist your Committee on Legislation in the dissemination of knowledge.

Respectfully submitted,

JAMES N. VANDER VEER *Chairman*  
FRANK D. JENNINGS,  
GEORGE R. CRITCHLOW

April 1, 1924

The Reference Committee approved the recommendations as printed in this report.

A. That the State Society act upon local bills only when the local County Society calls attention to such bills as it desires action upon, or when the Committee on Legislation of the State Society deems action should be taken.

B. That the question of interest to be taken in legislative matters by the State Society in relation to bills relative to allied professions, be left to the discretion of the Committee on Legislation in consultation with the Executive Committee of the State Society.

C. That a special committee be appointed by the House of Delegates, for the study of the Workmen's Compensation Law, and a drafting of the same be made (from the standpoint of the medical profession for the legislative action next year).

In reference to the request for guidance on Sections d, e, f and g of Topic 5, discussed at the Conference of Legislative Chairmen, the committee recommended That we urge such restriction on the use of the title "Dr" as will insure a maximum amount of protection to the public and the medical profession. Restrictions on the use of the word "Dr" as stated

specifically in the last proposed amendment to the Public Health Law, known as the Medical Practice Act, are substantially correct.

The committee was not in favor of change of existing law as to the mechanism of issuing licenses for the practice of medicine by the University of the State of New York, nor in favor of the State giving over its licensing power to a national board, or of the deprivation of approved colleges of the power to confer the degrees. The present law should be maintained with an examining board as to final qualifications for permission to practice in this State.

The committee recommended that the Bureau be continued and that sufficient funds be appropriated for the use of the next Committee on Legislation.

They recommended the dissemination of knowledge on questions of public health by sending the Journal of the State Society to all legislators, a selected group of newspapers, the allied professional State or District Societies of nurses, dentists, physicians and pharmacists, to a selected group of lay societies.

The committee did not recommend sending the JOURNAL during the legislative session to all physicians in the State—on account of its cost, which would be much greater than the little good done. Efforts to reach these non-members should be made by the County Medical Societies.

The committee approved the recommendation that provision be made for one or two conferences of the County Legislative Chairmen.

The employment of a paid full time executive, provided the funds of the Society will permit.

That provision be made for any member of the Legislative Committee to go anywhere in the State to meet County or District Groups for the purpose of discussing legislation, but we see no need for drawing a schedule for a formal tour of the State.

Approved the rule in forbidding members of the State Society appearing before committees of the Legislature as representatives of County Medical Societies without permission of the State Legislative Committee.

Approved and strongly urged the suggestion of the Legislative Committee that County Societies everywhere in the State make every effort to make social contacts with their legislators.

Approved the recommendation that "during the summer, County Societies and individual members be urged to send into the Bureau such questions on legislation as appear of value or



of importance for introduction," that the same may be drafted into bills for introduction at the next session of the Legislature

Disapproved of the recommendation to request the Legislature to form an Advisory Council of the professions of the State, including the Department of Health, the Department of Education, the Attorney-General's office, the presidents of the legally recognized State medical bodies, and others to be suggested, for the reason that we fear we may create a body which may some day grow at the expense of our Society, and become non-representative of the medical profession. Let the State look to the Medical Society of the State of New York

Approved of the recommendation that it be proper for the Legislative Committee to expend in its own judgment, and in a proper manner, funds to be used for paid statements to be published in daily newspapers during the legislative session, in order to combat mis-statements issued from time to time by those unfriendly to medicine

The committee called attention to the increasing tendency to group practice under State direction and recommended that it be the sense of this Society that no one should practice medicine under the jurisdiction of any State Departments unless regularly licensed to practice medicine in this State

#### REPORT OF COUNSEL FOR THE PERIOD FROM APRIL 1, 1923, TO MARCH 1, 1924

##### *To the House of Delegates of the Medical Society of the State of New York*

Because of the early date of the annual meeting this year, counsel's report covers a period of eleven months, but these months have been replete with activity in the service of the Society in its various departments. It is only through counsel's report that the members generally once a year may view in retrospect the work that has been done in their behalf through the counsel's office. The discharge of the duties of counsel, as they have increased in the last few years, would be practically impossible without the aid of the efficient help and assistance of those employed in counsel's office.

In representing an organization of doctors of upwards of ten thousand in number, the details of correspondence, telephone calls and requests for information in themselves require an efficient organization, the expenditure of time and often of patience.

The original function and practically the only function of counsel for a considerable time prior to 1920 was the defense of members in malpractice suits. The duties of the office have now so grown as to require the expenditure of as much time in the discharge of these other duties as in the trial department.

The appointment some two years ago of counsel's associate, Mr. Robert Oliver as attorney to aid and assist counsel in the various work of his office, has proved most necessary and counsel has been relieved by this aid of a great deal of detail work in the preparation for trial of cases, in interviewing witnesses and in other departments.

Pursuant to a resolution of the House of Delegates at its last meeting, a complete revision of the Constitution and By-laws of the Society was

authorized and a committee was designated by the president to undertake this duty in conjunction with the counsel. Dr. E. Eliot Harris, chairman of that committee, has had at least ten meetings on Saturday mornings with Mr. Oliver in the discharge of this work. The present Constitution and By-laws, together with the various amendments proposed at the last meeting, were carefully examined and considered, so that there is now ready for consideration and action by the Society a complete revised Constitution and By-laws. Attempt has been made in this work to preserve the fundamental principles and safeguards contained in the present instrument and to simplify where possible and strike out redundant and unnecessary verbiage. In the Constitution effort has been made to set forth in clear and concise language the purposes of the Society, its membership, organization and functions and to relegate to the By-laws the more specific details with respect to membership, officers and their duties, the House of Delegates, council and censors, the jurisdiction of each and the method of the performance of their obligations.

Counsel has attended personally or been represented at the monthly meetings of the Executive Committee, as well as the meetings of the Council and the Board of Censors and at such meetings has advised these bodies on matters in which advice was sought.

From various sources, including county societies, communications have been referred to counsel from time to time for his consideration and legal advice. Among such may be mentioned communications respecting

- (a) The rights of retired members,
- (b) The right of county medical societies to be represented at hearings on legislative matters independent of the State Society's Committee on Legislation,



- (c) The right of a county society to reject a member who had been expelled for non-payment of dues and who had applied for re-admission,
- (d) The right of a county society to refuse admission to an applicant on the ground that he was not of proper moral or professional character,
- (e) The right, if any, the American Medical Association has over the membership of county societies, specifically on the question of the removal of a member from the State.

These communications usually come before the Executive Committee or the Council and the questions are referred to counsel. In addition to the time required in the attendance at these meetings, many hours must be spent in the consideration of the questions referred to counsel and the preparation of opinions thereon.

Counsel's office has endeavored to co-operate with the Committee on Legislation and with the various officers of the Society upon legislative matters. Among the legislative bills which were prepared by counsel at the request of the officers of the Society or by its Committees are the following:

An act to amend Section 216 of Chapter 928 of the Laws of 1920 of the Surrogates' Act, providing that the bills of physicians rendered to a patient in his last illness be placed upon a parity with the funeral expenses collectible by an undertaker.

An act to amend Section 421 of the Penal Law which deals with untrue and misleading advertisements and prohibiting the use of the name of a physician without his consent.

An act to amend Section 13 of the Workmen's Compensation Law providing for free choice of physician by injured employees.

An act for the amendment of the Medical Practice Act, particularly Sections 170, 171, 172, 173 and 174.

At the request of the chairman of the Legislative Committee, opinions were rendered with respect to various bills pending in the legislature, including amendments to the Public Health Law with reference to licensing private institutions for the treatment of drug addicts, corresponding amendments to the Code of Criminal Procedure with respect to classifying certain types of addicts as disorderly persons and amendment of the Membership Corporation Law with respect to hospitals, infirmaries and dispensaries. In this department of activity counsel also attended at Albany at the conference with the governor, at which were present representatives of

the State Department of Health, Department of Education, Attorney General's office and officers of the State Medical Society. At this conference discussion was had with respect to the necessity for the amendment of the Medical Practice Act so as to meet the increasing necessity of curbing quackery. Thereafter, the Department of Education with the assistance of the Attorney General's office drafted a measure for introduction into the legislature dealing with this subject and submitted it to the counsel of your Society for his consideration. An examination of this proposed legislation disclosed a great many objectionable features and conferences were had thereafter with the sponsors for the bill with a view of eliminating the features that counsel believed were unsatisfactory to the profession and substituting in their place provisions which from counsel's experience in this particular branch of legal work would greatly improve the enforcement of the act. The bill resulting from these conferences and from the work of counsel has been the subject of considerable discussion since its introduction and has been generally approved in its purpose to provide adequate penalties for unlawful practice and to improve the prosecuting machinery so as to make it a deterrent to unlicensed practitioners.

The registration features of the measure were greatly changed from those originally proposed so as to reduce as far as possible the objections thereof on the part of the profession.

In support of this measure counsel has spoken at various medical meetings where the bill has been up for consideration, particularly in the counties of Albany, New York, Kings and Broome and has likewise addressed other medical societies and groups. In this work his efforts have been to represent the convictions of the officers and committees of the Society as to the necessity for constructive legislation to remedy the present defects in the penalty and enforcement provisions of our Medical Practice Act and to protect the profession as well as the public against the unqualified and unlicensed practitioner who has been permitted so long to practice with almost absolute impunity.

It has been the duty of counsel likewise to prepare for publication in the *Journal of Medicine* of the Society articles in the nature of editorial comment of a character that would interest the members. The editorials include the following:

- 'Examinations and Certificates of Lunacy',
- 'A Lay Jury May Judge You',
- 'Is a Medical Expert Witness Justified in Giving Opinion Evidence Based upon Lay Observations of Medical Procedures?'



- "Physicians Are Protected Against Unauthorized Use of Their Names",
- "Diploma Mills and Medical Quacks",
- "Defense as a Matter of Principle";
- "Chiropractic Lives and Thrives on Publicity";
- "The Government's Power and Responsibility Under Medical Licensing Laws",
- "Chiropractors Practice Medicine";
- "The Necessary Qualifications of Learning and Skill as a Requisite to the Practice of Medicine",
- "Chiropractors Claim Right to Practice in the City Hospital",
- "Excerpts from a Brief in a Malpractice Case."

A number of the cases which have been tried by counsel in the past have likewise been digested and published in the *Journal*, among others the following

- "Diabetic Gangrene with Resultant Operations";
- "Obstetrician Engaged for Delivery Sued for Non-attendance",
- "Thrombo - Angutis Obliterans - Gangrene—Resultant Amputations and Death";
- "Morphine Poisoning Alleged as a Cause of Death of Infant",
- "Burn on Face from Administration of Ether Anæsthesia",
- "Severance of Ulna Nerve with Resultant Paralysis",
- "Ignition of Clothes by Electric Spark Resulting in a Claimed Burn of Back",
- "Death from Post Partum Hemorrhage",
- "Burn from Green Soap",
- "Swallowing Foreign Body Resultant Broncho-Pneumonia and Death",
- "Claimed Improper Prescribing of Tannigen for Child Suffering from Diarrhœa",
- "Treatment by Immobilization of Tubercular Ankle Results in Suit",
- "Appendicitis—Alleged Delayed Diagnosis"

The advice and opinion of counsel has been requested from various county societies and by members of the societies in different parts of the state upon questions of the Medical Practice Act, the right of a hospital to use a graduate nurse in the administration of anæsthesia, the necessity of a hospital procuring the consent of parents for operations upon minors; the right of chiropractors to practice in a city hospital, the

effect of releases signed by patients receiving treatment, particularly in cases of X-ray therapy, and upon numerous other topics and questions of general interest to the profession

The table of disposition of malpractice cases which have been received and disposed of by counsel indicates that in the past eleven months there were instituted 108 new cases and that 56 cases were disposed of

With so large a number of cases it is only natural to expect that there will be a number in which there is clear liability. In such cases adjustment of damage has been made within reasonable limits as is proper and it is fortunate that in these cases that the indemnity insurance provided under the group plan has saved the individual doctor from expense

The proportion of cases dismissed, discontinued or tried with success for the defendant is large, but this particular item represents in every case a careful preparation of the case, requiring considerable time and effort whether the case has been tried or disposed of without trial. In one of the cases resulting in a verdict for the plaintiff the amount seemed to be within reason and was considerably less than the minimum amount for which the plaintiff was willing at any time to settle. In this case there was little, if any, question of legal liability, the case being tried largely on the proposition of keeping the damages within reason. The second case recorded as having been won by the plaintiff is now on appeal, so that the ultimate result of that case cannot at this time be determined

It is interesting to note the percentages in the various classifications of the cases that have been received or disposed of during the past year over the previous year. Comparing the year 1922 with 1923 we find that suits based upon operations increased from eighteen per cent to twenty-five per cent, burns from X-ray and other sources from five per cent to ten per cent, cases based on alleged wrongful diagnosis from zero to six per cent, while cases based upon infection decreased from ten per cent to two per cent, these percentages being based upon the percentage of each type of case to the total number received during that particular year. The cases against specialists rather than general practitioners increased from thirty-one per cent to forty-seven per cent, so it will be seen that still the predominant basis for suits is against general practitioners Table A

The group insurance plan against malpractice which was started in 1921, has shown very healthy growth. The first report made upon this matter in 1922 shows that two thousand eight hundred and ninety-eight policies were issued which number increased in 1923 to a total of three thousand eight hundred and seventy-four and by March 1, 1924, the number outstanding



TABLE A  
ANALYSIS OF MALPRACTIC CASES FOR PERIOD MARCH 15, 1922, TO MARCH 1, 1924

	Pending Mar 15, 1922		Instituted Mar 15 1922 to April 1, 1923		Disposed of Mar 15, 1922 to April 1, 1923		Instituted April 1 1923 to Mar 1, 1924		Disposed of April 1, 1923 to Mar 1, 1924	
	No of Cases	% of Total	No of Cases	% of Total	No of Cases	% of Total	No. of Cases	% of Total	No of Cases	% of Total
Fractures—arms, legs, hands, shoulders	13	167	5	132	3	125	17	157	1	019
Obstetrics and gynecology	9	111	3	079	4	167	11	103	7	126
Amputations—too ear leg	2	028					1	009		
Burns—X ray, galvanic, lysol, baking	6	083	2	053	11	042	11	103	8	041
Operations—abdominal, tonsil, ear eye	10	125	7	184	1	042	25	231	14	247
Needles, breaking injections, punctures	5	070	2	058	2	083			1	019
Infections—scalp, finger, hand, leg breast	6	083	4	105	2	083	2	018	6	111
Infection—eye		042	1	025			1	009	1	019
Wrong diagnoses	8	042					7	065	4	074
Lunacy commitments	6	083	1	025					5	111
Loss of service of wife or child	7	097	7	184	4	166	20	185	8	142
Death by anaesthetic, morphine, diphtheria etc	9	111			8	125				
Unclassified			5	158	4	167	18	120	5	093
Instituted by administrators	8	111	2	053	4	167	7	085	5	093
Instituted by men	27	375	18	473	11	458	49	454	24	444
Instituted by women	25	347	15	395	8	333	44	407	20	370
Instituted on behalf of children	12	167	8	079	1	042	8	074	5	093
Against specialists	26	342	12	316	7	292	51	472	21	370
Against general practitioners	50	558	25	584	17	708	57	528	25	630
Against physicians insured under S S Group Plan	23	232	83	686						
HOW DISPOSED OF										
Settled					1	042			9	143
Dismissed, discontinued or tried (verdict for defendant)					17	708			38	678
Judgment for plaintiff					1	042			2	036
Pending on Appeal					1	042			9	143
Jury disagreed					2	083				
Affirmed on appeal for plaintiff					1	042				
Verdict for defendant reversed on appeal new trial ordered					1	042				
Total	99		121		47		108		56	
Pending on March 1, 1924	222									

was four thousand seven hundred and thirty-nine. We append hereto "Table B" giving the details of these figures according to counties, which we trust will receive careful attention of members in the various counties, particularly in such counties where the percentage of the insured members is small, with the view that the benefits of this plan may be brought to the attention of those who have not yet availed themselves of it. Table B

"Table C" shows the rates charged under this group plan of protection for various limits of liability. It may be well to add at this point that the understanding with the Aetna Life Insurance Company, under which this table was prepared at the time that the plan was started, was that these rates would prevail for a three year period. This three-year period expires this year but until we have had any notice of change in these rates,

if any is contemplated, we assume the same schedule will continue in force.

The pending suits have been examined to determine the amount of damages claimed with a view of ascertaining the prevailing limit of damage claimed in these suits. The amount of damage claimed up to five thousand dollars is practically negligible.

Amount of Damage Claimed	Percentage of All Cases Pending
\$5,000	14
10,000	22
15,000	8
20,000	10
25,000	18
50,000	11
100,000	6
Unclassified	11



TABLE B

Names of Counties	No of Mem- bers in County Society	1922		1923		1924	
		No of Mem- bers in- sured	Per- cent- age in- sured	No of Mem- bers in- sured	Per- cent- age in- sured	No of Mem- bers in- sured	Per- cent- age in- sured
Albany	215	107	55	124	59	123	57
Allegany	37	10	26	10	27	10	27
Bronx	562	94	19	198	36	239	43
Broome	101	45	50	53	54	53	52
Catteraugus	44	26	53	27	56	28	64
Cayuga	56	35	57	32	52	34	60
Chautauqua	99	28	26	29	28	33	33
Chemung	56	33	69	35	80	36	64
Chenango	38	17	42	16	40	16	42
Clinton	35	22	55	18	49	15	43
Columbia	37	15	35	18	44	18	49
Cortland	24	5	15	7	27	9	38
Dutchess-Putnam	106	31	27	34	30	38	36
Erie	757	461	61	455	62	459	61
Essex	21	13	54	13	59	13	62
Franklin	46	16	32	16	33	15	33
Fulton	40	25	61	24	60	25	63
Genesee	24	8	29	9	41	9	38
Greene	21	12	50	13	54	14	67
Herkimer	55	27	48	28	49	31	56
Jefferson	82	32	43	35	46	37	46
Kings	1,505	148	11	359	24	565	38
Lewis	14	5	29	5	33	5	36
Livingston	30	9	23	11	33	12	40
Madison	38	11	30	16	44	17	45
Monroe	399	80	21	183	44	213	54
Montgomery	48	27	59	28	62	28	58
Nassau	87	19	24	27	33	35	40
New York	3,084	757	23	1,297	43	1,539	50
Niagara	80	29	36	41	55	44	55
Oneida	183	55	30	67	38	70	38
Onondaga	290	126	43	139	49	152	52
Ontario	76	38	50	39	52	39	51
Orange	102	52	48	53	51	58	57
Orleans	20	2	9	2	10	4	20
Oswego	55	23	41	35	63	35	64
Otsego	49	2	4	25	52	23	47
Queens	212	45	26	66	32	100	47
Rensselaer	108	30	29	42	42	41	38
Richmond	68	10	14	21	32	35	51
Rockland	38	8	21	12	32	16	42
St. Laurence	62	16	23	18	27	19	41
Saratoga	47	25	48	25	52	26	55
Schenectady	114	90	78	69	63	68	60
Schoharie	19	3	14	7	37	7	37
Schuyler	11	2	15	4	36	5	45
Seneca	27	2	6	4	15	4	15
Steuben	74	29	39	36	54	39	53
Suffolk	115	6	9	18	17	30	26
Sullivan	33	7	31	18	58	17	52
Tioga	23	8	33	11	48	9	39
Tompkins	60	13	22	14	23	19	32
Ulster	63	26	41	27	44	28	44
Warren	33	28	80	26	84	27	82
Washington	43	20	50	16	39	16	37
Wayne	36	11	30	16	43	16	44
Westchester	309	58	19	86	29	104	34
Wyoming	31	4	11	4	12	5	16
Yates	21	12	60	13	68	14	67
Totals	10,063	2,898	31	3,874	40	4,739	47

It will thus be seen that in about seventy-four per cent of the cases pending the damages claimed are from ten thousand dollars up. These facts may be of interest to the physicians in determining the limits of liability for which they desire to insure. The total amount of damages claimed on the pending cases is \$6,272,360. Against this claimed liability pending policies are estimated to range at a minimum from \$23,000,000 indemnity for one case to \$76,000,000 total indemnity in one policy year, so that it may be said that when we consider the policies written for higher limits that the total limit covered by such insurance now written is at least \$100,000,000. As the insurance company must carry under the law a reserve for every case pending, we would judge this reserve necessary for the company to put up to be approximately \$113,000. A so-called re-insurance reserve of fifty per cent of premium is likewise set up.

In the past a number of insurance companies have written physicians' and surgeons' liability insurance but this business has been so distributed among the various companies that no one company has had a sufficiently large number of policies issued in any one state to have their experience reflect the prevailing conditions among the profession generally with respect to losses caused by suits for malpractice. Where the volume of policies written is large in any given state a few adverse verdicts or settlements would not consume sufficient of the premium income to make the undertaking unprofitable, whereas the reverse would be true where the volume is small and the premium income correspondingly small. It is probably true that the disfavor with which physicians' and surgeons' liability insurance was regarded by companies writing it in the past was due in some measure to the small volume of the business done, so that an expenditure of considerable money in any one year by reason of adverse verdicts or settlements or the legal expense needed successfully to defend the cases would show an unfavorable result to the insurance carrier. Under the group insurance plan in this state we have a concentration of physicians' and surgeons' insurance in the hands of one company, with a systematized and uniform procedure in the preparation and disposition of the cases that are brought against the assured. This system of handling the cases brought against the doctors has been quite different from that which prevails in many other lines of liability insurance by reason of the fact that practically every case against a physician is regarded as involving a principle and his professional standing. Such cases cannot be settled merely because of their nuisance



TABLE "C"

Table of Rates Charged for Group Plan Insurance of Medical Society of the State of New York with  
Aetna Life Insurance Company

		COLUMNS A BEING LIMITS OF LIABILITY FOR ANY ONE CLAIM							
		\$5,000	\$10 000	\$15 000	\$20,000	\$25 000	\$30,000	\$40 000	\$50 000
LINES B Being Limits of Liability For All Claims During Any One Policy Year	\$15 000	\$18 00	\$22 32	\$25 92					
	20 000	18 90	23.22	25 82	29 16				
	25 000	19 62	24 00	27 64	29.83	\$32 04			
	30 000	20.34	24 55	28.25	30 50	32 76	\$34 38		
	35 000	21 05	25.38	28 98	31.32	33 48	35 10		
	40 000	21 50	25 92	29 62	31.86	34 02	35 64	\$37 62	
	45,000	22.14	25 46	30 06	32 40	34 56	36 18	38 16	
	50 000	22 50	25 82	30 42	32 78	34 92	36 54	38 52	\$39 06
	60,000	23.22	27 64	31 14	33 48	35 64	37 26	39.24	39 78
	70,000	23.94	28.26	31 86	34.20	35 36	37 98	39.96	40.50
	80 000	24 48	28 60	32 40	34 74	36 90	38 62	40 60	41 04
	90,000	25 02	29 84	32.94	35.28	37 44	39 05	41 04	41 58
	100 000	25 56	29 88	33 48	35 82	37 98	39 60	41 58	42 12

value, even though such settlements could be made for less than the cost of defense, for such policy in the long run is not only bad in principle but economically unsound. The principles of defense that have been in force in the Society for many years have been applied to the defense of cases brought against physicians protected by the group insurance and the primary effort has been to give the doctor adequate protection to his reputation by furnishing him in every part of the state the best means of investigation of his case, adequate preparation for trial and to bring to the trial the services of counsel experienced in medical jurisprudence. We are all familiar with the principle of Workmen's Compensation by which the cost of industrial accidents and diseases is by a method of compulsory compensation insurance distributed over industries generally so that the expense of such injuries becomes a part of the cost of production. Insurance generally has come to be of the same mutual character and particularly the group insurance now in effect in our Society when analyzed is a system of mutual protection by which the premium paid by each insured furnishes a fund from which to defray the expense caused by the suits brought. The insurance company is practically the intermediary or agency by which the distribution of insurance liability is made over the total number insured and in addition they are the financial means employing their large capital and surplus to underwrite this liability. From the insurance standpoint this underwriting can be justified by having a sufficiently large number of policy holders paying annual premiums to provide a sufficient fund to absorb the cost of operation of the plan and provide the small profit desired. When in any state the ratio of suits to policies outstanding becomes large the

insurance hazard is so increased as to require a high premium. Where the loss, which includes the expense likewise of defense, is small though the ratio of cases to number insured be large, this fact is reflected in a counter direction with respect to the premium charged.

The purpose of this analysis is to bring home to members of this Society the necessity of increasing the number of members participating in the group insurance plan. From a purely selfish standpoint it is to the advantage of every member insured to increase the number of policy holders under this plan, thereby reducing the proportionate load which the premium paid by the individual must bear. When we consider that seventy-four per cent of the pending cases are for damages in excess of ten thousand dollars there may be some basis for a change of rating on limits for ten thousand dollars or more, unless this fact can be counteracted by the members availing themselves of the ten thousand-dollar limit rather than the five thousand dollar limit. Our recommendation would be to those who apply for this protection to take as a minimum the ten thousand-dollar limit which recommendation is based solely upon the analysis of the facts stated above.

For the purpose of properly organizing the group insurance plan in the state, the territory was divided into ten districts in each of which is a designated agency authorized to solicit and receive applications for policies. In each of these districts there is an adequate investigating force subject to counsel's direction and responsible to counsel for the making of prompt and thorough investigation of cases brought against the doctors. Information concerning the matter can be had from these sources or direct from counsel.



For the information and convenience of the members, these agencies are listed as follows

AGENCY	COUNTIES	COUNTIES
Albany Branch office	Clinton	Delaware
Albany, N Y, Arkay Bldg	Essex	Sullivan
G A Mills, Manager	Washington	Orange
C P Jones, Attorney	Saratoga	Schenectady
	Fulton	Rensselaer
	Warren	Albany
	Montgomery	Schoharie
	Otsego	Greene
	Columbia	Dutchess
	Ulster	
Newman L. Hawks	Orleans	Wyoming
General Agent,	Genesee	Livingston
Batavia, N Y.		
A H. Knoll,	Erie	
General Agent,		
White Building,		
Buffalo, N Y		
Alfred P Newton, Assist		
J J Murray, Attorney		
Niagara Falls Fire Office,	Niagara	
General Agent,		
Niagara Falls, N Y		
E J Ashwell & Co	Chautauqua	
General Agent,		
Jamestown, N Y		
R. T. Mallery,	Catteraugus	
General Agent,	Allegany	
First Nat. Bank Bldg		
Olean, N Y.		
Lucas & Dake Co, Inc,	Monroe	
General Agent,		
Rochester, N Y		
W J Conroy, Adjuster		
Raymond S Page,	Schuyler	
General Agent,	Steuben	
Hornell, N Y	Yates	
Wadsworth & Olmstead,		
Managers,	Broome	Oneida
Henry D Watson, Under	Cayuga	Lewis
writer,		
Syracuse, N Y, Union		
Bldg.	Tompkins	Herkimer
V. H Salmon, Adjuster	Cortland	Hamilton
	Onondaga	Wayne
	Madison	Ontario
	Oswego	Seneca
	Franklin	Tioga
	Chemung	Jefferson
	Chenango	St. Lawrence
H F Wanvig Co, Inc.	New York	Bronx
80 Maiden Lane,	Kings	Queens
New York City.	Richmond	Nassau
	Suffolk	Westchester
	Rockland	

In conclusion counsel desires to express to the council and officers of the Society his gratification for their support and co-operation, to numerous members of the Society who have assisted counsel in the preparation and trial of cases his appreciation of their unselfish service and to the officers and management of the Aetna Life Insurance Company, his satisfaction with the manner in which they have discharged their obligations under the group insurance plan and

the fairness with which they have acted upon the numerous claims that have arisen under their policies. They have given prompt and efficient co-operation to counsel in protecting the interests of the doctors against whom claims or suits have been brought. Mr Harry F Wanvig, who was instrumental with counsel in bringing about the adoption of the group plan of insurance for members of the State Society and who is in charge of the Metropolitan district comprising nine counties, as the representative of the Society in developing the administrative features of the plan, counsel desires to commend for his careful and considerate attention and his devotion to the interests of the profession

Respectfully submitted,

GEORGE W. WHITESIDE, *Counsel.*

The Reference Committee approved the co-operation of the counsel, Mr Whiteside, and our attorney, Mr. Oliver, with Dr E Eliot Harris, Chairman of the Committee on Revision of Constitution and By-Laws

It commended the work of the counsel in faithful attendance and advice at the monthly meetings of the Council and of the Executive Committee

It commended the counsel's valuable co-operation in matters of legislation—constructive criticism of bills presented to the Legislature, safeguarding the Society—and especially his efforts in constructive classification of the bill to amend the medical practice act

With the approval of the counsel, it endorsed the recommendation that every member of the Society should avail himself of the Group Insurance protection—and that all of the members should carry their insurance through the designated representative of the Society, in the one company, thus assuring themselves of the services in defense, by the attorney of the State Society

It especially commended the counsel for his conduct of the Legal Department of the Journal. We believe that his editorials, his case reports, and his discussion of various phases of cult practices, especially his discussion of the chiropractic menace, are of great educational value

Recommended that such of his editorials in the Journal concerning chirapractic cult, as may be deemed most valuable, in the opinion of the Publication Committee of the Council, be colated, reprinted and distributed to all of the medical profession of the State, to the clergy, to the press, to all legislators and to the heads of educational institutions

The committee observed in the report of malpractice cases the careful analysis, and the



very remarkable results of the legal defense as conducted by the counsel

While the employment by members of the Society of the group plan of insurance against malpractice has increased from 31 to 4 per cent in three years, we recommend that the endorsement of this plan should be pushed in the various counties

From a study of the figures submitted, it deduces the importance of an increase in the size of politics to higher liability limits

It recommended that the company now carrying our liabilities be retained and encouraged of the Co-operation of the Aetna Life Insurance Company and of Mr Harry F Wanvig, who has been so largely instrumental in enlarging the group insurance plan throughout the State.

It believed that a careful, deliberate study of the report of the counsel would be most valuable to every member of this house

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### REPORT OF THE COUNCILLOR OF THE FIRST DISTRICT BRANCH

#### *To the House of Delegates*

The County Societies composing this Branch are all in good shape and report interest in their meetings. In general there has been an increase in membership and the two Counties of Richmond and Rockland have on their rolls all eligible physicians in those counties with a very few exceptions

New York County naturally overshadows the rest of the district and leads both in the presentation of scientific problems as well as of those concerned with the relation of the medical profession to the community at large.

The Bronx is a very active body second only to New York in size and reports an active year with much interest displayed in every subject pertaining to the profession

The suburban counties have more infrequent meetings but most are well attended and all have at least one social gathering during the year. The annual Rockland County dinner is always a notable occasion, and the enthusiasm and good fellowship displayed is worthy of emulation

The annual meeting of the Branch was held at Tuxedo Park during October and we were favored by a beautiful day and a good attendance

The scientific feature was an address by Dr Joseph A. Blake, outlining the organization of the Committee of the American College of Surgeons, which is endeavoring to standardize the treatment of fractures

EDWARD C RUSHMORE, *President*

April 1, 1924

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### REPORT OF THE COUNCILOR OF THE THIRD DISTRICT BRANCH

#### *To the House of Delegates*

The Third District Branch of the Medical Society of the State of New York continues to be in a thriving condition. All of the counties have held their stated meetings and the interest in the organization is steadily increasing

The Annual Meeting was held in Sharon Springs, September 14, 1923. The morning was devoted to the inspection of the Springs that have made Sharon famous. Dr Herbert L Odell and Dr Leland O White demonstrated the use and application of the various waters and explained the results of treatment in the sanitarium. A round table discussion on arthritis was opened by Dr Ornn S Wightman. Dr Odell presented cases and the subject was discussed by the members

The White Sulphur Springs Company, through

its manager, Mr Grossman, entertained the District Branch at dinner

The afternoon scientific session was opened by an address on "Acute Inflammatory Glaucoma," by the President, Dr Arthur J Bedell. Dr Ornn Sage Wightman, President of the Medical Society of the State of New York, discussed the State policies. Dr Matthias Nicoll, Jr, Commissioner of the New York State Department of Health, spoke on the plans of the State Department of Health. Dr Edward Livingston Hunt, Secretary of the Medical Society of the State of New York, reviewed the activities of the State Society. The meeting was well attended

Respectfully submitted,

ARTHUR J BEDELL,  
*President*

April 1, 1924





# HOUSE OF DELEGATES



The regular meeting of the House of Delegates of the Medical Society of the State of New York was held at the Hotel Seneca, Rochester, N Y, Monday, April 21, 1924, at 2 p.m., Dr E Eliot, Speaker, presiding, Dr Edward Livingston Hunt, Secretary

The meeting was called to order by the Speaker and the presence of a quorum was ascertained by a roll call of delegates by counties

The minutes of the previous meeting having been printed, and no objections having been made, their reading was dispensed with

Dr Bedell, of Albany, arose to a point of order and called attention to the fact that the roll of officers had not been called The Speaker replied that the point would be well taken were the official roll being called, but the custom has been to call that roll on the morning of the second day The roll call this morning by counties being for the purpose of organizing the house and seeing whether a quorum of the Delegates were present.

The Secretary Mr Speaker, inasmuch as the roll call is not complete, and several members have not yet presented themselves, I move that the official roll call be dispensed with until the session this evening

Seconded.

Dr Dougherty, of New York I move to amend by calling the official roll tomorrow morning

Seconded

The motion as amended was carried There being a quorum present the Speaker called upon the President to deliver his address See page 651

The Speaker That will be referred to the Reference Committee on the President's address

The Speaker appointed the following Reference Committees

Reference Committee on Credentials E Warren Presley, Richmond, Arthur M Dickinson, Albany, Harry S Bull, Cayuga, Chester A Hemstreet, Rensselaer, Morris Maslon, Warren

Reference Committee on President's Address Howard Fox, New York, John A Card, Dutchess-Putnam, George A Leitner, Rockland, George B Stanwix, Westchester

Reference Committee on Speaker's Address George F Comstock, Saratoga, J Richard Kevin, Kings, George DeB Johnson, Chenango

Reference Committee on Reports of Secretary, Treasurer, Council and Councilors Edward W Weber, Westchester, Robert H Halsey, New York, William T Shanahan, Livingston, Luther C Payne, Sullivan

Reference Committee on Report of Committee on Public Health and Medical Education Edward R. Cunniffe, Bronx, L Howard Moss, Queens, Frederick W Sears, Onondaga, George A Newton, Nassau

Reference Committee on Report of Committee on Medical Economics Edward R. Cunniffe, Bronx, Frederick W Sears, Onondaga, L Howard Moss, Queens, George A. Newton, Nassau.

Reference Committee on Report of Committee on Scientific Work William B Hanbridge, St Lawrence, Murray MacG Gardner, Jefferson, James B Conant, Montgomery, Deyo P Mathewson, Steuben, Reeve B Howland, Chemung

Reference Committee on Report of Committee on Legislation Charles A Gordon, Kings, Chauncey R. Bowen, Allegany, Frank Overton, Suffolk, H Burton Doust, Onondaga

Reference Committee on Constitution and By-Laws Daniel S Dougherty, New York, William A Peart,

Niagara, J Fred Eckerson, Orleans, Addison H Bissell, Otsego, Robert M. Elliott, Seneca

Reference Committee on Report of Legal Counsel Nathan B Van Eetten, Bronx, Luzerne Coville, Tompkins, William H. Ross, Suffolk, Henry G Hughes, Schenectady

Committee on New Business (A) William B Hanbridge, St. Lawrence, Reeve B Howland, Chemung, Murray MacG Gardner, Jefferson, James B Conant, Montgomery, Deyo P Mathewson, Steuben

Committee on New Business (B) James E. Sadler, Dutchess-Putnam, Myron C Hawley, Cattaraugus, John E White, Franklin, Joseph S Thomas, Queens, Harry J Brayton, Onondaga

Committee on New Business (C) John E. Jennings, Kings, Arthur S Chittenden, Broome, Charles D Ver Nooy, Cortland, U Grant Williams, Herkimer, Floyd S Winslow, Monroe.

The Speaker I am going to ask the Vice-Speaker to read the Speaker's Address, which he has kindly consented to do

The report of the Speaker, previously published, was read by Vice-Speaker and referred to the Reference Committee

The Speaker The Chairmen of the standing committees have made abstracts of their reports so that they could present them here in a short form and let you know what they were doing in a talk instead of reading the reports

Dr Henry S Stark, New York In order to save time, is it necessary to hear these individual reports? Why don't they take the same procedure the other reports do, to save our time? We have read them I make a motion to that effect

Seconded

Dr Vander Veer The doctor forgets the Legislature did not close until April the 10th, and the report of the Committee on Legislation had to be submitted by the 1st of April in order to have it printed I offer an amendment to the motion With the exception of those Chairmen of Committees who have supplementary reports to make, that all reports be referred to the Reference Committee and then brought before the house.

Seconded by Dr Stark.

The Speaker The amendment having been accepted by the mover, the original motion was put and declared carried.

Dr Vander Veer presented the supplementary report  
*To the House of Delegates*

Number of bills introduced in the Senate—1633

Number of bills introduced in Assembly—1834

Resume of the bills in which the Medical Society of the State of New York was interested and which now lie before the Governor for his action follows

In re Providing for Medical and Surgical Care of Children Under 16 Years of Age at Expense of County Senate Int 967, concurrent Assembly Int 1389

Attitude The Medical Society was in favor of this bill

Creating Temporary State Commission to Inquire Into and Report on Number, Distribution and Condition of Crippled Children in State to Recommend Means to Meet Their Needs and Appropriating \$25,000

Senate Int. 1010, concurrent Assembly Int. 1443

Adding New Section 571-a, Education Law, Providing for Apportionment of Public Money on Account of Medical Inspection in Schools

Senate Int. 1351, concurrent Assembly Int. 1697



Amending Section 389, Public Health Law Requiring Registrars to Report Weekly Number of Births Deaths and Other Vital Statistics to District Health Officers

Senate Int. 1413, Concurrent Assembly Int. 1619

Attitude The Medical Society was in favor of this bill

Amending Generally the Powers and Privileges of the New York Academy of Medicine.

Senate Int. 1515, concurrent Assembly Int. 1638.

Amending Section 306 Public Health Law, by Authorizing Regents to Revoke Certificate to Practice Optometry Held by Person Guilty of Misrepresentation in Practice or Advertising

Assembly Int. 228.

Amending Section 307, Public Health Law by Increasing Penalties for Violation of Provisions Regulating Practice of Optometry

Assembly Int. 229

Amending Sections 19, 19-a, 19-b Public Health Law by extending Provision for State aid in Public Health Work to Counties of Population of 50,000 or more and Empowering State Health Commissioner to Prescribe Limitations Upon Such Aid. No Single Grant Shall Cover More Than One Year

Assembly Int. 232, concurrent Senate Int. 128.

Adding New Section 577-a, Education Law Requiring Education Commissioner to Appoint a Specialist to Assist State Medical Inspector in Making Eye and Ear Tests of Public School Pupils and Appropriates \$4000

Assembly Int. 370, concurrent Senate Int. 317

Attitude The Medical Society objected to this bill

Amends Section 4, Public Health Law by Authorizing State Commissioner to Create Health Districts Comprised Exclusively of Lands Owned or Held in Trust for People of State

Assembly Int. 646 concurrent Senate Int. 448.

Adding New Section 234-a, Public Health Law Prohibiting Use of Words "Drug Store" or "Pharmacy" Unless Place Is Registered and Authorized by the Pharmacy Board.

Assembly Int. 815

Abolishing the Office of Coroner Westchester County, and Creating Office of County Medical Examiner

Assembly Int. 1106.

Amending Sections 4, 40 41 Membership Corporations Law, Relative to Incorporation and to Extension of Corporate Purposes for Establishment and Maintenance of Hospitals, Infirmarys, Dispensaries and Homes for Invalids or the Aged or Indigent.

Assembly Int. 1452 concurrent Senate Int. 892

Attitude The Medical Society objected to this bill because it opens the door to cults forming hospitals and adopting rules detrimental to public health.

Adding New Section 577 b Education Law Authorizing Counties to Establish School Hygiene Districts with a Director in Charge to Exercise Supervision Over Medical Inspectors Dentists and School Nurses.

Assembly Int. 1485 concurrent Senate Int. 1205.

Attitude The Medical Society was in favor of this bill.

Amending Insanity Law Generally by Providing Among Other Things State Hospital Commission May Employ Deputy Medical Inspectors to Make Rules Governing Management of and Investigate any Institution for Care of Insane Public or Private, and May Make

Reciprocal Agreements with Other States for Prompt and Humane Return of Insane Residents

Assembly Int. 1495, concurrent Senate Int. 1135

Appropriating \$26,015.86, for Payment of State Contribution to Counties in Aid of Public Health Measures

Assembly Int. 1828.

A careful analysis of these bills show that in the majority of instances the legislation may be considered wise and aiding materially the care of the public's health, but in many instances places such care the more within the departments of the State, though few of these bills rob the physician of his freedom or curtail his actions in any detrimental way

In some of the bills there is shown the need of more medical men to carry out the provisions of the laws, thereby withdrawing more physicians from the individual practice of medicine and introducing them to a larger degree into departmental practice.

Since the writing of the preliminary report the bill introduced by the State Department of Education amending the medical practice act in which the Society was interested by an overwhelming majority of its members was passed in the Senate at five o'clock in the morning Thursday April 10th, the last day of the session through the heroic efforts of some friends of the bill and especially of one physician who has, year in and year out, thrown his strength into the legislative halls at the last moments and because of his intimate contact has brought about changes of opinion as we have seen in this instance.

The bill was then hurried over to the Assembly side by its sponsors, and appeared on the Assembly docket for the final grind

The Assembly being subject to the Rules Committee, it was necessary to obtain a promise from the Rules Committee that the bill would be brought out and submitted to a vote on the part of the Assemblymen, and this promise was given early Thursday evening despite the opposition of several members of the committee who are avowedly and openly protectors of the certain cults seeking licenses in this State.

When it was known that the bill would be reported by the Assembly Rules Committee, and in the face of a majority in favor of passage of the bill as had been shown earlier in the day an assault was made upon the Assembly as a body by all those interests which were not in favor of the bill.

One group of citizens from a certain portion of the State, combined into a Society representing certain professions had its paid lobbyist in the Assembly well who may be said to have done more to defeat the bill in combination with the various cult adherents by the use of the argument that the medical profession was not united in its desire for the bill thus giving the Assembly the looked for chance to evade their duties toward the public's protection.

Despite all arguments to the contrary and trying to offset the efforts of those opposing the bill it was an easy matter for the opponents to suggest that a convenient loop hole for them was to vote to recommit the bill when it should be reported from the Committee on Rules

In behalf of this argument which was met on all sides by those favoring the bill exact and true statements regarding the desires of the medical profession and those in favor were not correctly given and license in speech was freely indulged in to the extent that when the bill was finally reported a number of the Assemblymen jumped to their feet calling for action on a motion to recommit, and the bill was recommitted by a standing vote of 115 in favor of recommitment.

This ended the strife, as it was then shown that the Assemblymen, irrespective of their political affiliations were anxious to evade the question, and sought this



means of so doing, as their record did not go down in black and white on a roll call, such as in the Senate.

It may be interesting to quote from a letter received since the close of the session, to give to the members of the Society a general idea of the attitude of the Assemblymen toward this type of medical legislation, no matter from what source it may emanate. One sentence indicates the slant of thought in the minds of the Assemblymen who must go back to their constituents for renomination and who listen the more to the vociferous outbursts of the faddist in contradistinction to the lack of expression of those who take it not upon themselves to inform the legislators as to their desires, but bear such expressions quiet within their breasts hoping that "George will do it," to a sufficient degree to impress the legislators, and thus evading the chance of aiding in rightful legislation. This Assemblyman has written, "It appears that the bill was not popular with the members of the House."

This is a significant statement in view of the fact that one block of 23 Assemblymen voted to recommit this bill of the 115 who so voted, and in the next breath virtually voted in the same way to recommit the cult bill which was sent back to the committee by a vote of 63 to 41, though again in this instance no roll call was asked for.

There are 150 Assemblymen, so it may be seen how many of the Assemblymen actually upheld the standards of the State Department of Education and accorded to the medical profession their franchise in behalf of bettering public health as suggested by the backing given to the bill by the medical profession of the State, though within the bill there were passages objected to by groups of physicians here and there, and yet waived at the end by these same groups in the greater interest for the better conservation of the people's health.

JAMES N VANDER VEER.

April 18, 1924

If you will remember, in your JOURNAL your State Legislative Committee took objection to this, because it opens the door to cults forming hospitals and adopting rules detrimental to public health. However, the State Hospital Commission introduced this bill, or it was at their instigation, and the bill is before the Governor for his signature.

Dr John J A O'Reilly, Kings Mr Speaker, may I ask Dr Vander Veer, through you, to give us the name of the paid Society lobbyist who appeared?

Dr. Vander Veer Dr Lent

The Speaker Is there any member of a standing committee who has a supplementary report to make? If not, we will hear from the Special Committee on Prize Essay, Dr. Howe, of Erie, Chairman

Dr Howe May I ask if Dr Curtin is here? I have asked him to present the report in my stead If he is not here I will do so

To the House of Delegates Gentlemen This Committee respectfully presents the following concerning

- 1st, the medal itself,
- 2nd, the personnel of this committee,
- 3rd, the time given to it for decision,
- 4th, the award made this year

First, On the 9th of May, 1923, the House of Delegates adopted a resolution to the effect that as the annual income from the fund originally given to this Society now amounts to about one hundred dollars, when the prize is awarded it shall be in the form of a gold medal to cost fifty dollars, the other fifty dollars to be expended in printing and distributing copies of the essay for which the prize was awarded. Therefore a medal has been prepared which consists of a Maltese Cross of red enamel on a gold background with a wreath of laurel between the arms of the cross. Around the

center is a band of white enamel with the inscription "Prize on Ophthalmology," and in the center of the medal is the seal of the Society of the State of New York, in gold. The reverse of the medal is blank to bear the name of the winner of the prize and the date. The donor prefers not to have his name appear, at least not while he is still living.

In view of the foregoing the committee recommends

That the House of Delegates hereby approves of the medal selected by this committee as the model for this prize in the future.

Second. In the deed of gift of this fund, the donor specified in substance that the prize should be a mark of appreciation by the Society of progress, especially in ophthalmology, therefore, in order to make sure of a majority on the committee accustomed to deal with technicalities of the subject and also to ensure continuity of plan, we recommend

That the committee on the award of this prize shall hereafter be a special committee of three, the one member, preferably the chairman, to resign this year, the next longest incumbent to become chairman, and the incoming member to be chosen by the president of the Society, that choice being such that the committee shall always consist of two ophthalmologists and one general surgeon

Third Inasmuch as the essay with its illustrations presented for the award may require a search through bibliographies and careful study otherwise, we recommend that competitors for this prize shall present their material to the chairman of this committee at least one month before the annual meeting of the society

Dr Howe I move the adoption of these three recommendations, which will go naturally to the members, in order that they may be acted upon now

The Speaker The report will be referred to the Reference Committee on Constitution and By-laws, of which Dr Dougherty is Chairman

Dr Howe (Continuing report)

Fourth As to the award made this year, only one essay was presented. That dealt with the structure of the vitreous humor as seen with the slit lamp. In view of the various conditions described by other investigators in this comparatively new field, it was difficult to decide what appearances might be considered as normal and what as abnormal. However that may be, the simple and direct descriptions given by the author, the evident care shown in every detail of his work and the exquisite finish of his illustrations place this piece of work in the first rank of English contributions to our knowledge of the vitreous humor. Therefore, to that author, whoever he may be, even if he were in competition with others, the prize this year, is, with hearty appreciation, gladly awarded.

Dr Howe Now, I must say that that essay itself is between New York and my office. I do not know who the author is. I have the letter from my colleague, but the essay with the envelope containing the name has not yet arrived. I shall telephone again this afternoon to ask some one to bring it. We must keep ourselves in suspense until tomorrow morning, when I think the name will be presented.

The Speaker Have you any communications, Mr Secretary?

The Secretary read the following communication

*Secretary, Medical Society of the State of New York,*  
DEAR SIR

"The Group Plan of Liability insurance for the members of the State Society has been in effect just three years. From a small beginning in the Spring of 1921, recognized by many responsible members as a hopeful step in the right direction in the solution of an increasingly troublesome problem, it has slowly grown



in size until it includes nearly 50 per cent of the membership. While, during these three years, minor defects have been discovered and corrected the many tests and trials to which it has been put have proved the soundness of its conception and its value to the individual member. In addition it has attracted much favorable notice from other Societies and medical organizations, has been a strong urge in the hands of membership committees and represents an active and logical step in carrying out the Society's general policy of cohesive endeavor for the benefit of its members.

"Regardless of the success up to date it must still be considered in the light of an experiment. Marked progress has been made, but there is yet much to be done before the Plan can be considered permanently established. It must be borne in mind that the Aetna Life Insurance Company were willing to undertake this venture only as an experiment with the understanding that the Society would co-operate fully in bringing about such changes in form, rates or practices as experience prove necessary thus placing with the Society the responsibility of the continuance of the Plan on a mutually acceptable basis. This is a responsibility which we should cheerfully accept, as it will be remembered that all of the elements of the Plan—policy form, terms rates and defense were fixed originally by the Society's expressed requirements with regard to each.

"Your Counsel's report clearly shows that the hope of successful operation of this or any smaller insurance endeavor rests upon a wide distribution of liability. The greater the distribution of liability the more surely can this undertaking be operated at a rate favorable to the individual member. It would appear therefore that the Society can best further the interests of the Plan by taking such action as will induce the largest number of members to support it.

"There are still a large number of members who are securing their malpractice insurance in companies not legally authorized to do business in the State of New York in local companies whose interests are inimical to the Plan and in many instances particularly in the Metropolitan District, through agencies who have no responsibility to the Society and who have no interest in or ability to further or safeguard our interests in any way. It is hoped therefore, that the House of Delegates will bring the matter to the attention of the officers of the various County Societies to the end that, for the benefit and welfare of the Society as a whole, they may induce their members to support the undertaking by purchasing their malpractice insurance through the Plan devised for their benefit and through the authorized and designated agencies who alone can best serve the individual and Society.

"By supporting the Plan the individual serves himself and fellow members by

"1 Contributing to the distribution of liability which will aid in operation at favorable rates.

"2 Maintain a very acceptable policy form under which

"3 Insured members are guaranteed defense of Attorney for the State Society."

II F. WANNIA,

*Authorized Indemnity Representative of the Society*

The Speaker Referred to the Committee on Legal Counsel.

A letter from Dr. Winter, of Orange expressing his regret at his inability to attend was read by the Secretary.

The Speaker New business Any resolutions?

Dr. O'Reilly Kings The Medical Society of the County of Kings at its regular meeting March 18th adopted this resolution and at its last meeting it was referred to this body for its action.

WHEREAS, The imposition of a nominal fine, upon one convicted of practicing Medicine without authority of Law has but little deterrent value and tends to stimulate him to added effort in the deception of the People and to create a contempt for the Law itself, therefore be it

Resolved That the Courts, in exercising their jurisdiction over cases of this character be requested to impose a jail sentence of maximum degree as a warning to those who disregard the security which the State seeks to throw about its People, through the licensing power, and who recklessly endanger the health and life of the People by quackery and lack of knowledge of the fundamentals of Medicine, and be it further

Resolved, That the Legislative Committee of the State Medical Society be and hereby is, directed to prepare an Amendment to Section 174 of the Public Health Law which will provide that upon conviction of practicing medicine without authority of law, for the first time, the imposition of a jail sentence shall be mandatory and that a second conviction shall be a felony, punishable by imprisonment in a State Prison, and be it further

Resolved, That a copy of this Resolution be published in the STATE MEDICAL SOCIETY JOURNAL and given to the Associated Press so that the Profession and the People may work together for the enactment of such legislation at the next Session.

Seconded.

The Speaker That will be referred to Reference Committee A.

Dr. Critchlow, Erie I wish to present the following resolution, passed by the Society of the County of Erie.

WHEREAS, Deploable conditions have developed and now obtain in an ever increasing degree in the relations existing between the group of Registered Nurses on the one hand, the physicians and the general public on the other and

WHEREAS, We feel that the laws of the State of New York now governing the training of nurses are serving to educate a group of women beyond the point of practical usefulness in the actual care of the sick, and

WHEREAS, A large percentage of such highly educated nurses elect to follow the work of public health nursing institutional instruction and other lines of work than actual nursing of the sick and

WHEREAS We feel that the times of work just mentioned do perhaps require education and training of the kind now conducted in our registered schools, but

Inasmuch as there is a crying need for a group of women who shall be trained in the practical duties pertaining to a real nurse, and who shall be thoroughly imbued with the idea that the first and greatest function of a nurse is to care for the sick, and

INASMUCH as it is generally agreed by the medical profession throughout the country that women may be properly and thoroughly trained for such duties in a much shorter time than is now required for the graduation of Registered Nurses and that a curriculum requiring less theoretical teaching and more bedside training can be adopted that would develop efficient nurses in from nine months to a year and

INASMUCH as such hospitals as attempt to carry out such a course of instruction are hampered in their work by opposition from the Department of Education, now, therefore, be it

Resolved That the delegates of the Medical Society of the County of Erie be and hereby are instructed to bring this matter before the House of Delegates at its annual meeting in the City of Rochester on April 21st 1924, and urge upon that body the advisability of the Medical Society of the State of New York as a body attacking this problem and supporting by every means in its power legislation looking toward an amelioration of the conditions now existing



Dr Critchlow A second resolution, Mr Speaker

WHEREAS, It is the inalienable right of every American citizen, guaranteed by the Constitution of the United States, to have representation wherever taxation is levied, and inasmuch as every workman in the State of New York is directly compelled to aid in the support of the Compensation Commission in adjudicating the matters coming before it, without having any voice whatever concerning the choice of medical and surgical attention, he is placed in the same identical position as the American Colonists before the Revolution Be it therefore

*Resolved*, That the Medical Society of the County of Erie, in convention assembled this 19th day of April, 1924, places itself on record as opposed to any legal restriction of the right of a workman to choose any registered physician or surgeon as his attendant under the Workmen's Compensation Law And be it further

*Resolved*, That this Society instruct its delegates to the Medical Society of the State of New York, its Committee on Economics and its Committee on Legislation to do everything to establish this principle in the law of New York State, and that the Secretary of this society at once communicate this action to each one of the other county societies

*Resolved*, That the Medical Society of the County of Erie at this time goes on record as opposed to any restriction of the right of a workman to choose any registered physician as his medical attendant under the Workmen's Compensation Law.

That this Society hereby instruct its Delegates to the State Society, its Committee on Economics and its Committee on Legislation to do everything possible to establish this principle in the law of New York State, and

That the Secretary at once communicate this action to each of the other County Medical Societies

Dr Critchlow A third resolution

*Resolved*, That our delegates to the State Society be instructed to present to the House of Delegates of the State Society, before the final adoption of the revised constitution, the following amendment to the by-laws of the State Society

"Any amendment or addition to the by-laws of a component County Society concerning matters wholly within the province of a County Society and not involving the State Society, not approved by the Council of the State Society, may be enforced by the component County Society and, in such an event, all responsibility for the enforcement of such amendments or additions thereto will rest solely within the component County Society" And be it further

*Resolved*, That a copy of this resolution be sent to every County Society in the State of New York to the end that the constitution of the State Society shall be amended as to grant greater freedom in the management of county affairs to the component County Societies

The resolutions offered by Dr Critchlow were seconded, and referred by the Speaker to Reference Committee B

Dr Albert Warren Ferris, Schuyler I move a suspension of the reference committee rule in order that I may present a resolution for action by a rising vote.

Seconded, and unanimously carried

Dr Ferris I offer the following resolution

*Resolved*, That in appreciation of his courage, untiring efforts, tactful methods, unusual efficiency and devotion, the hearty thanks of the Delegates be and hereby are given to Dr James N Vander Veer, Chairman of the Committee on Legislation, and also to his associates, Dr Frank D Jennings and Dr George Critchlow

Seconded, and carried unanimously by a rising vote.

The Speaker Dr Vander Veer, we will hear from you on that question

Dr Vander Veer Mr Speaker, and Gentlemen I am sure that we have done no more than our duty in trying to put the medical profession in the State of New York on a higher plane for greater public health, and I am sure I speak for Dr Critchlow and Dr Jennings We thank you

Dr Henry S Stark, New York I have a resolution for the appointment of a Special Committee on Medical Practice, which I now shall read

The President shall appoint a Committee of seven members of the Society, who shall be charged with the duty of preparing a bill which defines and regulates the practice of medicine, and which bill shall be introduced in the next Legislature, providing it meet the approval of the Council, and said bill shall call for a new and single registration of all physicians engaged in the practice of medicine, or in other lawful occupations, within the State, in the year 1925

Said bill shall be ready for submission to the Council at the meeting held before the opening of the Legislature, and if approved by it, the Council shall take the necessary steps to have it introduced in the Legislature. The bill shall be published as soon as practicable in the JOURNAL.

Seconded

The Speaker Referred to Reference Committee C.  
Dr O'Reilly May I at this time offer an amendment to this motion? This amendment was adopted in principle and purpose, but not in effect, because the hour was late, at the last meeting of the Medical Society of Kings

WHEREAS, The Medical men of the County of Kings, by means of a Committee on Illegal Practice, acting in concert with the District Attorney of the County, through the Courts of the State, under existing laws, have already substantially completed a survey of the duly licensed practitioners of Medicine within the County and have secured the arrest of eight alleged illegal practitioners and warrants for four more who have fled the State to escape arrest, and the conviction of one for Manslaughter in the Second Degree, and

WHEREAS, "What men have done, men may do," therefore be it

*Resolved*, That the medical Society of the State of New York record its disapproval of the policy of Re-registration, Annual or otherwise, at this time and until the Medical Societies of the various Counties have had an opportunity to put into effect the plan adopted by the Medical men of the County of Kings, and be it further

*Resolved*, That the County Medical Societies are hereby requested and directed to make such survey of their Counties and to complete same by the first day of October, 1924, sending copy of such survey to this State Medical Society and to the Board of Regents and to the County Clerk of the County in which their Society is located, and be it further

*Resolved*, That a copy of this Resolution and the Kings County Plan appended hereto be published promptly in the JOURNAL of the State Medical Society and a copy thereof given to the Associated Press, to the end that the Profession and the People may know of this constructive measure and all aid in this work which is primarily the concern of the People of the State and the clear duty of their Agencies of Healing

Seconded, and referred to Committee C with the previous resolution offered by Dr Stark

The "Kings County Plan" referred to in the above resolution is as follows

Obviously if a Committee on Illegal Practice of the Medical Society of the County of Kings, which has a



population of 2,500,000 and a Physician population of about 2,500 and a State Society membership of 1,505 can, in the course of six weeks substantially complete a survey of the County's doctors and secure the co-operation of the District Attorney and insure the arrest of six alleged illegal practitioners and warrants for a dozen more and the conviction of one for Manslaughter in the Second Degree, in which the Court charged the Jury, as follows

"If the defendant took charge of this case, he impliedly claimed to possess the reasonable degree of learning and skill ordinarily possessed by physicians serving in this locality and regarded necessary to qualify them to engage in the practice of medicine."

Surely a County like Lewis, with a State Society membership of fourteen should be able to complete such survey in a day

The argument that the medical men of the rest of the State would not devote the time and energy and the small amount of money necessary to accomplish this work by the first day of October, 1924, assumes a degree of inferiority of morale which we are not willing to admit.

Surely the medical men must realize that the hardship or effort which such a survey will entail is far preferable to the jeopardy which the Kenyon 1920 Bill and the Bloomfield 1922 Bill and the Carroll Lattin 1924 Re-registration Bill contained, not only as the fulfillment of a threat uttered in the County of Kings during our Anti-Compulsory Health Insurance campaign, but also the impairment of morale which would flow from the revocation and repeal of Sections 170-c and 170-d which make the violation of Section 80 of the Penal Law and Section 1142 of the Penal Law a proper subject for the revocation of a license.

We are not in position to ask any District Attorney to clean up the illegal practitioner situation until and unless we are first prepared to show him who are entitled to practice without question, either by means of our own County Medical Society critical examination of qualifications for membership or by means of responsible and dependable sources of information which are as available to us as they are to any other group of citizens.

Having done this by means of a Committee on Illegal Practice, and having informed our membership and the known qualified practitioners who are not of our membership that the Committee will receive information from Doctors or the People with regard to probable or known illegal practitioners and that the Committee will transmit such bare information, without the name of the informant, to the District Attorney of the County and put it up to him to make his own investigation and his own complaint to fulfillment of his oath of office, then we are in position to demand action and if such action be not forthcoming within thirty days the Committee can report to the County Medical Society. If no action be forthcoming in sixty days the Committee shall so report to the County Medical Society for action, notifying the District Attorney not later than three days before the date of such County Society meeting (excluding Sundays and holidays) so that he may be present and heard, if so desired.

Then if it be shown that the District Attorney is negligent or that he has not the force and equipment to do the necessary work of locating and apprehending such illegal practitioners as have been brought to his attention, the County Society will transmit such information to the President of the State Medical Society who shall thereupon request the Governor to ask the Attorney General under the Executive Law, Section 62, to designate a Special Deputy Attorney General with power to act in concert with or supersede any District Attorney in any County in any proceeding in which the

State, as such is a Party in interest, and surely the State, as such, is a party in interest in protecting its People from quackery fully as much as it is a party in interest in protecting the People from evasions of the Inheritance Tax Law or from the abuse of State institutions for the Insane, etc. in relation of which a Deputy Attorney General is assigned to various Counties throughout the State. Or in interest as much as it is in the prosecution of violations of the Franchise Law or in the prosecution of the Road Graft cases a few years ago when a Special Deputy Attorney General, with power to act in concert with or supersede a District Attorney was designated.

With such a survey to be completed by October 1, 1924 we will be in position when the Legislature of 1925 begins its work to demand such enabling legislation as will provide for funds to be appropriated to help the Board of Regents to "follow up" and keep up to date the records of licensees and to further facilitate the location and elimination of the alleged practitioner

If it be found, October 1, 1924 that the Medical Profession of this State is unwilling to do its part to put this proved plan into effect to their respective Counties then the Medical Profession can not be heard to object to any kind of Re-Registration Bill that may be introduced and the aggressive Citizenship of Kings County Medical men which has materially prevented the enactment of a Re-registration Bill since the Kenyon Bill of 1920 will have been wasted and the Medical Society of the County of Kings shall have to apologize to its People for its confidence in the good faith of its colleagues in other Counties

If it be found, October 1, 1924, that a substantial survey of all the Counties in the State has been made and filed with the Board of Regents we will be in position to demand from the Legislature the appropriation of funds to the Board of Regents to keep it going in perpetuity

If it be found, October 1, 1924, that the Medical men of the State have been unable, with diligent effort, to substantially complete a survey and that the Doctors and People have been indisposed to help in the plan of locating the illegal practitioners then let us make it our business to unite upon such a Re-registration Bill as the following

Section 170-A. Every person in the State of New York who holds himself forth as being able to diagnose, treat, prescribe or operate upon a human being for the relief, alleviation or cure of any disease or abnormal condition of body or of mind, by any means or in any manner whatsoever shall, between the First and Thirty first of October, in the year nineteen hundred twenty five, make application for Registration upon triplicate blanks which shall be supplied, upon request in person or by mail, to the Board of Regents or the County Clerk of the County in which such person exercises such function of healing

Such triplicate application blanks shall be furnished free and the applicant shall place thereon his name address nativity citizenship (birth or naturalization) and the name of the institution from which graduated with the date thereof together with the number and date of the license issued to him by the Board of Regents of the State of New York or such other credentials provided by the Laws of the State of New York, under which he claims the right to so exercise his function of healing

Failure to so register shall suspend the right to exercise such function of healing until and unless it is secured by the unanimous vote of the Board of Regents upon representations made by the person so suspended.

Exercise of the function of healing in any manner or by any means whatsoever without such Registration shall be a misdemeanor and upon conviction for the



first offence shall be punished by imprisonment for not less than thirty days or more than one year. A second violation of this section shall be a felony, punishable by imprisonment in a State Prison for not less than one or more than ten years.

Such triplicate blanks, when completed and verified by oath or affirmation shall be filed with the Board of Regents at Albany, either in person or by Registered mail, whereupon the Board of Regents shall verify and certify, by the fixation of its seal, all three copies of such application, duly registering such applicant and retaining one copy of such certified application blank, sending one copy to the County Clerk of the County in which the application was initiated and sending the third copy to the applicant which shall be evidence of compliance with this section and shall be attached securely to his License and displayed, prominently, in the place principally used by him in the exercise of his function as healer, and upon his death it shall be returned by his heirs or next of kin to the Board of Regents of the State of New York, together with his License, for cancellation, and in the event of his retirement from the Practice of his Profession or his commitment or adjudgment as mentally incompetent such Registration blank and License shall be returned to the Board of Regents, in escrow, until his death, when it shall be cancelled, or until his return to practice or recovery of mentality, when it shall be restored upon representations made by such practitioner.

Dr O'Reilly, on behalf of the Medical Society of the County of Kings, offered an amendment to Article IX, as follows:

"At any annual or stated meeting of the Society or of the House of Delegates a majority of the members present may, or, on written and signed request of two hundred members of the Society, the Council shall, order a referendum on any question consistent with the Constitution and By-Laws and in accordance with such regulations respecting the submission of the question as the House of Delegates or the Council may prescribe. The members shall vote thereon by mail. The polls shall be closed at the expiration of fifteen days after the publication of the issue of the *STATE MEDICAL JOURNAL* containing the proposal or question to be referred, and if the members voting shall comprise a majority of all the active members of the Society, a majority of such vote shall determine the question and be binding on the Society and the House of Delegates.

Referred to the Committee on Constitution and By-laws.

Dr MacFarlane, Albany. In the report of the Committee on Scientific Work there were several suggestions made with regard to educational work. What I would like to know is whether those suggestions or recommendations will be taken up by the present Committees, or will it be necessary for me to introduce a resolution in order to bring such suggestions or recommendations to the attention of the house?

The Speaker. Is that a supplementary report?

Dr MacFarlane. No.

The Speaker. Then that goes to Reference Committee A.

The Secretary read the list of applicants for retired membership, and the applications were referred to Reference Committee B.

On motion of the Secretary, duly seconded and carried, a thirty minutes recess was declared.

The meeting was called to order by the Speaker at 4 20 P M.

The Speaker. Are any Reference Committees ready to report?

There being no response, upon motion, seconded and carried, a further recess of ten minutes was declared.

The meeting was called to order by the Speaker at 4 35.

Dr Dougherty, New York, Chairman of the Reference Committee on Constitution and By-laws. Your Committee first took up the amendments as handed in at our last annual meeting. We find that these amendments have, in substance but not in verbiage, been included in the revision of the Constitution and By-laws. We therefore recommended that they be taken up not as printed and sent to us, but be taken up as incorporated in the revision of the Constitution and By-laws. In the revision the fundamental principles, the basic ideas upon which our organization is founded, have been formulated as the Constitution, then, as a superstructure, they have built on that foundation the By-laws, which are divided into sections and amplify the Constitution as to the details and the methods.

## ARTICLE I

### THE PURPOSES OF THE SOCIETY

There is no change in that paragraph, but I would like to ask the opinion of the house as to the phrase "to protect them against imposition." That is rather a peculiar phrase, and your Committee would like to know if you wish that kept in—"to guard and foster the material interests of its members, and to protect them against imposition." How are we to protect our members against impositions, and what are the impositions? It seems rather a peculiar phraseology. We have no recommendations to make. If no one wishes a change, I move it be adopted as printed.

The Speaker. As there has been no change in that, it is considered adopted.

Dr Dougherty. Article II. Membership. No change.

The Speaker. That will be considered adopted unless there is some objection. There being none, it is so ordered.

Dr Dougherty. Article III, House of Delegates, is revised. It is changed by the addition of the words "It shall pass upon the credentials and qualifications of delegates and shall finally decide who are entitled to be members of the House of Delegates. It shall have power and authority to suspend or otherwise discipline its own members, district branches, component county medical societies or any member of the Society, charged with special duties for and under authority of the State Society."

One other small change in front of the words "rules and regulations"—"it shall adopt." That is merely to break a number of small clauses that form a long sentence—changing "for rules and regulations" to "it shall adopt rules and regulations for its own government."

Upon motion of the Secretary, seconded and carried, the courtesy of his presence in the house was extended to a visiting delegate from New Jersey, Dr. English.

Dr Dougherty. I move the adoption of Article III as amended. Seconded.

Dr O'Reilly. "It shall pass upon the credentials and qualifications of delegates and shall finally decide who are entitled to be members of the House of Delegates." Since the credentials and qualifications of all Delegates are passed upon by their respective County Medical Societies and bear the imprimatur of the County Medical Society, it seems to me a rather unwise policy to transfer to a small body of men like this the right to repudiate the action of the County Medical Society and pass upon, or reject if they so desire, men who have been selected by County Medical Societies. It opens the door to packing the House of Delegates with undesirables, and to my mind is a very, very bad move. I would amend Article III by eliminating that clause, "It shall



pass upon the credentials and qualifications of delegates and shall finally decide who are entitled to be members of the House of Delegates." In other organizations, such as legislative bodies that is surely the rule, but you must remember that in those bodies the man operated against would have an appeal to the courts. In this body he has no such appeal. He would be bound hand and foot by the action of a small group of men repudiating the action of the County Society.

Dr Koptetzky, New York Every house has a right to judge its own membership and every defeated delegate has the right of review by the court.

Mr Whiteside I think everyone has a right of recourse to the courts. The mere fact that he has such recourse is no reason why a body should not exercise its prerogatives and rights. All action that is unlawful is subject to the right of review. The mere fact that a member might, under certain circumstances have recourse to the courts is nothing extraordinary or unusual.

Dr O'Reilly Mr Speaker—

The Speaker You may not speak again unless you have the consent of the house. If you wish I will ask the consent of the house. All in favor of permitting Dr O'Reilly to speak further on the question say "Aye," opposed say "No."

Motion lost

The Speaker All in favor of the adoption of Article III please rise. All those opposed will rise.

Motion carried, 78 to 15

Dr Dougherty Article IV Council

We have inserted the word "and" before 'the retiring President.' I move its adoption as amended

Seconded and carried.

Dr Dougherty Article V Officers

"The officers of the Society shall be a President two Vice Presidents a Speaker and a Vice Speaker of the House of Delegates, a Secretary an Assistant Secretary a Treasurer, an Assistant Treasurer and one Councilor from each District Branch who shall be the President thereof. He shall be elected by the District Branch in which he resides for a term of two years. The officers except the councilors shall be elected for one year or until their successors have been duly chosen. They shall take office at the termination of the annual meeting"

I move the adoption of Article V

Seconded and carried.

Dr Dougherty Article VI Censors

The President, the Secretary and eight district councilors shall be known as the Board of Censors of the Society. The House of Delegates shall elect them as such annually

"Five Censors shall constitute a quorum. The President and Secretary shall be the President and Secretary respectively, of the Board.

"The Board of Censors shall meet upon the call of the President. The Secretary shall prepare and submit the report of the Board of Censors to the House of Delegates."

I move its adoption.

Seconded and carried.

Dr Dougherty Article VII Meetings

"The Annual and the Intermediate Stated Meeting of the Society or of the House of Delegates shall be held at the time and the place designated by the House of Delegates. The Council, for sufficient cause, may change the time and the place of such meetings provided the House of Delegates is not in session."

I move its adoption as read

Seconded and carried.

Dr Dougherty Article VIII Funds

"Funds shall be raised by an annual per capita assessment on each component county society at a uniform per capita rate throughout the State. Funds may also be raised in any other manner approved by the House of Delegates or by the Council when the said House of Delegates shall not be in session. No funds of the Society shall be appropriated for any purpose, except by the authority of a resolution of the Council nor shall any indebtedness be incurred by any officer, committee, members of committees or members of the Society as a charge against the Society until the same shall have been approved by the Council."

Your Reference Committee has added the word 'Committee.' It did not say anything about the committees acting in a body

I move its adoption as corrected.

Seconded

Dr Ludlum of Kings, moved to amend by adding the words "and the aggregate of such assessments for any member in any one year shall not exceed five dollars."

The proposed amendment was seconded and lost.

The original motion that Article VIII be adopted as read was voted upon and carried

Dr Dougherty Article IX. Referendum.

"At any annual or stated meeting of the Society or of the House of Delegates a majority of the members present may order a referendum on any question consistent with the Constitution and By laws and in accordance with such regulations respecting the submission of the question as the House of Delegates or the Council may prescribe. The members shall vote thereon by mail. The poll shall be closed at the expiration of fifteen days after mailing the question, and if the members voting shall comprise a majority of all the active members of the Society, a majority of such vote shall determine the question and be binding on the Society and the House of Delegates."

Dr O'Reilly offers an amendment to that

"At any annual or stated meeting of the Society or of the House of Delegates a majority of the members present may or on written and signed request of two hundred members of the Society the Council shall order a referendum on any question consistent with the Constitution and By laws and in accordance with such regulations respecting the submission of the question as the House of Delegates or the Council may prescribe. The members shall vote thereon by mail. The polls shall be closed by the expiration of fifteen days after the publication of the issue of the STATE MEDICAL JOURNAL containing the proposal or question to be referred, and if the members voting shall comprise a majority of all the active members of the Society a majority of such vote shall determine the question and be binding on the Society and the House of Delegates."

Your Committee endorse Article IX as printed and disapprove the amendment of Dr O'Reilly

The Speaker The question is on Dr O'Reilly's amendment first.

Dr O'Reilly I move the two clauses of my amendment be voted upon separately

The Speaker Are there two questions in the amendment, Mr Chairman?

Dr Dougherty I do not see where there are two questions

The Speaker Then you are voting on the amendment offered by Dr O'Reilly of Kings. All in favor of that motion say "Aye." Those opposed, "No." The amendment is lost.

Now you are acting upon the original motion, Article IX as printed. All in favor say "Aye" opposed, "No." Carried



Dr Dougherty Article X District Branches

"Each District Branch may adopt a constitution and by-laws for its government and may amend the same, but before becoming effective they must be approved by the Council. They shall be consistent with the Constitution and By-laws of this Society"

I move the adoption of Article X as printed  
Seconded, and carried

Dr Dougherty Article XI Component County Medical Societies

No change. I move its adoption  
Seconded and carried

Dr Dougherty Article XII Amendments

I move its adoption as printed  
Seconded and carried

Dr Dougherty By-laws  
Section 2

I move the adoption of Section 2 as printed  
Seconded and carried

Dr Dougherty Section 1

There has been added Dr Rooney's amendment

"No applicant shall be eligible to membership if his diploma or license be of a sectarian character unless the applicant declare in writing his or her abnegation of sectarian title, nor shall any applicant be elected to membership until he has established that he is of good moral and professional character and reputation, and that admission would not be prejudicial to the best interest of the Society"

I move the adoption of Section 1 Seconded

Dr Coville, of Tompkins I move to cut out "if his diploma or license be of a sectarian character unless the applicant declare in writing his or her abnegation of sectarian title, nor shall any applicant be elected to membership" It shall then read "No applicant shall be eligible to membership until he shall have established that he is of good moral and professional character and reputation, and that admission would not be prejudicial to the best interest of the Society"

Seconded

Dr Schiff, Clinton I move to refer this entire section back to the Committee, for the reason that it does not definitely state the qualifications for membership in this Society Seconded May I discuss the question?

The Speaker You may discuss the motion to refer but not the question referred

Dr Rooney May the Counsel give us his opinion as to whether or not this provision, if enacted, would apply to membership prior to the enactment of this amendment

The Speaker The Speaker has already decided that it does not affect those who are now members of the Society, but I will ask the learned legal counsel to dispute the Speaker's decision

Mr Whiteside Mr Speaker, I concur in the learned opinion given by the learned Speaker

The Speaker The question is upon the amendment of Dr Coville which provides that the words be deleted or stricken out

Motion carried

The Speaker Now the section as amended will be read by the chairman of the Committee.

Dr Dougherty "The active members shall be all members in good standing of the component county medical societies. A copy of the roster of such members certified to be correct by the Secretary of such county society shall be evidence of the right of the members whose names appear therein to membership in this Society. No applicant shall be eligible to membership until he has established that he is of good moral and professional character and reputation, and

that admission would not be prejudicial to the best interest of the Society"

The Speaker All in favor of the adoption of the section as amended say "Aye", opposed, "No"  
Carried

Dr Dougherty Section 3 Retired Members

I move its adoption as printed Seconded, and carried  
Dr Dougherty Section 4

"The honorary members of the Society shall be all persons now on the roster as such and in addition such distinguished physicians residing outside of the State of New York as may hereafter be elected. All nominations for honorary membership must be endorsed by three members of the Society and forwarded to the Secretary for presentation to the House of Delegates, which by a two-thirds vote of the delegates voting shall be declared elected honorary members of this Society, provided the nomination shall have been made at a previous annual meeting

I move its adoption

Seconded and carried

Dr Dougherty Section 5

No change. I move its adoption

Seconded and carried

Dr Bedell I move we adjourn, to reconvene at 8 P M

Seconded and carried

The meeting thereupon adjourned, at 6 10 P M, to reconvene at 8 P M

## — EVENING SESSION

The meeting was called to order by the Speaker at 8 35, who thereupon requested the Vice-Speaker to preside.

Vice-Speaker Fisher thereupon took the Chair

The Vice-Speaker Dr Dougherty will continue his report.

Dr Dougherty Section 6

I move it be adopted

Seconded and carried

Dr Dougherty Section 7

This section is new

"The annual meeting of the House of Delegates shall be held at 2 P M on the day before the annual meeting of the Society. The sessions of the House of Delegates may be adjourned from time to time as may be necessary"

Dr Phillips, New York It has occurred to me that there may be times when it will be extremely necessary that the House be called at a morning session or at some other hour, and I suggest the advisability, instead of mentioning 2 P M, of saying "the meeting of the House of Delegates shall be held on the day before the annual meeting of the Society, at such hour as may be decided upon by the Council"

Amendment seconded, and carried

Dr Phillips I move the adoption of the section as amended.

Seconded and carried

Dr Dougherty Sections 8, 9, 10 and 11

There is no change in those sections I move their adoption as printed.

Seconded and carried

Dr Dougherty Section 12

The only change is the second order of business—  
Report of Reference Committee on Credentials

I move its adoption

Seconded and carried



Dr Dougherty Section 13

We have put in the words "of the Society"—"No member of the Society shall be eligible for any office."

I move its adoption.

Seconded and carried

Dr Dougherty Section 14

I move its adoption

Seconded and carried

Dr Dougherty Section 15

Each member depositing his ballot on roll call the roll call to be individually or by counties.

I move it be adopted as corrected.

Seconded and carried

Dr Dougherty Section 16.

I move its adoption

Seconded and carried

Dr Dougherty Sections 17 18 and 19

No change.

Seconded and carried

Dr Dougherty Sections 20 21 and 22.

Seconded and carried they were adopted

Dr Dougherty Sections 23 to 29 inclusive.

I move the adoption of those sections

Seconded and carried.

Dr Dougherty Section 30 changed to say "The Executive Committee shall, with the aid of the legal counsel, examine the Constitution and By laws of component County Societies and District Branches and all amendments thereto which may be submitted."

I move its adoption as amended. Seconded and carried

Sections 31 and 32. No change.

Seconded and carried.

Dr Dougherty Section 33 Duties of the President. Your Committee has inserted "he shall be ex officio a member of all standing committees."

I move it be adopted as amended. Seconded and carried.

Dr Dougherty Section 34.

We insert "the ranking Vice-President, in the absence of the President, shall perform the duties."

I move its adoption.

Seconded and carried.

Dr Dougherty Sections 35 and 36

I move they be adopted as printed

Seconded and carried.

Dr Dougherty Section 37

I move it be adopted.

Seconded and carried.

Dr Dougherty Section 38.

We have added that he shall have all the rights and privileges of the office while acting as Secretary

I move it be adopted as corrected.

Seconded and carried.

Dr Dougherty Section 39

I move it be adopted.

Seconded and carried.

Dr Dougherty Section 40. Duties of the Assistant Treasurer

The Committee has inserted that he shall be entitled to all the rights and privileges of the office while acting as Treasurer

I move it be adopted as corrected.

Seconded and carried

Dr Dougherty Section 41

Dr Dougherty Section 42 has been amended as follows

"Allowances for expenses incurred in the actual performance of official duties by Officers, Councilors and Delegates to the American Medical Association shall be made in conformity with the following conditions: The President and the Secretary shall be allowed interstate railroad fares and a per diem for maintenance not to exceed ten dollars. The members of the Council and of the Executive Committee shall be allowed railroad fares to and from the places of meeting of these respective bodies. Proper vouchers must be filed with the Secretary and approved by the Executive Committee before any such allowance shall be made." That is new—approved by the Executive Committee. Heretofore they have been filed with the Secretary and paid. "The Delegates to the American Medical Association who have attended each session of the House of Delegates of that Association and who shall have filed with the Secretary evidence of such attendance shall be allowed the actual cost of railroad transportation and Pullman accommodations to the place of meeting and return. The vouchers of such expense shall be approved by the Executive Committee before payment. Each District Branch shall be entitled to receive a sum not to exceed one hundred dollars per annum to defray the expenses of holding the annual meeting of such District Branch provided a proper statement of such expense shall have been presented to the Secretary and approved by the Executive Committee. All bills claims or vouchers herein provided for shall be filed within thirty days after the date of the incurring of such expense. This time may be extended for any cause by the Council or Executive Committee and such extension shall not exceed ninety days"

The substance is practically the same, except that your Reference Committee has added that the bills shall be approved by the Executive Committee, and not merely filed

I move its adoption

Seconded and carried.

Dr Dougherty Sections 43 44 45 46 47 48 49, 50 and 51

Section 43 I move its adoption as printed.

Seconded and carried

Dr Dougherty Section 44 I move its adoption.

Seconded and carried

Dr Dougherty Section 45 I move its adoption.

Seconded and carried

Dr Dougherty Section 46 I move its adoption

Seconded and carried.

Dr Dougherty Section 47 I move its adoption as printed. It reads

"The Board of Censors shall consider the appeal on the data so submitted to it, and may affirm, modify or reverse, by a two-thirds vote of the Censors present and voting, the decision so appealed from. If, in its opinion the taking of further evidence is advisable, the Board of Censors may summon witnesses and proceed to take such evidence in such manner as it may deem proper and render its decision by a two-thirds vote of those present and voting which decision shall be binding until reversed or modified by the House of Delegates."

Dr Schiff What will happen if they cannot get either a two-thirds vote for or against an appeal?

Mr Whiteside Then the decision of the lower tribunal remains in full force and effect.

Dr Schiff Under those circumstances it seems to me that less than a majority can uphold the judgment of the lower court and I move to amend this to make it a majority instead of two-thirds.

Amendment seconded.



Dr Dougherty On advice of Counsel, I will reframe the matter so as to read "The Board of Censors shall consider the appeal on the data so submitted to it, and may affirm on a majority vote, and modify or reverse on a two-thirds vote."

Dr Schiff I accept that and withdraw the amendment Section 47, as reframed, was voted upon and adopted

Dr Dougherty Section 48

Our Legal Counsel advises us to strike out the first section (a), stating that the Board of Censors should not supersede the county medical society in charges preferred against one of its own members, it cannot assert the jurisdiction I move it be adopted with (a) deleted

Seconded and carried

Dr Dougherty Section 49

I move it be adopted as printed

Seconded and carried

Dr Dougherty Section 50 I move it be adopted as printed

Seconded and carried

Dr Coville I want some information on Section 50, just passed Why does it say "testimony not stenographically reported"?

Dr Dougherty Where the testimony is not reported stenographically a digest of the testimony is to be furnished

Dr Dougherty Section 51 I move its adoption as printed

Seconded and carried

Dr Dougherty Section 52

Dr Dougherty Section 52 The Standing Committees are changed

I move its adoption

Seconded and carried

Dr Dougherty Section 53

I move its adoption as printed

Seconded and carried

Dr Dougherty Section 54

I move it be adopted as printed

Seconded and carried

Dr Dougherty Section 55

I move it be adopted as printed

Seconded and carried

Dr Dougherty Sections 56, 57 and 58 No change I move they be adopted as printed

Seconded and carried

Dr Dougherty Section 59 I move its adoption as printed

Seconded and carried

Dr Dougherty Section 60

I move its adoption

Seconded and carried

Dr Dougherty Section 61 I move its adoption

Seconded and carried

Dr Dougherty Section 62 I move its adoption as printed, with the addition of the word Special before Committees

Seconded and carried

Dr Dougherty Section 63

I move it be adopted

Seconded and carried

Dr Dougherty Section 64

I move it be adopted

Seconded and carried

Dr Dougherty Section 65 I move its adoption as printed.

Seconded and carried

Dr Dougherty Sections 66 to 71 inclusive

I move they be adopted as printed

Seconded and carried

Dr Dougherty Sections 72 to 75 inclusive.

I move they be adopted as printed

Seconded and carried

Dr Dougherty Sections 76 to 77 I move their adoption as printed

Seconded and carried

Dr Dougherty Section 78

I move it be adopted as printed

Seconded and carried

Dr Dougherty 79 to 84 inclusive your Committee has adopted as printed

I move their adoption

Seconded and carried

Dr Dougherty Sections 85 to 88 inclusive

I move their adoption as printed

Seconded and carried

Dr Dougherty Section 89 There is one desirable change "The President shall order a trial"

I move its adoption as corrected

Seconded and carried

Dr Dougherty Sections 90 to 95 inclusive No changes

I move they be adopted as printed

Seconded and carried

Dr Dougherty I move that the revised Constitution and By-laws as amended be adopted as a whole.

Seconded and carried

Dr Fox, Chairman of Reference Committee on the President's Address Your Committee recommends the adoption by the House of Delegates of the following

First That the dues in the State Society be made \$10 per annum

Mr Speaker, I move the adoption of this resolution

Seconded

Dr Kevin, Kings I would like to offer an amendment "BE IT RESOLVED that the President shall appoint a Budget Committee of three, of which the Treasurer shall be a member, who shall study the financial needs of the Society for the ensuing year, and on the basis of this study the Council shall assess the amount of dues requisite for the ensuing year"

Seconded

Dr Kopetzky, New York I offer an amendment to the amendment After the words, "on the basis of this study the Council shall assess the amount of dues requisite for the ensuing year," add, "not to exceed the sum of three dollars"

Dr Kevin I accept the amendment

Seconded

Dr Dougherty I doubt if the Council has power to fix dues

Mr Whiteside I am asked here to give an opinion that is supposed to have a lasting effect, and to give it on a very short notice This is a subject that really requires more study However, under Article III of the Constitution as adopted we find, in defining the House of Delegates and its authority "It may delegate any of the affairs of the Society to the Council, with power and authority to act thereon while the House of Delegates is not in session" I should say, therefore, while the House of Delegates is in session it does not appear to be a specific grant of power for the delegation of its authority to the Coun-



cil. Under Article VIII, however, dealing with Funds it says, "Funds shall be raised by an annual per capita assessment on each component county society at a uniform per capita rate throughout the State." There is no specific provision in that particular clause which would prevent the delegation of authority "Funds may also be raised in any other manner approved by the House of Delegates," which seems to be a broad, general authority on the part of the House of Delegates to decide the manner in which funds shall be raised provided they are uniform and on a per capita basis. Or by the Council when the said House of Delegates shall not be in session." I think the latter provision, however, does not exclude the House of Delegates from raising funds in such manner as it may agree. If that manner be by delegation of authority to the Council, I think it would be an exercise of constitutional power.

Dr Kopetzky "Resolved that the President shall appoint a budget committee of three, one of which shall be the Treasurer, who shall study the financial needs of the Society for the ensuing year and on the basis of this study recommend the amount of dues for the ensuing year, but this sum shall not exceed three dollars."

Dr Schiff I ask the House of Delegates to take very careful action on this amendment, because if I remember it, it actually reduces the dues to three dollars.

The Vice-Speaker It appears you are reducing the dues from five to three dollars.

Dr Kopetzky My amendment to the amendment is that the word "increased" be included.

Upon being submitted to a vote, the amendment to the amendment was defeated.

Dr Kevin I move that we increase the dues three dollars as a substitute for the Committee report.

Dr Critchlow I move the previous question.

Seconded and carried.

The Vice-Speaker We are now acting on the original motion, of the Committee, that the dues in the State Society be made ten dollars per annum. Those in favor of the original motion will rise. Those opposed will rise.

Carried, 90 to 40.

Dr Fox Second that a paid legislative executive be appointed by the Council on recommendation of the Legislative Committee, the salary to be fixed by the Council.

I move the adoption.

Seconded and carried.

Dr Fox Third the establishment by the Council of a Bureau of Medical Publicity whose scope of activities shall be determined by the Council.

I move the adoption.

Seconded and carried.

Dr Fox Fourth that a survey be made by the Council on the question of periodic health examinations.

I move its adoption.

Seconded and carried.

Dr Fox Fifth, that the STATE JOURNAL be published in nine monthly and ten weekly issues.

I move the adoption of this resolution.

Seconded.

Dr Phillips It strikes me that it would be a far better motion that we recommend that the STATE JOURNAL be extended in every possible way but its manner be left to the judgment of the Council.

Seconded and carried.

The Vice-Speaker The amendment was passed and we are now on the original motion as amended.

Dr Rooney I move a substitute "The JOURNAL

shall be issued at least once monthly, and more frequently as directed by the Council.

Seconded.

Dr Phillips I will accept the substitute.

Dr Coville, Tompkins I move to amend in the middle part "Once a month and weekly during the meeting of the Legislature."

Dr Rooney I will not accept that amendment. I will accept a change so that the substitute amendment will read as follows "That the JOURNAL be published at least once monthly, and during the Legislative session weekly and more often as directed by the Council."

I will accept that.

Seconded.

The Vice-Speaker We are on the original motion as accepted by Dr Phillips and by Dr Rooney.

Dr Rooney I move it as a substitute.

Seconded and carried.

Dr Fox Sixth that the resolution offered by the President, regarding the appearance of members of this Society before any legislative bodies in opposition to any measure upon which the Society has adopted a definite plan, etc. be adopted in full.

I move its adoption.

Seconded.

Dr Bedell I ask that the original resolution be read in full.

Dr Fox "Be it Resolved that any member of this Society, before he appears other than in his individual capacity in opposition before any legislative body upon any matter concerning which the Society had adopted a definite policy, shall first apply to and receive from the county medical society of which he is a member, permission so to do and in default of such permission his appearance as a representative of organizations in opposition to the adopted policy of the Society shall be cause for discipline."

It was regularly moved and seconded that it be adopted.

Dr Ludlum I move an amendment "Unless he happens to be President of a District Branch and is acting for the majority of the Societies he represents."

Dr Coville I would like from Counsel a statement as to what constitutes discipline.

Mr Whiteside I should say that "discipline" would be any action on the part of such body as has authority under the Constitution and By-laws in the nature of inflicting a penalty, whether it be reprimand or more serious penalty, as long as it is in the nature of infliction of a penalty.

Dr Coville From what source would that discipline come?

Mr Whiteside That would be exercised in accordance with the provision of the Constitution and By-laws—lawfully.

The Vice-Speaker You have heard the question. All in favor say "Aye", opposed "No." Carried.

Dr Phillips I now move we adopt the report of this Committee as a whole.

Seconded and carried.

Dr Comstock, Chairman of the Committee on the Speaker's Address The Committee moves the adoption of the Speaker's recommendations contained on page two paragraph one, as follows "Therefore, I recommend that the Council, with the aid of the legal counsel, examine all the statutes including the Enabling Act of 1904 and the Supreme Court order which includes the agreement pursuant to the authority of said act and all the other acts which affect the Medical Society of the State of New York. And further to prepare bills to be introduced in the Legislature with the object of sim-



plifying the operation of the law and of removing the objectionable features in the statutes and providing, if possible, a codification of the laws governing the Medical Society of the State of New York"

I move its adoption

Seconded and carried

Dr Weber The Reference Committee on the Reports of Secretary, Treasurer, Council and Councillors, have met, read and approved the reports of Secretary, Treasurer, Council and Councillors and recommend their acceptance by the House of Delegates

Dr Weber We approve the second recommendation, that the House of Delegates by resolution express its appreciation of the Governor's action in calling a conference of members of this Society to discuss medical legislative matters

I move its adoption

Seconded and carried

The recommendation that the House of Delegates institute measures for increasing the income of the Society, and the recommendation that the JOURNAL be published more frequently, have already been acted upon.

Upon motion, seconded, the report was adopted as a whole

Dr Cunniffe, Chairman of Reference Committee on Report of Committee on Medical Economics

In regard to the report of the nursing problem, while this Committee realizes the increasing shortage of nurses existing today, still we do not feel that the suggestions offered in this report will effect a solution of the problem. We do feel, however, that a thorough study of this problem should be made in the near future so that some effective remedies could be advanced. This Committee indorses the attempt to amend the Workmen's Compensation Law in providing the free choice of physicians for employees and suggests that a special committee be appointed by the President of the Society to study all laws affecting Workmen's Compensation and report any suggestions for their modification to the Council of the State Society

I move the adoption of this recommendation.

Vice-Speaker The motion is carried

Dr Cunniffe The Medical Practice Act This bill, although possessing some objectionable features, was still, we believe, the best bill of its kind ever introduced in the legislature. We feel that further efforts should be made to obtain legislation for a similar effective medical practice act. We approve all the report except Article 7, regarding Pay Clinics. We do not approve the report on the matter of pay clinics. We feel that every pay clinic enters into unfair competition with the medical practitioners, even though it be self-supporting

I move its adoption

At this time Speaker Harris resumed the Chair

The Speaker All in favor of accepting the recommendation of the Reference Committee say "Aye", opposed, "No" Carried

Dr Cunniffe I move that the report be adopted as a whole, except the article on Pay Clinics

Seconded and carried

Dr Cunniffe Report of the Reference Committee on Public Health and Education

We have carefully studied this report and desire to approve it as a whole. We would like to indorse especially the recommendation in regard to periodic examinations of individuals by private physicians, and also to call attention to the report of the work of the Lay Society known as the Friends of Medical Progress. We urge the members of the Medical Society to give this organization its active support. We especially emphasize that part of the report describing the activities of the Medical Society of the County of Kings in its

efforts to provide post-graduate lectures for members of the medical profession

I move the adoption of this report

Seconded and carried

Dr Van Etten The Reference Committee on the Report of Legal Counsel heartily commends and approves the co-operation of their Counsel, Mr Whiteside, and of our Attorney, Mr Oliver, with Dr. E. Eliot Harris, Chairman of the Committee on Revision of Constitution and By-laws

We commend the work of the Counsel in faithful attendance and advice at the monthly meetings of the Council and of the Executive Committee.

We commend the Counsel's valuable co-operation in matters of legislation, constructive criticism of bills presented to the Legislature, safeguarding the Society, and especially his efforts in constructive clarification of the bill to amend the Medical Practice Act.

We especially commend the Counsel for his conduct of the Legal Department of the JOURNAL. We believe that his editorials, his case reports, and his discussion of various phases of cult practices, especially his discussion of the chiropractic menace, are of great educational value.

We recommend that such of his editorials in the JOURNAL, concerning chiropractic cult, as may be deemed most valuable in the opinion of the Publication Committee of the Council, be collated, reprinted and distributed too all of the medical profession of the State, to the clergy, to the press, to all legislators and to the heads of educational institutions

I move the adoption of that part of it.

Seconded and carried

Dr Van Etten We observe in the report of malpractice cases the careful analysis, and the very remarkable results of the legal defense as conducted by the Counsel. While the employment by members of the Society of the group plan of insurance against malpractice has increased from 31 to 47 per cent in three years, we recommend that the endorsement of this plan should be pushed in the various counties

From a study of the figures submitted we deduce the importance of an increase in the size of policies to higher liability limits

We recommend that the company now carrying our liability be retained and encouraged

I move the adoption of that part of the report

Seconded and carried

Dr Van Etten We endorse the communication of Counsel of the co-operation of the Aetna Life Insurance Company and of Mr Harry F Wanvig, who has been so largely instrumental in enlarging the group insurance plan throughout the State

We believe that a careful, deliberate study of the report of the Counsel will be most valuable to every member of this House

I move the adoption of the report as a whole.

Seconded and carried

Dr Van Etten With the approval of the Legal Counsel we endorse the recommendation incorporated in the letter of Mr Wanvig to the Society, namely, that every member of the Society should avail himself of the group insurance protection, and that all of the members should carry their insurance through the distinguished representative of the Society in the one company, thus assuring themselves of the services in defense by the Attorney of the State Society

I move the adoption of this report

Seconded and carried

Dr Hanbridge, Chairman of New Business Committee  
A The report of the Committee on Scientific Work



with the following amendments, is recommended In paragraph five to read

"Two possibilities appear open to the Society. First a series of small clinics aided by the State Department of Health, in sections of the State more or less remote from medical centers

"Second, there might be held each October in the large medical centers, a two-day exclusively clinical meeting"

We recommend the appointment of a Committee to carry out the details for such clinics.

Dr. Rooney, Albany I move that the matter be referred to a Special Committee of five, to be appointed by the Incoming President, who shall investigate, study and make a survey as recommended by this Reference Committee, and who shall to report to the Council who shall report to the House of Delegates

Seconded and carried

The Speaker The recommendations of the Chairman of the Committee will go with Dr. Rooney's motion The Chair so orders.

Dr. Hanbridge The request of the Cayuga County Medical Society recommending for retired membership Dr. John O. Palmer, John D. Tripp and Dr. Frank Kenyon approved.

The following physicians are also recommended for

retired membership Dr. Theodore D. Rupert when he becomes 70 years old Dr. Charles P. W. Merritt Dr. L. C. Waterman and Dr. James B. Rouse

The Speaker: All in favor of the report of the Committee my Aye, opposed 'No' Carried

Dr. Hanbridge then read the communication from Dr. O'Reilly embodying the substance of a resolution adopted by the Medical Society of the County of Kings, at its regular meeting March 18th which communication was read to the House at the afternoon session, its full text appearing elsewhere in this report.

Dr. Hanbridge We reluctantly do not recommend its adoption.

Dr. O'Reilly I move that the report of the Committee be not adopted.

The Speaker The motion is out of order because an amendment must be more than simply a positive or negative change in the wording

Upon motion, seconded the recommendation of the Committee, that the resolution be disapproved was adopted.

Upon motion of Dr. Ludlum seconded the meeting adjourned to re-convene Tuesday April 22 1924, at 9 a.m.

## ADJOURNED SESSION OF THE HOUSE OF DELEGATES, APRIL 22, 1924

The Speaker The secretary will call the roll

The Assistant Secretary called the roll and the following delegates responded Arthur M. Dickinson Thomas W. Jenkins, William P. Howard, Chauncey R. Bowen J. Lewis Amster, Edward R. Canniffe, Cornelius J. Egan, Vincent S. Hayward Maurice O. Magid Edmund E. Specht, Nathan B. Van Etten, Isidore J. Landsman Arthur S. Chittenden, Charles D. Squires, Myron C. Hawley Harry S. Bull Edgar Bieber, Reeve B. Howland, George DeB. Johnson, Leo F. Schiff, Charles D. Ver Nooy John A. Card Elsie R. Richie James E. Sadler Charles E. Abbott Marshall Clinton James A. Gardner, Harvey P. Hoffman, Earl P. Lotthrop, George R. Critchlow Francis M. O'Gorman Milton E. Bork John E. White, Sylvester C. Clemans, Clarence J. Whalen, William A. Wasson U. Grant Williams Murray MacG. Gardner, Robert F. Barber Thomas M. Brennan William F. Campbell, Roger Durham, Charles H. Goodrich, Charles A. Gordon Edwin A. Griffin Emil Goetsch, George D. Hamlin, Joseph W. Malone, John E. Jennings William A. Jewett, J. Richard Kevin William Under Walter D. Ludlum John J. Master son, John J. O'Reilly William T. Shanahan Nelson O. Brooks James P. Brady, Stearns S. Bullen, Erlo H. Gray Willard H. Veeder Floyd S. Winslow James B. Conant, Gustav A. Fensterer, George A. Newton Theodore H. Allen Milton A. Bridges Walter H. Conley Daniel S. Dougherty Ten Eyck Elmendorf Howard Fox Robert H. Halzey B. Wallace Hamilton Harold Hays David E. Hoag Ward B. Hoag S. Dana Hubbard Samuel J. Kopetzky George W. Kosmak, J. Milton Mabbutt, William M. Patterson Irving H. Pardee, Wendell C. Phillips Alfred C. Prentice, Henry S. Stark, Terry M. Townsend Henry H. Mayne, William A. Peart, Robert L. Bartlett, Thomas H. Farrell Andrew Sloan H. Burton Doust, Frederick W. Sears, Harry J. Brayton, Homer J. Knickerbocker Warren B. Andrews J. Fred Eckerson James E. Mansfield Addison H. Bissell, Carl Boettger Henry C. Courten, Frances G. Riley James R. Reuling L. Howard Moses, Joseph S. Thomas, Chester A. Hemstreet Frank M. Sulzman Charles R. Kingsley, Jr., Earl Warren Presley George A. Leitner W. Grant Cooper William B. Hanbridge Carl R. Comstock, Henry G. Hoghes

Frederick C. Reed, Albert Warren Ferris Robert M. Elliott, Deyo P. Mathewson Frank Overton William H. Ross, Luther C. Payne, Luzerne Coville Morris Maslon, Zenos V. D. Orton Lucius H. Smith, Edward F. Briggs Frank H. Knight, William H. Purdy George B. Stanway Edward W. Weber George E. Welker

The following officers and chairmen of standing committees were present Orrin Sage Wightman Charles O. Boswell E. Eliot Harris, George M. Fisher Edward Livingston Hunt, Wilbur Ward, Joshua M. Van Cott Andrew MacFarlane Owen E. Jones James N. Van der Veer Frank H. Lasher Arthur J. Bedell Walter H. Kidder Harry R. Trick.

The following ex-presidents were present George H. Fox Charles Stover, Wendell C. Phillips, William Francis Campbell Grover W. Wende, Thomas H. Halsted, J. Richard Kevin James F. Rooney Arthur W. Booth.

Dr. Sadler One of the Delegates from Dutchess Putnam is absent also his alternate is absent but the President of the Dutchess Putnam County Medical Society is present and would be glad to act if you so wish.

Dr. Card I second the request

The question was referred to the House and was carried.

The Speaker Dr. Ritchie will be seated as a Delegate from Dutchess Putnam by order of the House of Delegates

The Secretary The Committee on Credentials has reported to me that the roll is satisfactory as called.

Dr. Wightman Before proceeding with the election might I ask that Dr. Howe be heard further on the subject of the Prize Essay?

The Speaker If there is no objection Dr. Howe has the privilege of the floor. The name of the prize essayist was not presented yesterday.

Dr. Howe This prize is the property of the Society. It is therefore fitting that the prize should be awarded by the Speaker. The Committee is nothing more than the agent of the Society. The word on the envelope was diaphragm lamps.

The Speaker Is diaphragm lamps in this room? If so he will please rise.



Dr Bedell was escorted to the platform and the Speaker presented to him the Gold Medal for his essay on "A Study of the Vitreous"

Dr Howe The recommendation was in the form of two resolutions First, "RESOLVED, that the House of Delegates approve of the recommendation of the Committee on Prize Essay that future essays in competition for a prize shall be in the hands of the Chairman of the Committee at least thirty days before the annual meeting of this Society"

Number two is, "That the House of Delegates approves the recommendation of the Committee on Prize Essay concerning the model for the medal of award"

If we have a die made for that we will not only have a uniform prize but also facilitate the making of it and also make them more reasonable in cost

I move the adoption of those two

The Speaker They will be referred to Reference Committee A on New Business

Dr Howe Also, notice is hereby given of a proposed change in the Constitution to the effect that the Committee on the Prize in Ophthalmology shall hereafter be a Special Committee of three, consisting of two ophthalmologists and one general surgeon

The Speaker As this is an amendment to the By-laws it will be placed on file for action next year

President Wightman announced the presence of Dr Matthias Nicoll and Dr Augustus Downing, and stated the thanks of the Society is due to these gentlemen for the work done by them during the last year

Upon motion, seconded and carried the courtesy of the floor was extended them, whereupon the Speaker presented Dr Matthias Nicoll, Commissioner of Health of the State of New York, who addressed the meeting Owing to the temporary absence from the room of Dr Downing, his introduction was deferred

The House then proceeded to the election of officers

The Speaker appointed as tellers Dr Card, Dutchess-Putnam, Dr Ludlum, Kings, Dr Ferris, Schuyler, Dr Coville, Tompkins, Dr Kopetzky, New York, and Dr Sloan, Oneida Dr Coville was nominated as Second Vice-President and the Speaker appointed a substitute teller

Nominations were made as follows and the Delegates proceeded with the preparation of their ballots

For President Dr Owen E Jones and Dr W Dewey Alsever, First Vice-President, Dr George A Leitner, Second Vice-President, Dr Luzerne Coville, Dr Chauncey R Bowen and Dr Dyer, Speaker, Dr E Eliot Harris, Vice-Speaker, Dr George M Fisher, Secretary, Dr Edward Livingston Hunt, Assistant Secretary, Dr Wilbur Ward, Treasurer, Dr Charles Gordon Heyd, Chairman, Committee on Medical Economics, Dr Henry Lyle Winter, Chairman, Committee on Public Health and Medical Education, Dr Joshua M Van Cott, Chairman, Committee on Scientific Work, Dr Andrew MacFarlane, Chairman, Committee on Legislation, Dr James N Vander Veer (nomination refused)

On motion, seconded and carried the selection of Chairman of the Committee on Legislation was left to the Council. The Speaker suggested that Dr Vander Veer serve as Chairman of the committee ad interim

On motion, seconded, the selection of Chairman of the Committee on Arrangements was left to the Council Carried

It was moved and seconded that if any member writes more than six names on a ballot in voting for Delegates to the American Medical Association, the first six names only shall be counted

Carried.

Upon the call of the roll of officers, chairmen of

standing committees and by counties, the ballots were deposited and the Speaker declared the polls closed

The Speaker introduced Dr Augustus Downing, of the Department of Education, who addressed the meeting

Dr Dougherty Mr Speaker, I wish to make a motion while all the Delegates are here, that you will pass unanimously It does not affect the policy of the Society I want to move that Miss Baldwin be tendered a vote of thanks and appreciation for her loyalty and fidelity to the Society, for her very constructive and intelligent handling of the business of the office of the State Secretary

Seconded

Dr Bedell, Albany I move as an amendment that this Society give Miss Baldwin an honorarium, after all these years, of \$500 for this year

The Speaker The Chair will have to declare the motion out of order All those in favor of the original motion, of Dr Dougherty, say "Aye" Opposed, "No" Unanimously carried.

The Speaker I will be glad to suggest to the Delegate that he can request the Council to do that, as it is the only body authorized to appropriate money Do you make that motion?

Dr Bedell I so recommend that the Council give Miss Baldwin an honorarium of five hundred dollars for this year

Seconded

The Speaker Dr Bedell recommends that the Council make an appropriation of \$500 for Miss Baldwin for this year All in favor say "Aye", opposed, "No" Carried unanimously

Dr Wightman In order to maintain the continuity of your legal office, I think a recommendation should be made to the Council to ask your present Legal Bureau at Albany to continue as it is until the Council may meet

Seconded and carried

The Speaker Is the Reference Committee on Legislation ready to report?

Dr Gordon, Kings The Reference Committee on the Report of the Legislative Committee submits the following recommendations

1 Recommendation that the State Society act upon local bills only when the local County Society calls attention to such bills as it desires action upon, or when the Committee on Legislation of the State Society deems action should be taken

I move its adoption

Seconded, and carried

Dr Gordon Recommendation that the question of interest to be taken in legislative matters by the State Society in relation to bills relative to allied professions be left to the discretion of the Committee on Legislation in consultation with the Executive Committee of the State Society

I move the adoption of that •

Seconded, and carried

Recommends that a special Committee be appointed by the House of Delegates, for the Study of the Workmen's Compensation Law, and a redrafting of the same be made, from the standpoint of the medical profession, for legislative action next year

I move its adoption

Seconded, and carried

Dr Gordon In reference to the request for guidance on Sections d, e, f and g of topic 5 discussed at the Conference of Legislative Chairmen, we recommend, that we urge such restriction on the use of the title "Dr" as will insure a maximum amount of protection



to the public and the medical profession. Restrictions on the use of the word "Dr." as stated specifically in the last proposed amendment to the Public Health Law known as the Medical Practice Act are substantially correct.

I move the adoption of that

Seconded, and carried

Dr. Gordon: We are not in favor of change of existing law as to the mechanism of issuing licenses for the practice of medicine in this State, not in favor of the State giving over its licensing power to a National Board of Medical Examiners, nor are we in favor of the deprivation of approved medical colleges of the power to confer degrees. The present law should be maintained with an examining board as to final qualifications for permission to practice in this State.

I move its adoption.

Seconded, and carried

Dr. Gordon: We recommend that the Bureau be continued and that surplus funds be appropriated for the use of the next Committee on Legislation.

I move the adoption of that

The Speaker: That has already been voted on.

Dr. Gordon: We recommend the dissemination of knowledge on questions of public health by sending the JOURNAL of the State Society to all the legislators, a selected group of newspapers, the allied professional State or District Societies of nurses, dentists, physicians and pharmacists and to a selected group of lay societies. We do not recommend sending the JOURNAL during the legislative session to all physicians in the State, on account of its cost, which would be much greater than the little good done. Efforts to reach these non-members should be made by the County Medical Societies.

I move the adoption of that

Seconded, and carried

Dr. Gordon: We approve the recommendation that provision be made for one or two conferences of the County Legislative Chairmen.

I move its adoption.

Seconded, and carried

Dr. Gordon: We approve of the employment of a paid full time executive provided the funds of the Society will permit.

I move its adoption.

Seconded, and carried

Dr. Gordon: We recommend that provision be made for any member of the Legislative Committee to go anywhere in the State to meet County or District Groups for the purpose of discussing legislation but we see no need for drawing a schedule for a formal tour of the State.

I move its adoption

Seconded, and carried

Dr. Gordon: We approve of the rule forbidding members of the State Society appearing before Committees as representatives of County Medical Societies without permission of the State Legislative Committee.

I move its adoption

Seconded, and carried

Dr. Gordon: We heartily approve and strongly urge the suggestion of the Legislative Committee that County Societies everywhere in the State make every effort to make social contacts with their legislators.

I move its adoption.

Seconded, and carried

Dr. Gordon: We approve of the recommendation that "during the summer County Societies and individual members be urged to send in to the Bureau

such questions on legislation as appear of value or of importance for introduction, that the same may be drafted into bills for introduction at the next Session of the Legislature."

I move its adoption

Seconded, and carried

Dr. Gordon: We do not approve of the recommendation to request the Legislature to form an Advisory Council of the profession of the State, including the Department of Health, the Department of Education, the Attorney General's office, the presidents of the legally recognized State Medical Bodies and others to be suggested for the reason that we fear we may create a body which may some day grow at the expense of our Society, and become non-representative of the Medical Profession. Let the State look to the Medical Society of the State of New York.

I move its adoption.

Seconded, and carried

Dr. Gordon: We approve of the recommendation that it be proper for the Legislative Committee to expend in its own judgment and in a proper manner funds to be used for paid statements to be published in daily newspapers during the legislative session in order to combat mis-statements issued from time to time by those unfriendly to medicine.

I move the adoption of that.

Seconded, and carried

Dr. Gordon: We wish to call attention to the increasing tendency to group practice under State direction and we recommend that it be the sense of this Society that no one should practice medicine under the jurisdiction of any State Departments unless regularly licensed to practice medicine in this state.

I move its adoption.

Seconded, and carried

Dr. Gordon: We approve of the carefully audited financial report of the Committee on Legislation, and we recommend that the Society thank the Chairman of the Committee for the tremendous amount of work the Committee on Legislation has so unselfishly done for us.

I move its adoption.

Seconded, and carried

Dr. Gordon: I move the adoption of the whole report.

Seconded, and carried

Dr. Sadler: Chairman of Reference Committee on New Business B. Your Reference Committee is not in accord with the resolution introduced by the Erie County Medical Society referring to the following amendments to the By-laws of the State Society:

Any amendment or addition to the By-laws of a component County Society concerning matters wholly within the province of a County Society and not involving the State Society, not approved by the Council of the State Society may be enforced by the component County Society and in such an event, all responsibility for the enforcement of such amendments or additions thereto will rest solely within the component County Society.

Your Committee of Reference cannot recommend this resolution. I move its rejection.

Seconded, and carried

Dr. Sadler: In reference to Workmen's Compensation in so far as claimant's right to choose any registered physician or surgeon as his attendant under the Compensation Law is concerned this Committee is heartily in favor of these resolutions and recommends their acceptance.

Seconded, and carried

Dr. Sadler: In relation to the resolution introduced by Erie County through Dr. Critchlow, with reference to the question of the nursing situation, we believe that



the first four paragraphs of the resolution are in accordance with the ideas of the medical profession in general. We disagree with part of the sixth paragraph, and would suggest that you introduce after "registered nurse" the following: "In order to meet the demands of suffering humanity and at the same time not interfere too radically with the present teaching of pupil nurses, we suggest that the preliminary educational requirements for entrance into training schools be modified so as to make graduates of eighth grade eligible for acceptance in the training schools of the State, and that the required course of instruction throughout the State be reduced to two years, with a lessened amount of theoretical teaching and a more intense course of bedside training."

We disagree with the sixth paragraph, in so far as it asserts that efficient nurses could be developed in from nine to twelve months, and feel that this type of nurse is cared for by provisions of the law in reference to trained attendants.

We recommend that the President of the State Medical Society appoint a committee of three to confer with the Department of Education with a view to legislation along the lines suggested by this resolution of Erie County and revised by this Reference Committee.

We move its adoption.

Seconded, and carried.

Dr Sadlier: I move the report as a whole be adopted.

Seconded, and carried.

The Tellers having announced their readiness to report the result of the election, the following were declared elected by the speaker:

President, Dr Owen E Jones, Rochester, First Vice-President, Dr George A Leitner, Piermont, Second Vice-President, Dr Luzerne Coville, Ithaca, Speaker, Dr Eliot Harris, New York City, Vice-Speaker, Dr George M Fisher, Utica, Secretary, Dr Edward Livingston Hunt, New York City, Assistant Secretary, Dr Wilbur Ward, New York City, Treasurer, Dr Charles Gordon Heyd, New York City, Chairman Committee on Scientific Work, Dr Andrew MacFarlane, Albany, Chairman Committee on Medical Economics, Dr Henry Lyle Winter, Cornwall, Chairman Committee on Public Health and Medical Education, Dr Joshua M Van Cott, Brooklyn.

The following delegates were declared duly elected to the American Medical Association for two years: Dr E Eliot Harris, New York City, Dr Thomas C Chalmers, Forest Hills, Dr Arthur J Bedell, Albany, Dr Orrin Sage Wightman, New York City, Dr Edward Livingston Hunt, New York City, Dr J Richard Kevin, Brooklyn.

Alternates: Dr Grant C Madill, Ogdensburg, Dr Thomas H. Farrell, Utica, Dr George B Stanwix, Yonkers, Dr James E Sadlier, Poughkeepsie, Dr Joseph B Hulett, Middletown, Dr Edwin MacD Stanton, Schenectady.

The following Censors were declared elected for one year: Drs Owen E Jones, Rochester, Edward Livingston Hunt, New York City, Edward C Rushmore, Tuxedo Park, Frank H Lasher, Brooklyn, Arthur J Bedell, Albany, Charles C Trembley, Saranac Lake, Nelson O Brooks, Oneida, George H Fox, Binghamton, William I Dean, Rochester, Harry R. Trick, Buffalo.

Dr Winslow, of Monroe, at the request of the Speaker, escorted Dr Jones to the platform, and he was introduced as the new President of the Society.

Dr Jennings, Chairman of Reference Committee on New Business C: The Committee recommends the rejection of Dr O'Reilly's amendment of the resolution calling for a special committee on medical practice made

by Dr Henry S Stark of New York, on the ground that the action proposed, while found applicable in the County of Kings, is not deemed practicable in other counties of the State. It further recommends the rejection of the motion made by Dr Henry S Stark of New York, on the ground that it limits in an undesirable way the action of the Council, and in lieu of the resolution referred to, the Committee recommend that such amendments to the public health law as are necessary to regulate the practice of medicine be formulated by the Council, and by them referred for approval by referendum sent by mail to the House of Delegates.

I move its adoption.

Seconded.

Dr Newton, Nassau: I wish to ask a question. Is it possible for us, as a House of Delegates, to so instruct our Committee on Legislation for future action that this much-discussed matter, namely, the re-registration feature of this bill, can be eliminated? Make it so that the Committee on Legislation, in which power will be centered, can be instructed by this House of Delegates to draw up a bill to eliminate the feature which seems to cause discussion.

The Speaker: The report of the Reference Committee is before you. If you have any amendment to make to that report I shall entertain it.

Dr Newton: I make that as a motion. This report, as I understand it, is a recommendation that this feature shall be incorporated in that bill.

At the request of the Speaker, Dr Jennings re-read the Report of Reference Committee on New Business C, and again moved its adoption.

Seconded.

The Speaker: Have you any amendment to offer? There being none all in favor of the recommendation of the Reference Committee say "Aye", opposed "No".

Carried.

Dr Jennings: I move the adoption of the report as a whole.

Seconded and carried.

The Speaker: Has any member of this House presented any matter to this House of Delegates, that has been referred to a reference committee and has not come back to this House? There being no response, we are ready for new business.

Dr Doust, Onondaga: We would like very much to have the next meeting of the State Society in Syracuse, and I hereby extend an invitation to the Society for that purpose.

Dr Phillips, New York: I move we accept this cordial invitation with the thanks of the House.

Dr Wightman seconded the motion.

The Speaker put the motion which was carried unanimously.

Dr Dougherty: I move that this House of Delegates, in order to remove the inconvenience incident to weather conditions and business conditions, request the Council to set the time for the next annual meeting of the House of Delegates not earlier than the first week in May.

Seconded and carried.

Dr Chittenden, Broome: I feel there should be some expression of regret at the passing of Dr John G Orton.

Dr Phillips: I move that when we adjourn we do so in memory of Dr John G Orton, one of the oldest members of the Society.

Seconded and carried.

The following resolution was offered by Dr Booth:



**RESOLVED** That inasmuch as the House of Delegates has provided for increased dues, and inasmuch as the present system of control of said funds rests with a body constantly changing in personnel, and hence more or less unfamiliar with the financial policies of the State Society, and

Inasmuch as by a change in the By laws there could be effected a plan for conserving and wisely expending said funds by means of a specially selected group known as Trustees, serving for a reasonable long period of years and

**WHEREAS** several other State Societies have adopted the Trustee plan, with satisfactory results therefore be it

**RESOLVED** that the House of Delegates at its next session so modify the Constitution and By laws as to permit the selection or Trustees for the administration of the Society funds

Dr Rooney I move, sir that this House express to the Committee on Arrangements its deepest thanks for their cordial invitation their reception and the very excellent plans they have made for this meeting

Seconded and carried

The Speaker announced by consent the House of Delegates is adjourned without day

E. ELIOT HARRIS Speaker

EDWARD LIVINGSTON HUNT Secretary

## Deaths.

BEASLEY, CRAWFORD D, Brooklyn, Long Island College Hospital, 1897, Member State Society Died March 13, 1924

DISBROW, FRANK IRVING, New Rochelle, New York University, 1880, Member State Society Died March 14, 1924

FISCH, GUSTAV G, New York City, College of Physicians and Surgeons of New York, 1892, Fellow American Medical Association, Fellow American College of Physicians, New York Academy of Medicine, Member State Society, Alumni Association Lenox Hill Hospital, Associate Physician Lenox Hill Hospital Died April 27, 1924

FITZSIMMONS JAMES CLELAND Brooklyn, Long Island College Hospital, 1888, Brooklyn Pathological Society, Member State Society Died April 12, 1924

LOLAND, JOHN PHILIP, New York City, New York University, 1884, Fellow American Medical Association, Member State Society Died April 11, 1924

GARDUTT FRANK, Mechanicville, Albany Medical College, 1872, Member State Society Died March 2, 1924

HOLMES, JOHN F, New York City New York University, 1875, Member State Society, Visiting Physician Union Hospital, Consulting Physician Bronx Eye and Ear Infirmary Died April 27 1924

ORTON, JOHN G Binghamton, New York University, 1853, Member State Society, Binghamton Academy of Medicine. Died April 21, 1924

OSTERHOUT EDGAR RANDOLPH, Ithaca, Bellevue Medical College, 1884, Fellow American Electrotherapeutic Association Member State Society Died March 14, 1924

PRICE, HENRY H Brooklyn, University of Pennsylvania, 1880, Fellow American Medical Association, Fellow American College of Surgeons, American Ophthalmological Society, Member State Society, Surgeon New York Eye and Ear Infirmary, Consulting Ophthalmologist St Catharine's Hospital Died April 17, 1924

RADCLIFFE, SUE Yonkers, Women's Medical College, Baltimore 1894, Fellow American Medical Association, Member State Society, Visiting Physician St. John's and Homeopathic Hospitals. Died April 15, 1924

RODMAN, HARRY, New York City, College of Physicians and Surgeons of New York, 1895, Fellow American Medical Association, Fellow American College of Surgeons, Member State Society, Alumni Association Mt. Sinai Hospital, Oto-Laryngologist Hospital Joint Diseases, Surgeon Bronx Eye and Ear Infirmary, Chief of Clinic Joint Diseases and Bronx Eye and Ear Dispensaries Died April 29, 1924

SNELL WILLIAM M, Theresa, New York Homeopathic Medical College, 1900, Member State Society Died April 14, 1924

VAN ORDEN, FRANK M, New York City, College of Physicians and Surgeons of New York 1897, Member State Society Died May 6, 1924

WEBSTER, WILLIAM B, Schuylerville, Albany Medical College, 1881, Fellow American Medical Association, Member State Society Died April 6, 1924



# EDITORIALS

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer

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## PUBLIC HEALTH AND THE PRIVATE PRACTITIONER

Official health administration, national, state and local, is so closely linked with the work of the medical profession that the value of the laws and regulations affecting the public health is largely dependent on their strict observance by, and whole-hearted support of, the practicing physician

It has been frequently stated that public health work which results in lowering the incidence of disease and teaches people to care for their own health is necessarily an economic detriment to the private practitioner. Theoretically this reasoning is logical, but as a fact has proved to be fallacious, for experience has shown that no well-conceived and wisely-administered public health program has resulted in a financial loss to the medical profession as a whole. Thus, campaigns against tuberculosis, venereal disease, diphtheria, and the like have all increased the demand for competent private medical advice

The medical profession as a whole is markedly conservative and does not readily or quickly accept innovations in public health procedures, but when once convinced of their value, it is to the everlasting credit of the profession that such procedures have always received hearty support from the great majority of its members

This is the day of machinery in industry, of mass production in contrast to personal attention to each finished product. In a very real sense this tendency is becoming more and more pronounced in the field of prevention and treatment of disease, but just as handwork often possesses a quality which no machine can duplicate, so are great and growing numbers of people with real and imaginary ills, including those who have received the benefit of scientific advice, suffering solely from lack of personal attention by a physician in whom they have learned to have faith. It, therefore, becomes the duty of medical edu-



cators, public health officials, and the medical profession itself, to do everything possible to restore the general practitioner to the position he formerly occupied, encourage those who still remain, and under no circumstances take any action which may still further aggravate a very serious condition of affairs.

During the past few months we have seen in this state a new and significant phenomenon, namely, the organized medical profession, aroused at last to group consciousness and realization of its power, fighting side by side with educational and health authorities for the enactment of a law for the better protection of the public health

against unscrupulous and unqualified practitioners of medicine. That such a law failed of passage is a cause for regret, but not for despair. The reasons therefor are well known, and that knowledge will be of inestimable value in the future. A house divided against itself cannot stand. Health officers and practitioners of medicine occupy the same great dwelling. Let it become in future a beacon of hope and harbor of refuge to suffering humanity buffeted by the ever-rising waves of chicanery, ignorance, and fraud.

MATTHIAS NICOLL, JR.,

New York State Commissioner of Health

## ACTIVITY OF COUNTY MEDICAL SOCIETIES

Every doctor in a county medical society can profitably ask

1 Why should I be active in my county medical society?

2 What is the society for?

3 What is it doing now?

4 What more could it readily do?

Answers to question number one I should be active in my county medical society because it is the official organization of physicians in every county of New York State.

I must meet other physicians and to be on good terms with them is better than to quarrel with them.

I must compete with them, and I cannot afford to let them know more than I know.

I have something to bring to the society. I can at least ask questions and I can tell the best fish story in the whole county. Yes. The members are glad to see me whenever I show up. *I guess I will go to the meeting.*

Answers to question number two. What is my county society for? Well, now that I have to answer the question I suppose it is to promote the progress of medicine and to promote harmony among physicians, but somehow that sounds too vague and highbrow. To come down to earth, my society can teach me modern medicine—and heaven knows I need to learn.

It can make me acquainted with my colleagues and my life will be a mighty sight pleasanter because of their friendship.

It can show me my civic duties and privileges, for as a physician I owe something to the community that supports me and gives me a monopoly of the practice of medicine.

I want to be a man among my brother doctors to meet them on an equality and to bear my share in promoting the high calling of our profession.

All this I can best do through my county society. In fact I can't do it unless I am an active member of my society.

Answers to question number three. What is my county society doing now?

Well, that question rather embarrasses me, for I am a modest man, and kindly spoken. If I praise my society, I may be accused of boasting, and if I tell the truth I might be condemned as a knocker. Come to think of it, the president, and the secretary, and the treasurer of my society have done a lot of work, and get very little out of it for themselves. When I was threatened with a law suit, I took up hours of their time telling them my troubles.

When my colleague stole a case from me, they patiently listened to my story and I guess they thought I was about as wrong as the other fellow.

They put on some good programs at our meetings and I fully intended to read up the subjects when I got home.

I guess the county society is doing all I pry for, and I am getting out of it much more than I put into it.

Answers to question number four. What more could my county society readily do?

It is pretty hard for anyone to lift himself up by his own boot straps. Only a few members possess enough originality to be commanding leaders and no society can progress without leaders.

My society could do a lot if the parent State Society will furnish the leaders and the inspiration. Here are some of the things the State Society can do for us.

It can supply us with live speakers for our programs.

It can supply us with clinical teachers who can conduct teaching clinics in our own county.

It can make arrangements by which we can get acquainted with medical leaders.

If the leaders of the State Medical Society will meet us half way, we will respond and do our part. Many of us are doing commendable work already, and we like to read about ourselves in the JOURNAL.

F O



## THE JOURNAL

The comments on the weekly JOURNAL that were heard at the annual meeting of the Medical Society of the State of New York were most gratifying to the officers of the society. The weekly issues demonstrated two things: first, that sufficient material is readily available to fill a good sized JOURNAL each week, and second, that the members of the Society welcome the weekly presentation of medical news and comments. However, since our funds are not sufficient to allow us to continue its weekly publication, we will do the next best thing and continue the features which seem to appeal to the members. The Council has approved the editorial policies, and our plans are about completed for the year.

We hope to make the JOURNAL instrumental in promoting certain definite activities of the Society. First and foremost, there is the question of medical legislation. The JOURNAL is the natural medium for the exchange of ideas and the dissemination of information regarding a Practice of Medicine Act which shall receive the approval of all the members.

A second aim of the JOURNAL will be the promotion of the activities of the County Medical Societies. An essential beginning is that we shall print news of the county society meetings. *Send us the accounts and we will print them.*

We would like to hear something more than the bare record of the programs.

Write to us just as you would tell us the story of your meeting.

Recall what you like to read or hear about in your meeting.

Don't be too meek and modest. *Your* society is doing *something* worth talking about.

If you can't think of anything that you have done, think up something that you *will* do next month or next year.

The Medical news for the next few months will consist principally of what the county medical societies are doing.

We will continue to print a couple of pages of comments on clippings from the Daily Press.

These will show you what editors consider good news items. They will also inform you about the civic activities in which physicians take a leading part.

We will also continue the Legal Department. If you wish it expanded, say so. Mr. Whiteside says he can easily write up the accounts of law suits against physicians since these are being brought in increasing numbers. It will be to the advantage of physicians to read about them carefully in order to avoid every possible occasion for bringing a suit.

The biggest piece of news of the month—and, indeed, of the year—is that of the annual meeting of the Medical Society of the State of New York, and we are giving it almost all the space in this number. Read the minutes and the reports of the officers and committees, and then preserve the JOURNAL for future reference.

We hope the JOURNAL will introduce the leaders of the State Society and of the county societies to the members, and will bring about a mutual understanding and interest among all the physicians of New York State. F O

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This issue of the JOURNAL is unexpectedly large—the largest ever issued, we think. Its extra size is due to the publication of the minutes of the House of Delegates, and the reports of the officers and committees. We had prepared material for the regular departments, but its publication will be deferred one month on account of the prohibitive cost of the extra pages.

Practically all of this issue is devoted to the annual meeting. We believe that this is the most important and up-to-date subject that occupies the attention of the members at the present time. With the next issue we shall resume the publication of scientific articles and the departmental features, and shall publish the correspondence and other material that has been crowded out of this issue.

F O





## NEWS NOTES



### CONFERENCE OF STATE HEALTH OFFICIALS

Thirteen District State Health Officers and fourteen other State health department officials participated in a conference, held at Hotel Seneca, Rochester, on April 21st and 22nd preceding the opening of the scientific sessions of the annual meeting of the State Medical Society. Some of the matters discussed are of general interest.

In February, 1923, a committee representing the State Department of Health and the State Conference of Mayors formulated a so-called model milk ordinance which has been recommended for adoption by cities. It would permit the sale of no raw milk other than certified and Grade A. According to statements of the various district officers 19 cities of the State, outside of New York City, have milk ordinances which are at least the equivalent of the model ordinance, several permitting no raw milk to be sold. Three were reported to have adopted the model ordinance recently, six to be now considering it and three to have definitely declined to adopt it.

A general increase in tuberculin testing of cattle was reported, but the fact brought out that while this is an important measure for controlling tuberculosis among cattle and preventing contamination of milk with tubercle bacilli, it does not insure the purity of milk in other respects.

There was a general discussion of the question as to whether the administration of diphtheria toxin antitoxin mixture to school children and others was a proper function of district state health officers. It was the consensus of opinion that their activities in this direction ought to be limited to attempts to interest physicians and encourage them to give toxin antitoxin in connection with their health and school work and in private practice. On the other hand it was reported that school and other physicians except in isolated instances, were not taking the procedure up actively, apparently, in the case of health officers and school physicians because local boards are not yet sufficiently interested to provide compensation. It was suggested that district officers seek opportunities to discuss the subject before medical societies.

Two district officers reported that medical societies in their districts were taking the matter up actively. One reported that in a city in which all of the local physicians were invited

to attend a demonstration only one or two had appeared.

A rumor that several physicians had agreed upon a fee for administration of toxin antitoxin which in view of the simplicity of the procedure, seemed excessive and also likely to be prohibitive, led to a discussion of the question as to whether the department would be justified in recommending that physicians adopt a uniform fee. It was agreed that this was a matter which should be left to the medical profession.

Whenever deaths from diphtheria occur in the State district state health officers are required to investigate the causes of death. The associate director of the division of communicable diseases said that some of the death reports received contained information which was apparently inaccurate. He referred to several cases of apparently uncomplicated laryngeal diphtheria in which death was reported to have been due to toxemia or cardiac involvement conditions which are rare in such cases. Discussion brought out the fact that it was at times difficult to get accurate information from the attending physicians.

Foot and mouth disease, which is prevalent in the west, was discussed, and district officers were requested to be on the lookout for cases among human beings in this State.

The director of the division of venereal diseases reported that a survey of records showed that a large majority of the practising physicians of the State were using the complement fixation test for syphilis in their practice.

A representative of the division of laboratories asked for an expression of opinion as to whether local laboratories seeking approval for public health laboratory work should be expected to maintain standards equivalent to those maintained in the State laboratory. There was a difference of opinion a minority holding that some good laboratories were originally poorly equipped and organized, but had gradually grown and developed high standards and that the expense of establishing first-class laboratories was often considered prohibitive. A majority felt that no laboratory was better than a poor one and that no laboratory should be approved unless it could maintain standards which would insure uniformity and dependability of results. The question as to whether it was possible to secure compe-



tent laboratory workers was answered by the statement that it was not difficult to secure them if adequate compensation was provided.

The director of the division of tuberculosis reported that sufficient local demonstration clinics were scheduled to occupy the time of

the clinic force until August first. At these clinics only patients referred by physicians are examined. It was reported that the clinics are well received, and that physicians frequently attend and confer regarding their patients.

P B B

## NEW YORK STATE ASSOCIATION OF PUBLIC HEALTH LABORATORIES

The eighth annual meeting of the New York State Association of Public Health Laboratories was held in the Hotel Seneca, Rochester, on Tuesday, April 22nd, as announced in the April 18th issue of this JOURNAL. The Association was founded eight years ago for the purpose of the discussion of problems which are of mutual interest to workers in public health laboratories. The staffs of these laboratories are composed of men and women who are actuated with a spirit of scientific research, with little expectation of financial fee or reward. They constitute the advance guard of investigation of local epidemics and of protection against infectious diseases. They are the experts on whom physicians, especially those in rural sections, rely for essential evidence on which to base their diagnoses in obscure cases of fevers and conditions suggesting infections. While not all the workers in charge of laboratories are physicians, yet in their own lines they are experts who must be recognized as such before their laboratories can be approved.

The meetings of the Association are devoted almost entirely to scientific problems, and therefore are somewhat lacking in interest to the general practitioner. However, the subject of tularæmia which was presented by Doctor Edward Francis, expert on tularæmia, of the United States Public Health Service may become practical, for cases are being reported in increasing numbers. This disease besides existing in epidemic form among ground squir-

rels in several western states, is endemic in rabbits over a wide area extending to the Atlantic Coast. It may be transmitted to man by the bite of an infected blood-sucking insect or by the handling and dissection of infected rodents by market men or others. The clinical signs suggestive of tularæmia are the development of inflamed glands of the cervical, epitrochlear, or axillary regions, accompanied by fever and marked illness. Such symptoms in a person who has dressed and prepared rabbits point to tularæmia, and appropriate laboratory tests should be made at once. While the occurrence of the disease in New York State has not been definitely established, several cases clinically resembling tularæmia have been reported. The highly infectious character of the disease is shown by the fact that almost all laboratory workers who have studied it have developed tularæmia.

The following officers were elected: President, Dr. Walter S. Thomas, Clifton Springs Sanitarium Laboratory; Vice-President, Dr. Victor C. Jacobson, Albany Hospital Laboratory; Secretary-Treasurer, Mary B. Kirkbride, Laboratory, State Department of Health, Albany; and Dr. Warren B. Stone, Schenectady. Member of Council, Dr. Joseph P. Garen of the Cattaraugus County Laboratory at Olean is also on the Council, having been elected in 1923. Twelve candidates representing as many laboratories throughout the State were elected to active membership in the Association.

## WOMEN'S MEDICAL SOCIETY, NEW YORK STATE

The eighteenth annual meeting of the Women's Medical Society of New York State was held in the Hotel Seneca, Rochester, N. Y., on Monday, April 21st. The Council of the Society met on the previous evening and discussed the routine business of the Society. Monday was devoted to scientific sessions and the program that was printed on page 591 of the April 11th issue of this JOURNAL was carried out. About 100 physicians were in attendance. A social luncheon was served at 2 p. m. and a banquet was held in the evening.

The Women's Medical Society was organized in 1906, and now has about 135 active members. Its purpose is to bring the women doctors together so that they may know one another and become acquainted with the work they are doing all over this state. The meetings are always held the Monday before the regular sessions of the State Medical Society so the members may attend the sessions of the big society.

The keynote of the 18th annual convention of the Women's Medical Society was expressed in the slogan "Let your light shine." The time has



long passed, if it ever existed when women physicians and surgeons should have any false modesty about their accomplishments. They should be aggressive and let them be known.

Dr Wightman President of the Medical Society of the State of New York, in his greeting to the society, urged the members to abandon their watchful waiting and stand shoulder to shoulder and actively help in preventing ignorance being foisted on the great public under the name of any cult or quack. The members were in perfect accord with Dr Wightman's statement that physicians are not opposed to any cult or method of treatment, but do emphatically oppose anyone entering the study of the healing art without a minimum preliminary education, and such

a law will help to solve many of the Medical Practice problems.

A most profitable and successful meeting was brought to a close when, at the banquet Monday evening all rose, and with Dr May M Allen at the piano sang a song composed by one of our lay friends for the occasion.

The following officers were elected: Honorary Presidents—Dr Eliza M Mosher Brooklyn and Sarah J McNutt, New York. President—Dr Julia K Qua, Amsterdam. Vice Presidents—Drs Sarah G Pierson Rochester, Ina V Burt Fredonia and Lillian K P Farrar, New York. Secretary—Dr Anna H Voorhis Yonkers. Treasurer—Dr Harriet F Coffin, Jamaica.

## TO MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION

The numerous requests received to arrange for a short vacation trip in connection with the American Medical Association meeting convinces the *Lifsey Tours, Inc* that pleasant memories still remain of our successful 1923 California Tour. Complying with these requests, we have pleasure in announcing that preliminary details have been completed for a Post-Convention Tour which will include two of our great National playgrounds.

Briefly party will leave Chicago, Friday evening, June 13th. Those not interested in the activities of the Convention may leave any Eastern point Thursday, June 12th joining at Chicago—visiting *Glacier National Park* where four never-to-be-forgotten days will permit "close up" views of this great National Playground thence to *Rocky Mountain (Estes) National Park* where three days will be enjoyed motoring and resting in the scenic

Colorado Rockies returning arrive New York, Saturday morning, June 28th.

Transportation will be included from New York covering above itinerary, which will permit stopover at Chicago during Convention period. Pullman sleeping car accommodations will also be provided for entire trip. *meals lodging, automobile service and all necessary expenses Chicago back to New York together with items shown above are included in the following cost of tour*

One person in lower Pullman berth	\$430 85
One person in upper Pullman berth	410 85
Two persons in Compartment (each)	460 15
Two persons in Drawing Room (each)	493 15
Three persons in Drawing Room (each)	460 15

Party strictly limited to one hundred and thirty five persons.

LIFSEY TOURS INC

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## TRANSPORTATION TO A. M. A MEETING

Fare and one half on the Certificate Plan has been authorized for this meeting dependent upon there being 250 or more Certificates presented at the meeting and validated.

Certificates will be issued on request to Ticket Agent when purchasing tickets. Dates of sale June 3d to 11th inclusive. Certificates will be validated at the meeting, June 6th to 7th and 9th to 13th inclusive and honored for return tickets to and including June 17th.

If your members will communicate with the undersigned, we will be very glad to make their Pullman reservations and furnish any additional information desired.

We beg to call your particular attention to our Twentieth Century Limited train leaving New York at 2 45 p m Eastern Standard

Time, arriving Chicago 9 45 a m the next morning extra fare on the Century \$9 60.

The one-way fare New York to Chicago is \$32 70 lower berth \$9 upper berth \$7 20, compartment \$25 50, drawing-room \$31 50.

In case you desire to travel on another train the following is a schedule of our other through service:

Train	Excess Fare	Lv N Y (E.S.T.)	Ar Chicago
Chicago Express	\$4.40	8 45 AM	7:40 AM
The Hawk	6.00	10-00 AM	8:25 AM
Number Forty-One	3.60	12 50 PM	1:00 PM
The Westerner		2-00 PM	5-00 PM
The Wolverine	7.20	3-00 PM	2:00 PM
Lake Shore Limited	6.00	5:00 PM	4:00 PM
Western Express		6:10 PM	9:15 PM

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# THE DAILY PRESS



The meeting of the Medical Society of the State of New York did not receive a large amount of publicity judging by our clippings. Each Rochester paper gave about two columns daily to the meeting, and emphasized the discussions on adding iodine in city water and the new discoveries in scarlet fever. They also gave much space to the accessory medical meetings which were held in connection with the State Society, and especially described those of the Women's Medical Society, the Laboratory workers, and the Medical School Inspectors. A considerable amount of space was given to a lecture on the control of cancer by Dr. Joseph C. Bloodgood of John Hopkins before the Y. W. C. A. He came under the auspices of the Women's Clubs and the Society for the Control of Cancer, both of which organizations maintain bureaus to give publicity to their own activities.

The New York Times and a few other Metropolitan dailies carried short accounts of the meeting especially the list of newly elected officers. The newspapers in the other cities seemed to have little to say about the State Society meeting. One newspaper in a small city stated that two local health officers were on the program of the State meeting. Both of these officials have publicity bureaus under their direction.

Next to the subject of Periodic Health Examinations our clippings show that cancer control is receiving the attention of the newspapers. These articles are inspired by the American Society for the control of Cancer, which has been conducting an intensive campaign of publicity and has arranged meetings in nearly all sections of New York State. The subject is of great importance and many County Medical Societies are promoting the educational campaign. The prevention of cancer is peculiarly a medical problem, and its solution consists in getting persons to consult their physicians at the first signs of trouble. Equally important is to inspire every doctor to make an honest attempt to recognize cancer when he sees it, and to avoid the two mortal sins of neglect, and of inspiring terror in their patients. Education of doctors as well as the people is the only practical means for combating the cancer scourge.

Physicians are actively supporting the educational movement for the control of cancer. The Troy Press, April 12th, says "The Rens-

selaer County Medical Society at its last meeting approved the plans and purpose of this movement and voted to co-operate through its public health committee. The Nurses of the Health Department, the School Nurses, the Instructive Nursing Association, the Tuberculosis Relief and the Ministerial Association are all giving their aid in the dissemination of education matter relating to cancer."

The Syracuse Herald, April 10, contains a list of the organizations before which prominent doctors will speak on cancer. The list includes the Eagles, the Optimist Club, Yates, Rotary, Lions and Gyro Clubs.

Two Buffalo papers,—the *Enquirer* and the *Express*,—carry cancer articles that tend to do more harm than good. These articles describe what purports to be an address by Dr. F. L. Hoffman of Newark before a convention on several national scientific bodies including the Society of Anatomists, the Association of Medical Museums, the Association of Meteorologists and of Pathologists and Bacteriologists. Dr. Hoffman is quoted by both papers as ascribing cancer to excessive meat eating, the inhalation of gasoline fumes, and excessive smoking. We do not believe that the doctor mentioned these as more than extremely minor causes of cancer.

Much publicity was given in papers throughout the state to May Day as a child health day. The New York Sun, April 25th, says "Mrs. Oran Root, prominent New York woman, is responsible for the May Day idea, which will be observed in every section of the country and designed to call attention to the need for controlling child health. President Coolidge and Governors of forty-eight states have set aside May 1st officially as child health day and state chairmen have worked out the program in city and country to observe the occasion." This article seems to be designed to give publicity to the name of a lay worker. The papers of Jamestown, Buffalo, Albany, Rochester and Elmira record the observance of Child Health Day, but the most extensive observance seems to have been in New York where one feature was the visit of a committee of physically perfect children to the Mayor's office, in order to hang on his door a basket of May flowers in which is concealed a winning health message of a recent health contest held in the City's high schools.



# NEW YORK STATE JOURNAL of MEDICINE

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## REPORT OF A CASE OF MELANO SARCOMA OF THE CHOROID FOLLOWED BY PHTHISIS AND IRIDO-CYCLITIS IN BOTH EYES<sup>1</sup>

By MARTIN COHEN, M.D.

NEW YORK CITY

The literature on this subject is scanty and is mainly contained in Parson's 'Pathology of the Eye' Fuch's Text Book, and in the work of Leber and Krahnstover, published in 1892<sup>(2)</sup> embodying thirty-four cases of melano-sarcoma of the choroid followed by phthisis bulbi Schürmür<sup>(3)</sup> in 1905, collected thirty cases of intra-ocular sarcoma, most of which resulted in phthisis bulbi and were reported as producing sympathetic inflammation. He claims that out of this number only thirteen were true cases of sympathetic ophthalmia. No reports of interest on this subject have since appeared and authorities differ in opinion as to whether or not melano-sarcoma of the choroid can produce sympathetic ophthalmia. Fuchs states that when irido-cyclitis follows melano-sarcoma of the choroid it is due to a necrosis of the tumor and that sympathetic ophthalmia is observed though it is rare. Parsons, in his chapter on sympathetic ophthalmia in Pathology of the Eye agrees with Leber and Krahnstover that there is not sufficient evidence to show that sympathetic ophthalmia is ever set up by sarcoma of the choroid although in his chapter on melano-sarcoma of the choroid he states that sometimes an irido-cyclitis replaces the glaucomatous stage of intra-ocular growths and manifests all the signs of the simple inflammatory disease and like it goes on to shrinkage of the globe. There he states, evidence to show that it may cause sympathetic ophthalmia. Schürmür is of the opinion that intra-ocular tumors do not cause sympathetic ophthalmia but believes that the binocular irido-cyclitis following intra-ocular tumors is due to an independent systemic infection.

These contrary expressions of opinion on this subject indicate that further reports in the literature are essential in order to establish definitely whether intra-ocular sarcomas can be the primary cause of a sympathetic ophthalmia.

**Case Report** J. T., male, 35 years of age, nativity United States, occupation accountant, was admitted to the Hospital for Joint Diseases on February 10, 1922, on the service of Dr. Frauenthal, with a diagnosis of multiple arthritis. He complained of pain and puffiness of both ankles, also of general pains, and there was a moderate urethral discharge. His family history was negative, his past history showed that he had always been in good health until 1916, when he had an acute attack of appendicitis, for which he was operated upon, with an excellent result.

**Veneral History** Seven years ago he had an attack of gonorrhoea, for which he was not treated by a physician. Three years later he had another attack and a few years later a third attack. For the last two attacks he received medical care. He had a chancre ten years ago, for which he received mixed treatment for two years. During this period, according to the patient's statements, the blood and spinal Wassermann examinations and tuberculin tests were negative. Early in the course of his syphilitic infection he received half a dozen salvarsan injections.

**Present Illness** On admission to hospital the blood Wassermann and gonococcal fixation tests were negative. The patient was bedridden on account of his arthritis, looked pale and thin. He slept well, however, his bowels were regular, his appetite was excellent, his pulse and respiration were normal. He had a slight urethral discharge, his right ankle had been oedematous and painful for three years and his left ankle had been in a similar condition for the past year, during which time he had suffered pain in all his joints as well as

<sup>1</sup> Read at the Annual Meeting of the Medical Society of the State of New York at Rochester April 2, 1924.

<sup>2</sup> Archives of Ophthalmology vol. xiv 1 and 2.

<sup>3</sup> Graef's Oculär Handbuch Der Gesamten Augenheilkunde, vol. vi, 2 Aufl.



pain in the heels when walking. Examination of the prostate indicated a nodular mass in both lobes, the vesicles were palpable, the prostatic secretions showed pus cells but no gonococci. The physical examination was normal except for the conditions already mentioned.

The blood report showed Haemoglobin, 75 per cent, red blood cells 4,600,000, white cells 8000, polymorphonuclears 71 per cent, small lymphocytes 23 per cent, large lymphocytes 5 per cent, transitionals 1 per cent. The urine was negative.

After the patient had been in the hospital for three days he complained of poor vision in his left eye, and I was called in to make an ophthalmological examination, which was as follows. The right eye was normal in every respect. In the left eye the vision was possible only in the lower field, where it was limited to counting fingers at more than twenty feet. The field of vision was deficient above, nasally and temporally. Intra-ocular tension taken with Schiotz's tonometer was 20 mm of Hg or normal. Transillumination showed a slight shadow in the pupil from below. The media were all clear. The anterior chamber was normal. The fundus examination revealed a sharply defined large ovoid grayish mass, more than double the size of the papilla, which protruded seven dioptres, at its high point, into the vitreous. This mass started about two and a half disc diameters below the papilla, a slight detachment of the retina was noted at its edge, and the retinal blood vessels made an abrupt angle at the margin and coursed smoothly over it without evidence of any regular indentations in their course. Pigmentary spots were seen between the blood vessels coursing over this mass, and no motility over the growth could be observed. The fundus was otherwise normal—which included examination of the papilla, macula, and vasculature.

The orthopedic diagnosis was Multiple Arthritis, probably of gonococcal origin, other foci of infection, such as the sinuses, tonsils, teeth, and so forth, were not considered as etiological factors. Treatment consisted of hot packs, blue ointment to ankles, and internal treatment.

The ophthalmological diagnosis was Melano-sarcoma of the choroid. Immediate enucleation was advised but was refused. Several subsequent eye examinations were made, one of which, on March 10th, showed the left upper lid to be slightly oedematous, with conjunctival congestion. This inflammatory reaction lasted for a few days. The fundus examination was the same as previously, except for a slight papillary oedema. The patient was discharged

from the hospital on March 21, 1922, with slight improvement in his joint condition. After leaving the hospital he went to his home where most of the time he remained in bed on account of his joint involvement. I did not see him again for ten months, when he sought admission to the Manhattan Eye, Ear and Throat Hospital because of the pain and the deterioration of vision in the sarcomatous eye.

He was admitted to the hospital on January 26, 1923, on Dr Wootton's service. His physical condition had not altered since his last examination, but he stated that six days previously he had had acute pain and inflammation in his left or sarcomatous eye and that three days later he had ~~had~~ <sup>been</sup> ~~relieved~~ <sup>relieved</sup> from it. On admission, the right eye was normal in every respect. The left eye showed oedema of the lids, the conjunctiva was slightly chemotic, the cornea had a steamy appearance, the iris markings were indistinct, the pupil was moderately dilated, the focal illumination showed a grayish reflex from the pupillary area, the intra-ocular tension taken digitally was apparently increased, and there was some extra-ocular pain.

On February 2, 1923, the oedema of the lids and chemosis subsided, but the cornea was still cloudy, the iris dilated irregularly under atropine, the intra-ocular tension was still apparent digitally, while with focal examination the fundus reflex could be established although no details were evident and there was still some extra-ocular pain. Four days later blood appeared in the anterior chamber. On February 12, 1923, the cornea appeared to be normal but the anterior chamber still contained blood. Otherwise the external examination—such as the iris, pupil, and the intra-ocular tension taken with the tonometer—was normal. The fundus examination showed the same characteristic growth protruding into the vitreous, as was originally seen in the eye, without any apparent change in its contour or in the surrounding area. The inflammatory changes present, mainly in the anterior segment of the eye-ball, were probably due to a temporary mild irido-cyclitis and glaucoma, secondary to a necrosis of the tumor mass and also to several hemorrhages. The right eye was still normal.

He was discharged from the hospital on February 26, 1923, with improvement in his eye condition. Enucleation was not performed because of a difference of opinion as to the cause of the intra-ocular mass. It was suggested that because of the long standing of the condition without any evidence of marked glaucoma and because of the complicated general and focal infections the case might possibly be



of inflammatory origin and not of a sarcomatous nature

He then went to Long Island to recuperate, where he remained for most of the time in an invalid chair because of the joint condition. After three weeks, he again had an attack of acute pain in his left or sarcomatous eye, which was associated with ocular inflammation and was not due to any trauma. The pain and inflammation recurred several times, and then the eye gradually shrank. Three months later the patient complained of deterioration of vision in his right or previously normal eye, and he was then re-admitted to the Manhattan Eye, Ear and Throat Hospital on July 17, 1923, under the care of Dr. Van Fleet.

The diagnosis on admission was phthisis bulbi left eye, and plastic irido cyclitis, right eye—the general physical condition remaining the same as previously reported. The eye examination on admission was as follows: The left or sarcomatous eye had no light perception, was soft, markedly shrunken quadrilateral in shape, and devoid of any pain, the ocular conjunctiva was slightly injected, the motility of the eyeball was impaired, the cornea was small and cloudy. The right or second eye had a vision of 15/30, with slight ciliary injection, punctate deposits were present on Descemet's membrane, the anterior chamber was normal. There were pigment deposits on the anterior capsule of the lens and diffuse opacities in the vitreous. The pupil dilated irregularly with atropine due to posterior synechia, the intraocular tension was apparently normal digitally and the fundus details were not discernible, due to the vitreous opacities. Enucleation was now advised and accepted for the phthisical eye, on the ground that the condition might be of sympathetic nature and that its removal would have a beneficial effect on the other or plastic irido-cyclitic eye.

The phthisical eye was enucleated on July 17, 1923, and was placed in a five per cent formalin solution for future microscopical study. The second or remaining eye gradually grew worse from every standpoint, and after two weeks in the hospital became reduced to 12/200, the ciliary injection the deposits on Descemet's membrane, and the pigment deposits on the anterior lens capsule were increased in quantity, the dust-like opacities became more flocculent and dense, while the intraocular tension remained normal.

The patient was now referred to the radiologist who reported that there was an area of absorption around the roots of certain teeth—which were afterwards removed, that the sinuses were all extremely large and that with the exception of a slight thickening of the membrane in the frontal the sinuses were clear.

The laboratory report of the blood Wassermann and gonococcal fixation tests were both negative, and the urine examination was normal.

The patient received instillations of atropine and hot compresses to the remaining eye, as well as energetic aspirin treatment, associated intermittently with sterile milk injections and gonococcal vaccine for several weeks, without altering the progress of the plastic irido-cyclitis. He was then transferred to the nose and throat department of the hospital under the care of Dr. Wilson, as it was considered that a sinusitis might be an etiological factor in the causation of the irido-cyclitis and that it might also be the cause of the multiple arthritis. The ethmoids and antra were opened and curetted intranasally, and both contained polypi and pus—more especially the right antrum—and a microscopical examination of the bone fragments showed an osteitis. The sinuses were treated locally for about a week, without any improvement in the eye condition. The patient was naturally discouraged with the gloomy outlook, and asked to be discharged. He went home on the 5th of August, 1923, where he was visited several times by Dr. Houghton, the attending internist of the hospital. Dr. Houghton's report of one month ago—which is six months after his discharge—as to his physical examination was that it showed a normal condition of the heart and lungs, no apparent palpable enlargement of liver and spleen nor any external manifestation of metastasis, and that the multiple arthritis and the vision were not improved.

According to a report obtained from the mother ten days ago the vision of her son's eye had rapidly deteriorated since he left the hospital, and was then reduced to the recognition of motion fingers at two feet. I have been unable to make an ophthalmological examination of the patient at home as his family is discouraged and object to having him submitted to any further examinations.

Although sympathetic ophthalmia secondary to melanosisarcoma is extremely rare in the absence of systemic and focal infections, it remains a fact that such cases have been reported. It is known that systemic and focal infections can produce binocular plastic irido-cyclitis, and its occurrence in this report naturally complicates the case, still I believe that even if these infections could be proved to exist they would not have produced a picture such as is presented in this case.

After the proper fixation of the eye in formalin, it was embedded in celloidin then sectioned and some fifty sections from various levels were made using Eosin-Haematoxylin, Van Gieson, Gram, and Carbo-Fuchsin stains.



for microscopical study. An examination was also made for micro-organisms—such as tubercle bacilli and other organisms—in the tumor mass and eye structures, but none were found. The examination of the sections showed no evidence of any perforation of the eye-ball, which fact would probably exclude any exogenous infection. The microscopical eye findings were as follows:

**Cornea**—The anterior cells of the epithelial layer took the Haematoxylin stain badly, owing to slight degeneration. Bowman's membrane is folded and absent in places, allowing the basal cells to pass into the lamella structure, and epithelial cells are seen beneath it. The substantia propria has lost its regular lamellations and a band-like scar tissue is seen below Bowman's membrane near the limbus. Blood vessels appear in this scar tissue and stroma. Polynuclear cells are seen in the vessels and round cells about them. Descemet's membrane is considerably wrinkled and convoluted and its endothelium is absent in places.

**Sclera**—(anterior portion) The anterior ciliary vessels are filled with polynuclear leucocytes and eosinophiles, the stroma is filled with round cells, plasma cells, and polynuclears, especially eosinophiles. These cells appear to pass through to the conjunctival epithelium, and this inflammatory reaction extends to the muscular insertions.

**Schlemm's Canal**—This is closed to a great extent but in some places it is filled with polynuclears and red blood cells. Fontana's spaces are compressed and infiltrated with pigment bearing cells, and the pectinate ligament is atrophic.

**Anterior Chamber**—This is practically obliterated, due to an almost complete anterior synechia, and the filtration angle is filled with blood.

**Iris**—Its anterior layer is adherent almost entirely to Descemet's membrane and an anterior inflammatory pupillary membrane, consisting possibly of fibrin, is seen. The stroma is largely replaced by scar tissue for about one-half of its surface, and the remaining portion is atrophic and infiltrated with round cells, plasma cells, polynuclears, eosinophiles, and pigment bearing cells which show marked migratory reaction.

**Posterior Chamber**—This is almost obliterated except for a small space which is filled with scar tissue. This scar tissue extends entirely about the lens and is very dense on the side, where it largely replaces the iris and ciliary processes. This membrane is thin behind

the lens and reaches the ciliary processes of the other side.

**Ciliary Body**—One side shows practically complete cicatrization of its structure affecting nearly all of the muscle fibres on one side, while on the other side the various muscle fibres are preserved. The scar tissue extends to the pars planus ciliaris, involving the hyaloid membrane and zonule fibres, and atrophic areas are seen in the body and in the processes.

**Lens**—This is swollen, surrounded by a cyclitic membrane, its fibres are broken and the spaces are filled with granular debris and Morgagnian globules, producing a complicated cataract.

**Vitreous**—The cavity shows a marked reduction in its size, due to the atrophy of the eye-ball and the encroachment of the intra-ocular tumor. It is surrounded by the cyclitic membrane and the detached retina, and in the cavity are to be seen a few polynuclears, endothelial cells, and pigment bearing cells.

**Retina**—It is completely detached and folded upon itself and is attached anteriorly to the cyclitic membrane and posteriorly to the tumor, into which at intervals it indents. It is markedly infiltrated with blood, pigment, and scar tissue, and areas of necrosis are seen. The pigment epithelium shows proliferation and exfoliation, especially over the drusen of the lamina vitrea. The sub-retinal space is filled with coagulated albumin, pigment cells, and a recent hemorrhage.

**Choroid**—This is almost entirely replaced by the tumor mass, and where the tissue is seen it is engorged, the vessels being filled with numerous polynuclears, most of which are eosinophiles. Anteriorly and nasally, the choroid and ciliary body are detached, allowing albumin and blood to be seen in the suprachoroida.

**Tumor**—It practically embraces about two-thirds of the interior of the eye, its base is on the sclera, its surface is nodular, and it is made up of closely arranged spindle cells, most of which are pigmented, while it also contains small and large blood channels with extravasations. Cellular debris, indicating necrosis, is mainly seen in the central portion of the growth where the crowded neoplastic cells have been cut off from their blood supply. Cholesterol crystal formations are to be seen, signifying that the pathological process is of long standing. Bruch's membrane can be traced over the summit of the tumor, where a rupture exists allowing a recent hemorrhage to extend into the subretinal exudate. At the



margin of the tumor the neoplastic cells are seen invading the stroma of the choroid

*Sclera*—Thickened and tumor cells extend around posterior ciliary vessels

*Optic Nerve*—Atrophy is indicated with increase of neuroglia and connective tissue septa. The dural sheath is thickened and the subdural and arachnoid spaces are obliterated, due to endothelial proliferation

A summary of the microscopical eye findings is as follows

(1) Melano-sarcoma or chromatophoroma of the choroid with necrosis (2) Keratitis degenerativa (3) Irido-cyclitis plastica. (4) Complicated cataract (5) Secondary glaucoma (6) Detached retina (7) Recurrent hemorrhages (8) Congestion and detachment of choroid and ciliary body of one side. (9) Sub-retinal exudate (10) Chronic inflammation of the optic nerve with atrophy

There is presented an acute exacerbation of the chronic inflammation, but the pathological picture is not that of a fully developed sympathetic ophthalmia, for the characteristic numerous lymphocytes and the epithelial cells and giant cells are absent.

A summary of the facts of the case report is as follows

1 The patient presented a multiple arthritis, with an old history of lues and gonorrhoea which gave systematic negative laboratory reports

2 There was present a melano-sarcoma of the left eye which became necrotic in areas and which probably produced a plastic irido-cyclitis and phthisis bulbi and after three months these conditions were followed by a plastic irido cyclitis in the other eye suggesting clinically a sympathetic ophthalmia.

3 Microscopical specimens showed no perforation of the eye ball, probably excluding an exogenous infection, and no micro-organisms could be demonstrated in any portion of the eye, probably ruling out any microbic infection. The sarcomatous eye showed no histological findings of sympathetic ophthalmia

4 It is unlikely that the systemic or focal infections caused the plastic irido-cyclitis in either eye

(a) Because of the long period during which the laboratory findings for the infections remained uniformly negative

(b) The long delay of the occurrence of any acute eye manifestations after a history of initial infection

(c) Because of the length of the interval, namely three months, between the involvement of the first and second eye

5 If, however, the multiple arthritis is of unknown origin, it is possible that this unknown infection could produce a plastic irido-cyclitis in the sarcomatous eye which is less resistant than the other eye, and that after months his other eye could become involved in a plastic irido-cyclitis from this unknown infection

6 But it is, I believe probable that the necrosis of the melano-sarcoma was the primary cause of the plastic irido-cyclitis and phthisis bulbi, which in their turn probably acted as the exciting cause for the plastic irido-cyclitis in the other eye, suggesting clinically a sympathetic ophthalmia. This conclusion is based upon the following reasons

(a) The presence of a plastic irido-cyclitis in both eyes

(b) The sequence in the clinical pathology of both eyes

(c) The absence of any definite proof of any systemic infection which, if present, would, as a rule, have produced a plastic irido-cyclitis in both eyes nearly simultaneously

7 The fact that melano-sarcoma of the choroid may produce a sympathetic ophthalmia, would be an additional reason for advising early enucleation, as metastasis is apt to be delayed for years, while sympathetic ophthalmia is usually a question of only weeks or months

I wish to express my sincere thanks to Drs Wootton Van Fleet, and Houghton for their kind co-operation and to Dr Meeker for her able assistance in the microscopical report of these cases



STUDY OF THE VITREOUS<sup>+</sup>

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THE study of the vitreous has always been of engaging speculative interest, and pathologists are still discussing its structure. The introduction of the new methods of light concentration and magnification of the living eye have opened a large field for study.

Some embryologists claim that the vitreous is mesodermal, others believe that it is ectodermal and still others maintain that it is a combination of tissues from both ectoderm and mesoderm. It is sufficient for our purpose to consider it an ingrowth developing as the optic cup expands and the lens is separated from the space that eventually becomes the cavity in which the vitreous lodges. Two developmental changes are worthy of notation, the vascular tunic of the lens and the hyaloid or Cloquet's canal.

## ANATOMY

It is well known that the vitreous is only attached in the regions of the ora-serrata and the papilla. Where the vitreous approaches the lens there is a ring 8 or 9 mm in diameter, concentric with the lens border, containing the ligamentum hyaloidea capsulare. This ligamentum is probably a vitreous extension, for by breaking its attachments the vitreous body can be easily separated from the lens. Pathologic investigations show that the framework of the vitreous is a delicate, complicated interlacing of fibrils without blood vessels or nerves. These fibrils are interwoven in many directions and the peripheral layers seem to consist of very delicate lamellae constituting a net of very fine threads. In fact, these fibrils are so fine that it is difficult to trace them throughout the vitreous structure even under the highest magnification. The anterior margin of the vitreous is the thickest. Extending backward from it the border layers separate by sending fibers into the vitreous and in this way are so thinned that in the region of the papilla no fibers are demonstrable and only the internal limiting membrane of the retina remains. Whether this limiting membrane should be called part of the retina or be considered a true hyaloid is still discussed.

## EXAMINATION

The examination of the vitreous during life is made in four ways: by oblique illumination by transillumination, with the ophthalmoscope, and with intense illumination and magnification. Some of the coarser changes in the

vitreous are demonstrable with oblique illumination, especially if the beam of light is small and of sufficient luminosity. By transillumination, either the direct contact of the transilluminator on the sclera or the transmission of stronger light through the mouth, as in diaphanoscopy, other opacities are evident. The object of all methods is to show in contrast those parts which do not readily transmit light. With the ophthalmoscope very small floaters are discerned and large floating clouds easily outlined. With diaphragm illumination and binocular microscopic attachments new details are being discovered.

## DIAPHRAGM LAMPS AND MICROSCOPE

This communication deals with such new facts as seem worthy of collection and presentation. Before one may properly examine or judge of the parts examined he must have training in the use of the slitlamp. There are two sources of light, one the nitrogen lamp and the other the carbon arc. The nitrogen lamp is recommended because it is easier to use, but for detailed observations the arc has greater penetration and is, therefore, advisable. Gross alterations in the vitreous can be studied with a comparatively broad beam or rod of light, but unless the ray is very small, either as a slit or as a pencil, the surrounding vitreous will be so light that the object under examination will not show in relief. Two common illustrations will emphasize this point. For instance, if we enter a dark room into which a single ray of bright sunlight penetrates we see floating particles in the band of light, whereas in diffuse light the room seems free from these specks. Another example is that of falling snow flakes which, when seen against a leaden sky, appear gray and in that way are visible by contrast.

## SLIT LAMP EXAMINATION

It is doubtful if the true value of slit lamp examinations will be apparent to those who are not using the instrument unless a little detail as to the method of procedure is considered. After the pupil has been widely dilated, the patient is seated comfortably before the instrument and is told to look straight forward. The ray of light is directed from the temporal side and is focused progressively on the cornea, aqueous, iris and lens. The posterior capsule is especially studied. At times the source of light is from the nasal side. By directing the beam from each side, we can cover the whole anterior vitreous. It is essential that the de-

<sup>+</sup> Awarded the Lucien Howe Prize by the Medical Society of the State of New York at the Annual Meeting held at Rochester, April 22, 1923.



tails of each part be analyzed before proceeding to the vitreous, for there are innumerable changes, and if a given opacity is not sharply focused a wrong impression as to its consistency or location may be formed.

The normal posterior capsule of the lens shows a great variety of adherent gray and white strands which are the remnants of the ligamentum hyaloidea capsulare. These fibers may be attached to the vitreous and float in the zone immediately back of the lens. This region posterior to the lens appears as a dark band, wider at the periphery than in the center, called an optically empty space, because in health nothing is seen in it except the hyaloid remnants. The variations in the number, size, shape and visibility of the fine tags adherent to the posterior capsule are very great. Some are so short that it is with difficulty that they are outlined as projecting from the capsule, whereas others are long, white threads that float freely on the least motion of the eye. Many short threads may be entangled, giving a picture similar to a caput medusae. In others there are radiating threads extending from an enlargement on the capsule. Some of these posterior capsular threads form definite circles. We have seen two circles one much larger than the other, and each to the nasal side of the center. Some shreds appear cup like with a waving extension, others as a thin veil covering a dense capsular enlargement, while still others look like commas, or question marks. The floating thread may be so long that it is impossible to trace it, although occasionally short bands extend straight back.

#### VITREOUS STRUCTURE

Directly beyond this darkened space is a distinct framework made up of a moving white membrane appearing like a pleated, thin silk curtain the folds being not only vertical but also horizontal. This layer varies in density and visibility, being probably less definitely marked in the elderly. Behind this first definite layer is a zone, consisting of fine fibrils, which branch, twist and anastomose, varying in size and consistency. Beyond this fibril layer is a tissue very similar to the first curtain. This is so loosely attached to the deeper parts that when the patient moves the eye even for a short distance it waves back and forth for a considerable time. Oscillations finally stop and the framework returns to its former position just as a white curtain blown through an open window comes back to rest when the wind subsides. The whole structure may look like an almost homogeneous membrane or appear like a mass of bands each division looking, only because of the light and dark areas, as though composed of triangular projections that inter-

lace, giving a saw-tooth effect. The folds may be round or the convex surface of the fold may be so sharp that it seems a white thread which, on focusing or by moving the eye, is found to be only a brilliant portion of the framework. It is essential that each part of the membrane be focused upon and that the angle of incidence of the light vary, for in no other way is it possible to study the variations in any portion of the vitreous. The vitreous examination cannot be hurried. By prolonged inspection the parts that are invisible become illuminated and visible.

Many times even without changing the light or focus, the framework structure varies. For instance a band may be vertical and adjacent to it an oblique one, and at the side of it a horizontal one. The most common arrangement seems to be in layers, but it must be distinctly remembered that the framework does not follow any definite arrangement as to the position of the more easily seen light and dark spaces. It is impossible to even attempt a description of the infinite variety of fine microscopic threads, broader bands, cords, strands and fibrils which are seen. In the same eye, we may see the most delicate, almost transparent threads associated with isolated white, cord-like fibers, over the surface of which are many white node-like swellings. Other fibers may look like coarse, fuzzy strings.

#### PIGMENTATION

Pigment may be evident as a few very small particles scattered through the structure, as definite granules, as large ovoid masses, large flecks or massive accumulations. It varies in color from gray, brown, yellowish-brown, orange-brown to pale red. It may reflect the light so that an intense bright spot is seen at each pigment granule or be iridescent when containing cholesterol crystals, or of sufficient size to show high and low lights on its surface, or it may absorb most of the light appearing gray. The position of the pigment is of importance. Occasionally, fine granules are in the optically empty space. The individual deposits may be on the framework attached to the fibers, cover a prolapse as a delimiting line or a speckled sheet. In contrast to the irregular pigment granules are ovoid, orange-brown masses, larger than the granules and attached to the floating fibrils in such a way that they give the impression of millions of sequins on transparent chiffon. These are constantly moving so that some are seen in vertical position, others with the narrow side toward the observer, others with the point and still others present their broadest surface. With the bright reflecting surface of the granule constantly shifting the effect is calcidoscopic. In recent trauma,



the pigment is usually orange-brown, consisting of agglutinations of blood cells. Microscopic clots may coalesce, forming grossly evident red masses. If inflammatory reactions follow injury, there is always migration of the uveal pigment such as has been noted in iritis. This pigment may be difficult to see or in large flecks which are easily seen, it may be greatly reduced by treatment, but usually remains in sufficient quantity to be diagnostic a long time after its formation, and is probably permanent.

The white pathologic opacities may be the adhesion of some vitreous fibers, thickening of the framework, nodular fiber enlargement, entangled threads of vitreous, rearrangement of structural bands and fibrils, partial destruction and liquefaction, connective tissue formation either in fine strands or large bands, or as irregular floating masses or radiating fibers. The usual floating particle in the vitreous as seen with the ophthalmoscope is white or gray, even in extensive clouding, with swirling, moving, broad and narrow furling bands. The opacity is often covered with white enlargements which are elevated and adherent to its surface. The altered part may move with the framework or be unattached and change its position without relation to the more fixed parts. The whole or a portion of the opacity may oscillate.

#### UVEITIS

Uveitis presents a variety of corneal deposits, iris changes, lens alterations and opacities in the vitreous. The endothelial deposits differ in color and form as well as age. Recent collections are white or translucent, the older are pigmented. Some consist of fibrin and have pointed margins. The thicker ones show a rounded outline and massive collections may be in ridges. Sometimes the ordinary aqueous cells are found to circulate, at other times there are showers of golden specks, waves of exudate or a mass of fibrin may fill the entire anterior chamber. The iris is congested with enlarged blood vessels, later showing migration of pigment, posterior synechiæ and exudate. The lens capsule may be thick with globules beneath it, posterior capsular thickening can be on the side toward the lens or on the surface next to the vitreous. Later posterior cortical opacities may develop, and finally the lens is completely clouded as a mature cataract. In the development of uveitis the first vitreous change is a deposit of pigment granules on the fibers, this is followed by a matting together of portions of the framework with accumulations of cells and massive pigment collections. Later waving, filmy sheets, broad bands and thickened fibrils are formed. All the media may be so opaque that no view of the fundus

is possible. As the opacities decrease patches of old, subsiding or fresh choroiditis are demonstrable with the large Gullstrand ophthalmoscope. The vitreous may and probably does show changes in its structure, even after the acute process has subsided and the cause has been removed.

#### PROLAPSE OF THE VITREOUS

Prolapse of the vitreous may be present whenever the posterior capsule is opened. It may be a small bead as through the opening following dissection for a congenital cataract, where the vitreous bulge may not measure more than 5 mm. It may swell out in balloon form, roll upon roll, each separate roll outlined by a glassy surface and always containing minute pigment flecks. Contrasting this balloon form is the irregular, frayed, fine fibrils which may extend to the corneal puncture. It may pass over the lower part of the iris or through a large capsular opening, the vitreous may swell out in very thin almost transparent gray waves. Several forms may be combined. Blood may cover these waves in the form of minute brown granules. At other times, the surface is covered with large, grayish-brown flecks. Occasionally, macroscopic blood collections are evident. The changes may extend back of the capsular opening so that the entire vitreous becomes a mass of granules and thin, floating, gray sheets. It seems more common to find the vitreous in position than in the anterior chamber after cataract extraction.

There is no relation between the size of the prolapse and either vision or tension. A small prolapse has been seen with poor vision and with increased tension. A large, massive prolapse has been observed with normal vision and tension. The visual disturbance seems to depend upon the pigment, whereas the tension seems to be associated with the kind of prolapse. Tension is often elevated, especially when the capsule is torn from its attachment or when covered with blood. When the hemorrhage is partly absorbed tension becomes normal. When, however, there is proliferation of uveal pigment with deposits in and on the vitreous, tension and vision may reflect the disturbance.

There is no method of diagnosing prolapse as positive as microscopic examination, for the thinnest sheet of vitreous may be invisible even under intense light, and yet a few minute pigment granules make the outline demonstrable. Vitreous once prolapsed probably always remains so, but three years of observation is too short a time for a positive statement.



### LENS CHANGES ASSOCIATED WITH VITREOUS

Until slit lamp microscopic examinations were made we had no knowledge of the exact position of many lens opacities, their consistency or life history. The association of lens and vitreous changes must be observed before conclusions are drawn. It is striking to note the small white lens dots seen in so many patients of all ages without evident visual reduction. That this common lens change may be found in either normal or diseased vitreous should be self-evident but for fear it may be disregarded it is mentioned.

It is probable that the etiologic factor of cataract is also the productive agency in those cases of posterior cortical opacity associated with fine pigment on the vitreous fibers. It seems certain that most cases after cataract extraction show an increased vitreous waving often definite threads or cords which may have been produced by the exciting agents in the lens process. When the glassy membrane remains unopened after cataract in capsule extraction many hair-like waving curls are demonstrable with framework detail similar to that in the healthy eye of a child. In another group, there are many white dots over the framework and fibers. In still another class the fibers form skeins and knots floating freely with slight attachment to any fixed part. Occasionally a broad, white band floats banner-like, or from a dense capsular mass a ribbon may extend backward into the vitreous to end in frayed fibers. Even under these conditions the remaining vitreous may be normal in appearance or contain many tangled threads of the finest texture. The most delicate tracery would not convey a true picture of the filmy net found in some vitreous floaters.

### HEMORRHAGE

Hemorrhage into the vitreous results from injury, tuberculosis, lues, diabetes, hypertension, arteriosclerosis, unusual blood lesions or from unknown causes. Blood may recur, it may absorb rapidly or slowly; it may be in macroscopic or microscopic amount but it is always evident in the vitreous as a fine dust attached to the individual fibers to massed fibers or to organized exudate. So far with the microscope we have been unable to assist in the diagnosis of the cause by the determination of any particular vitreous in the living eye.

In retinitis pigmentosa in detachment of the retina in retinitis proliferans and in iritis fine pigment deposits are usually found.

In myopia isolated floating opacities are found to consist of knots of fine threads or thick masses of fibers. Larger floaters are waves of thickened structural framework which are suggestive of partial absorption of other

parts of the supporting tissue. It is certain that the large opacities move, and in advanced myopia with posterior cortical lens opacities the impression is that of a fluid vitreous.

An injury to the vitreous produces two changes, pigmentation and exudation.

### CONCLUSIONS

The microscope with the diaphragm illumination makes it possible to examine the living vitreous.

Such study confirms previous pathological examinations and adds to the knowledge of its structure.

White or gray opacities may be evident in health and become very marked in disease.

Pigment is widely distributed and found in several forms and colors.

Prolapse of the vitreous is common, assumes many forms and may be associated with glaucoma.

The different types of cataract show vitreous changes.

Hemorrhage may result from various conditions.

Injury to the vitreous is usually followed by the formation of pigmented bands or fibers.

The vitreous changes in myopia are better understood.

Only those who conscientiously strive will ever see the unfolding wonders of the vitreous, understand its delicate structure and recognize the earliest signs of disease.

PLATE 1 \* A section of the anterior vitreous X64 Mallory stain. The capsule of the lens and thick vitreous border in apposition. No optically empty space. Fibrillar framework.

PLATE 2 A section of the vitreous in the region of the ciliary body X64 Mallory stain. Showing waves, fibrils, pigment granules and the internal limiting membranes of the retina, or as some call it the hyaloid.

PLATE 3 A schematic representation of the appearance of one type of normal vitreous framework. The light coming from the temporal side is focussed on the posterior lens capsule. Directly behind the light is the black zone called the optically empty space. The irregular waves show the light and dark spaces.

PLATE 4 A strand of delicate fibrils and also a single fibril with nodular or nodelike swellings. These are often seen in the normal eye.

PLATE 5 Figs 1, 2, and 3 show the normal posterior lens "Y" and white strands that extend



from the posterior surface of the posterior lens capsule, ligamentum hyaloidea capsulare

FIGS 3, 5 and 14 show posterior capsular enlargements of the grosser type which are seen with the ophthalmoscope as dark spots

FIG 9 the anterior lens "Y" with a network of fibers on the posterior capsule The others show variations in the tyaloid remnant

PLATE 6 With the ophthalmoscope this opacity seemed to be of the ordinary posterior capsular type It was a thickened hyaloid adherent to the framework of the vitreous but not attached to the capsule

PLATE 7 S B, a 66 year old man, suddenly lost the sight of his right eye as a result of a detachment of the retina The anterior lens capsule was covered with fine pigment deposits The vitreous contained many white waves, also many folds with fine thread opacities

PLATE 8 R C, 32 year old negro was struck in the right eye by a large piece of concrete which caused a dislocation of the lens downward and inward The vitreous was filled with two types of opacity, the one waving strands and the other straight fibrils Both were covered with bright brown specks and large pigment flecks

PLATE 9 A screwdriver fell into the eye of G B, cutting the globe The iris prolapsed and was excised The anterior vitreous showed innumerable pigment specks and in the zonular fibres were many oval pigment deposits

PLATE 10 A chip from a hammer lodged in E C's left eye When seen the following day the tract of the foreign body was traced through cornea, iris and lens There was a rosette posterior cortical opacity The foreign body was removed through a scleral incision Nine months after the injury the lens opacity was practically unchanged except for the development of many white spheroids in the posterior cortical layer The vitreous was more fluid than normal and presented many almost straight fibres of organized exudate which extended upward from the region of the scleral wound This exudate consisted of very fine fibrils with large and small pigment specks attached to them Vision 3/200

PLATE 11 E S, 26 years old, was hammering on metal when a piece flew into his eye Five hours later a small scleral wound was found beneath the external rectus The cells in the aque-

ous were numerous, there were many minute deposits on the endothelium and a very few extremely delicate floating shreds in the vitreous The foreign body was removed through a scleral incision There were numerous fine almost white, radiating lines of exudate extending from the site of the foreign body in the choroid These fibres extended upward and inward and were covered with minute, avoid pigment dots

PLATE 12 P M said that he had noticed a dense cloud before his left eye for five days Vision 20/70? The entire endothelial surface of the cornea was covered with star-shaped, translucent fibrin deposits and the vitreous consisted of a mass of floating bands and sheets The only positive etiological factor was a left antrum infection

PLATE 13 A G, a locomotive engineer, got a cinder in his eye This was followed by a fogging of his vision which increased so that when he was seen twenty-five days later, the vision was 20/100 It is an excellent example of the changes in uveitis The entire posterior layer of the cornea is covered with deposits consisting of fibrin threads and pigment accumulations The vitreous is a dense network of freely movable, fine, narrow and broad threads and bands, which remind one of the tentacles of octopus The clouded mass at times floats so rapidly that it is impossible to detail all of the fields but the illustration shows the characteristics of this type disease which are the very fine, white fibres, the white cords formed by the massing of the fibres, the white, ovoid masses of exudate, the waves and folds that look much like white worsted strands There are innumerable fine, granular pigment deposits on the lens capsule and also several white iris margin adhesions The cause in this case was a choroiditis in the lower nasal quadrant The Wassermann reaction and all other tests were negative but in two months his vision has been improved to 20/20 under the combined use of tuberculin with mercury and potassium iodid

PLATE 14 The left eye of Mrs N C was cut forty-six years ago The illustration shows an irregular, granular mass of uveal pigment on the surface of a cortical accumulation beneath the capsule The fine gray lines of the capsules are evident and posterior to them are waving bands in the anterior vitreous

PLATE 15 Mrs H M had a cataract removed from her right eye when she was 39 years old



and recovered with vision of 20/15. The sharp margin of the capsule in the eye is distinct and through the opening protrudes a fine network of fibres almost like the threads of good cotton. This prolapse extends to the corneal incision. The other eye was operated on about three years later with resulting vision of 20/15. The drawing illustrates the conditions found, the clear margin of the capsular cut the prolapse of the vitreous and the framework of the anterior border of the vitreous. The prolapse extends over the framework bundle and is clinical evidence

of the existence of an anterior border differing in structure from the rest of the vitreous.

#### PROLAPSE OF VITREOUS

PLATE 16. By studying the several drawings it is found that there may be an isolated bulge of vitreous as in 1 and 16 that where the capsulotomy opening is made the vitreous may extend to it as in 2, 4 and 15. There may be marked bulging of extremely fine fibres or the prolapse may be in several waves notably 8, 13 and 17.



PLATE 1

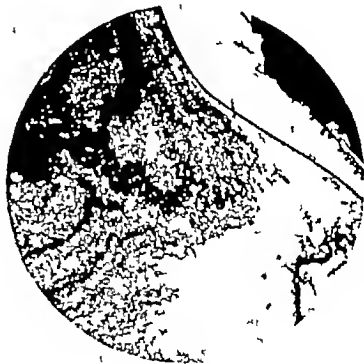


PLATE 2

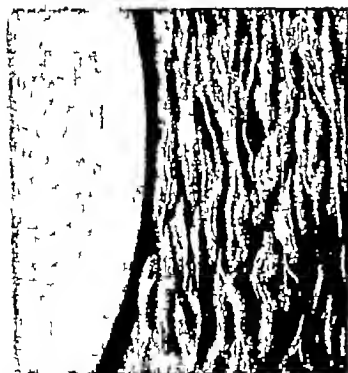


PLATE 3



PLATE 4



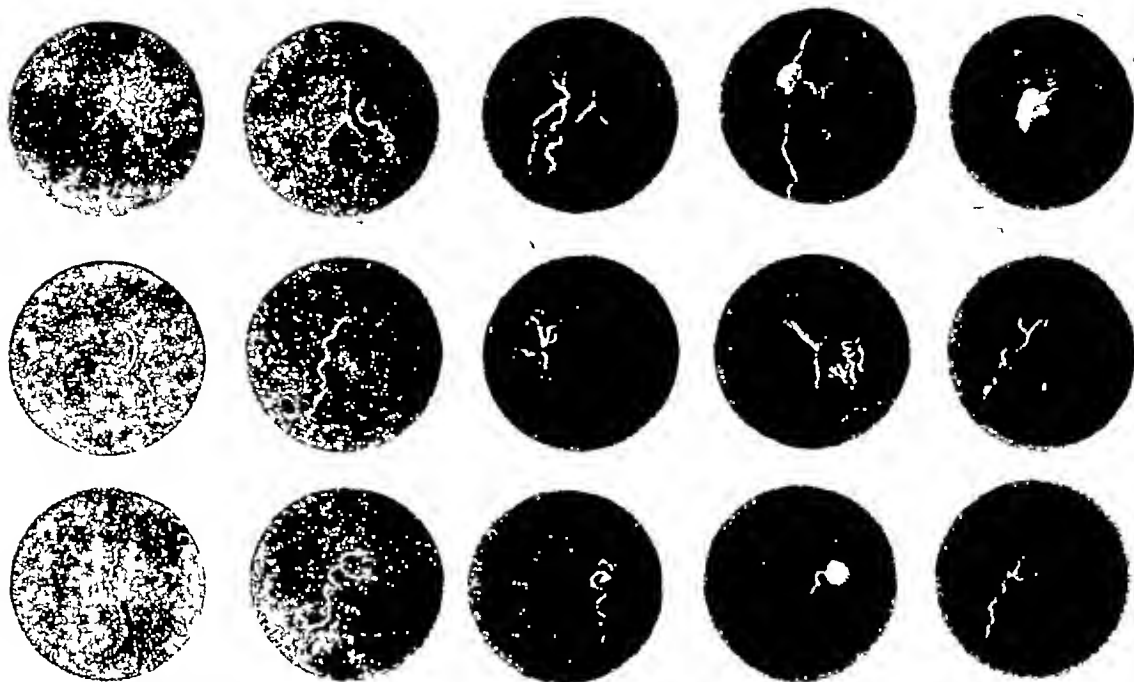


PLATE 5



PLATE 6

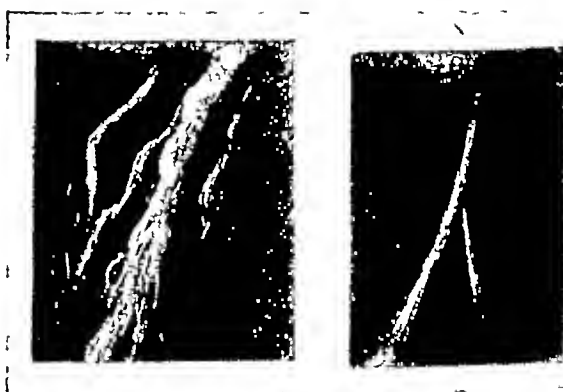


PLATE 8



PLATE 7



PLATE 9



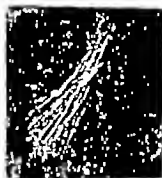
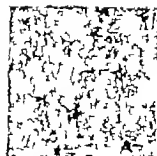


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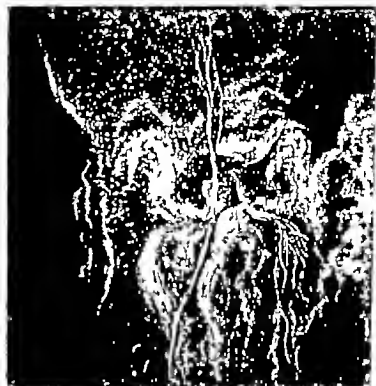


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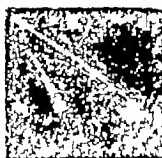


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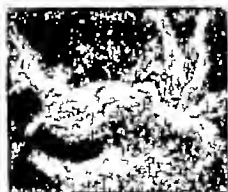


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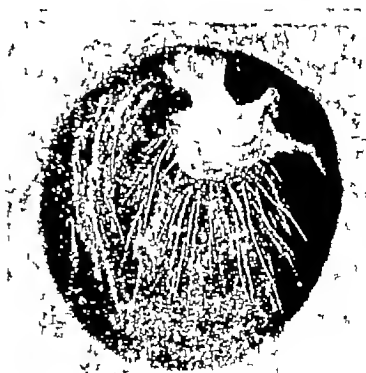


PLATE 14





PLATE 15

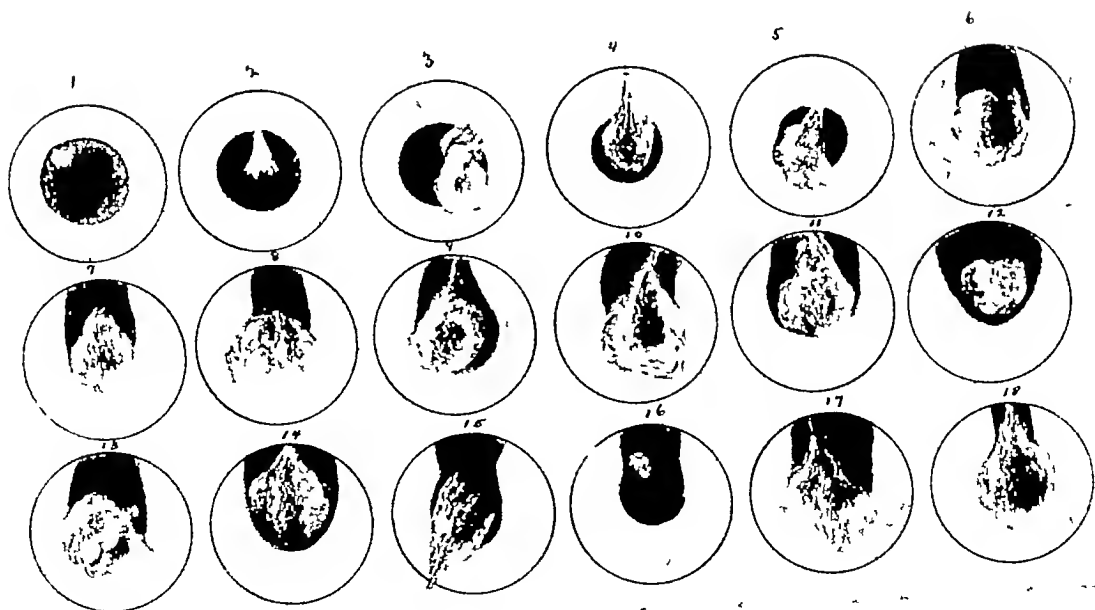


PLATE 16

The illustrations were made by Miss Marion R. Oliver to whom I express my indebtedness for her painstaking efforts and skillful reproductions.



## THE INCIDENCE OF BACTERIAL INVASION OF THE UTERUS AND ITS CON- TENTS ITS RELATION TO PLACENTAL, MATERNAL AND FOETAL BACTERÆMIA (PRELIMINARY REPORT) \*

By FRANCIS C GOLDSBOROUGH, M.D AND BENJAMIN ROMAN, M.D

BUFFALO N Y

WHILE the important role that micro-organisms play in the production of puerperal fever has been recognized early (O W Holms, 1843, Semmelweiss, 1849), all our modern efforts at obstetrical asepsis being, indeed, based upon this knowledge, the question of intra partum fever has for a long time remained undecided. The old ideas that fever during labor is the result of increased muscular activity cannot according to Kronig be seriously considered. As a result of later investigations it has been established that barring accidental diseases, fever at birth is the effect of bacteria upon the maternal organism.

It is generally conceded that bacteria may enter the uterus by three ways (1) from the outside world through the vagina, (2) from the abdominal cavity, following infectious processes, such as appendicitis, peritonitis, etc., through the tubes and through the membranes, (3) through the wall of the uterus by way of the uterine vessels. The last two modes of entrance, although experimentally possible play very little role in human intra-partum fever.

At any rate, it is chiefly the vaginal route which concerns us for the present.

Also while it is theoretically possible for bacteria to migrate through intact fetal membranes the danger from a bacterial invasion or direct implantation of bacteria into the uterine cavity is infinitely greater when the membranes are ruptured, so that for practical considerations the former possibility may be neglected in this discussion. In the latter condition, i. e. after the membranes are ruptured, bacteria have under certain circumstances been demonstrated in the uterine cavity as well as in the placenta.

As to the nature of the fever, thus produced, it is argued by Kronig that since the fever arises only when the membranes are ruptured that a certain period elapses between the rupture of the membranes and the rise of temperature, and that the fever subsides after the uterus is emptied, the condition is to be looked upon as an intoxication of the body through bacterial products and not as a bacteraemia. Walthard was of similar opinion since the bacteria he demon-

strated in the placenta in such a case were all in the fetal and not in the maternal part from which he concluded that the maternal tissues are more resistant to the invading organisms than the fetal ones.

In a series of twenty-five cases of intra-partum fever Warenkros succeeded in demonstrating not only the presence of bacteria in the uterine secretions and in the placenta, but also the association of such cases with a maternal bacteraemia. The findings were made on smears from the uterus, on bacteriological examination of sections from the placenta, and on blood cultures during labor. In all his cases he demonstrated the presence of various bacteria in the uterus and in the placenta, and depending upon the duration of labor the grade of infection varied. Of the 25 cases, 18 or 70%, showed that the maternal blood was loaded with germs, the other 7 cases were pure toxemias.

Warenkros concludes from his investigations as follows. When bacteria enter the cavity after early rupture of the membranes there first occurs a bacterial decomposition of the liquor amnii associated with migration of germs into the superficial layers of the placenta and membranes. The patient's blood is at this time still germ free. The clinical course is less stormy, the temperature comparatively low without any outspoken chills. This must be explained on the basis of a toxæmia. This primary toxæmia, however, is followed sooner or later by a breaking in of the germs into the circulation through the utero-placental vessels an occurrence which is the rule in all cases of prolonged labor, and especially in such anatomically predisposed cases as placenta prævia, premature separation of the placenta, etc. Then the temperature rises higher, there are definite chills, and the blood culture is positive. The toxæmia, therefore, is only a transitional stage. All graver forms of fever during birth are acute placental bacteraemias.

The primary infection is not a maternal infection inasmuch as the maternal part of the placenta is not invaded by the germs, it is only the means of conveying the germs into the maternal circulation, and as regards the mother, the infection is comparatively benign and usually disappears after the uterus has been emptied. Of the 25 cases of Warenkros only one died of the infection. In spite of

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From the Obstetrical Clinic and Laboratory of the Buffalo General Hospital.



the favorable prognosis, however, the lesson from these investigations is that in such cases there is every indication for accelerating labor

Having thus obtained evidence of the possibility of bacterial invasion of the uterus after rupture of the membranes, with the production of a placental bacteraemia, and the possibility of a bacteraemia of the maternal circulation, all of which indicate the dangers of such a condition to the mother, it was also recently pointed out by Slemmons that fetal death may occur as a result of the same condition. This author has studied the question of placental bacteraemia as a cause of fetal death on 500 consecutive cases of confinement. The general mortality of the fetus in these cases was 54%. Three of the cases (11%) were found to have died of placental bacteraemia. These three deaths constituted 13% of 62 cases of prolonged labor (longer than 24 hours). In the placentae and cords of these three cases there were demonstrated in the subamniotic connective tissue bacteria which came in contact with large fetal blood vessels crossing the surface of the placenta. In one instance Slemmons demonstrated bacteria in active penetration through the walls of the vessels. The epithelium which covered the villi was intact and the capillaries within the villi were of normal appearance and no bacteria were found either on the surface or in the interior of the villi, from which it was concluded that the infection did not proceed from the maternal circulation or pass through the walls of the villi. Slemmons concludes that the bacteria entered the placenta by way of the amniotic membrane as a result of infection of the amniotic fluid which, as a rule, follows premature rupture of the membranes, prolongation of labor and repeated vaginal examinations. According to his calculation bacterial invasion of the placenta occurs in every fourth or fifth case of prematurely ruptured membranes.

Our attention having thus been drawn to the importance of placental bacteraemia, its origin and its consequences, both from the standpoint of the mother and that of the fetus, it was felt that a series of systematic investigations bearing on this subject would be of value. With regard to maternal bacteraemia alone it would be of interest not only to determine the incidence in a series of cases, but also the nature of the germs which invade the maternal circulation with such apparent frequency without, after all, producing more than the intra-partum fever which in most cases subsides after the uterus is emptied. Also a knowledge of the incidence of placental bacteraemia as such, in a large number of routine cases, would be of interest,

especially in relation with maternal blood cultures on the one hand, and cultures from the fetal blood, as obtained at birth from the cord, on the other.

However, before carrying out the investigations as planned, it was deemed advisable to first obtain a rapid survey of the incidence of bacterial invasion of the uterine contents during labor by the simple method of examining bacteriological smears from the fetal part of the placenta and from the cord in a large series of consecutive cases. The results in the 200 cases examined so far have been sufficiently instructive to warrant this preliminary report.

The placentae after delivery were all received in sterile dishes, covered with sterile towels and sent to the laboratory where, in most of the cases, examination was carried out immediately. In some cases, in order to obviate delay in the laboratory, smears were made in the labor room and sent along with the placentae.

The following table will serve to illustrate the manner in which the data of these cases were recorded.

Of a total of 200 cases examined, 49 were found to be contaminated with bacteria. In the remaining 151 cases no bacteria were demonstrated microscopically. Needless to say, these placentae are not to be looked upon as actually sterile, the difference between these cases and the contaminated ones is at best only a quantitative one. For, in the first place the smears taken in places at random do not preclude the possibility of the presence of germs elsewhere, and in the second place, assuming even that the negative microscopical examination is an index of the condition of the entire placenta, we do not know what cultures would have yielded in these placentae. In fact with about 25 per cent of positive microscopical findings it is perhaps not unsafe to conclude that few if any of these placentae were actually sterile. In other words it would seem from this that no sooner are the membranes ruptured than the uterine cavity, its contents in this case, is sooner or later bound to become contaminated.

On the other hand, however, the presence of bacteria in considerable numbers in random smears from the placenta in one series of cases as compared with negative results in another series, especially when the series are sufficiently large, cannot but point to a material difference in the conditions of the two, as the number of bacteria in the positive cases must be considerably greater than in the negative ones. The bacteria must have entered earlier or in large numbers.

Thus we found that of the negative 151 cases only six were examined after the membranes had been ruptured and in 10 cases



No.	Date	Name	Obstetrician	Character of delivery	Duration since rupture	Examinations since rupture	Findings
5	5/16/23	Mrs. D	Dr. Schwe	Spontaneous	51 hours	None	No microorganisms found
7	5/20/23	Mrs. H. P.	Dr. Blair	Spontaneous	10 hours	One hour before delivery	Scattered microorganisms with predominating Gram positive diplococci mostly in lancet form and encapsulated sparingly also Gram positive medium sized bacilli, very few Gram negative bacilli and some small uncharacteristic Gram positive cocci in pairs
180	10/30/23	Mrs. C. D.	Dr. Goldsborough	Attempted for cephs outside Forcep delivery 14 hours after admission	More than 24 hours	Yes	Large numbers of Gram positive bacilli resembling the diphtheroid group. Many Gram positive diplococci clumps of small Gram negative bacilli

only did labor last longer than 24 hours. Of the contaminated 49 cases only 13 showed bacteria in considerable or in large numbers. In the other 36 cases the bacteria were widely scattered and in most instances could only be demonstrated after a long search.

In these markedly contaminated cases all but three underwent intra uterine manipulation (forceps or version or the introduction of bougies), had a particularly long period of labor after rupture of the membrane (eight hours to three days), or had vaginal examinations since rupture of the membranes. In three cases no cause could be established for the presence of bacteria, the labor having been rather short and uneventful.

The bacteria found were rarely in pure culture, as for instance, in our case No. 12 which in smears from both the placenta and cord showed a moderate number of streptococci exclusively. This case, by the way, was also of interest inasmuch as the same microorganisms could be demonstrated in cultures from the spleen of the still born infant. In most cases two or more varieties of bacteria were found mixed together.

Of Gram positive microorganisms the following were found

- |  |          |
|--|----------|
| 1. So-called diphtheroid bacilli       | 25 times |
| 2. Uncharacteristic diplococci         | 24 times |
| 3. Morphologically typical pneumococci | 7 times  |
| 4. Staphylococci                       | 6 times  |
| 5. Streptococci                        | 3 times  |
| 6. Bacilli of the Welch group          | 1 time   |

Gram negative bacteria were found as follows

- |   |          |
|---|----------|
| 1. Colon typhoid group                            | 12 times |
| 2. Fusiform bacilli                               | 3 times  |
| 3. Cocci in pairs and groups not unlike gonococci | 3 times  |

### Conclusions

1. Of a series of 200 consecutive confinements almost 25 per cent showed contamination of the placenta with bacteria.

2. It seems probable that bacteria find their way into the uterus soon after the rupture of the membrane in the vast majority of cases.

3. The longer the duration of labor after the membranes have been ruptured, especially if vaginal examinations have been made, the more likely for the uterine contents to become markedly contaminated.

4. The question of transmigration of bacteria through the placenta and its effects upon the mother on the one hand and upon the fetus on the other hand as well as the incidents of this occurrence will be dealt with in later reports.

### BIBLIOGRAPHY

- Holmes Oliver Wendell The Contagiousness of Puerperal Fever Boston 1843  
Kroening Central bl. f. Gynaekol. XVIII, 1894 and XXIX 1905  
Semmelweis Leipzig 1861  
Slemmons J.A.M.A., LXV 1915  
Walshard cited by Warenkros  
Warenkros Arch. f. Gynaekol. C 1913



# STATE PSYCHIATRIC CLINICS—THEIR RELATION TO THE COMMUNITY

By CLARENCE O CHENEY, M.D.

UTICA, N Y

**I**N a discussion of our stated topic it appears that a brief sketch of the development of the state hospital clinics is merited, especially since this development reflects in an interesting way the evolution of the state hospitals' conception of their responsibility to the community. Twenty and more years ago the state hospitals were institutions for the care and treatment of committed insane persons, more or less isolated from the communities in which they were located, and taking not a great part in the community activities concerned with public health. Interest in the mental conditions of the residents of their districts began essentially when these residents were received within the hospital walls and on the whole ceased when these same persons left the hospitals. Occasionally former patients wrote to or called at the hospitals for advice, but in general there was no organized activity directed toward the continued assistance of those patients who had gone out of those hospitals into the community, there was no organized follow-up work to determine the conditions in which these former patients were living and handling their problems. The results of treatment could not, therefore, be well known to the hospital physicians, and efforts toward the prevention of relapses were not carried out to any extensive degree.

In 1905 and 1906, however, the attention of the state hospital authorities began to be focused on the need of aftercare of state hospital patients. Investigation of the conditions of a series of patients previously discharged from one of the hospitals, tended to show that an appreciable number would have been benefited by some outside assistance at the time of their discharge and subsequently, and largely because of the lack of such assistance were in danger of relapsing, and in some cases had already relapsed. Still, that the authorities were not certain that such aftercare of patients was one of their functions or responsibilities, is indicated by the fact that at this time the State Charities Aid Association was asked to organize a system of aftercare, and to put it in operation. The association did provide a paid worker in New York City for assisting paroled patients, and a number of after-care committees were organized in connection with several of the hospitals, but these were made up of volun-

tary workers not directly responsible to, or under the control of, the hospital.

The policy of isolation was still in effect in 1909, when the suggestion of one superintendent that a clinic for the advice and treatment of persons in the community be established at the hospital was met by opposition on the grounds that such service was not a function of the hospital. This opposition was happily overcome, however, and the first clinic at a state hospital, to which persons in the community could come for advice and treatment for nervousness or mental disorder, was established at the St. Lawrence State Hospital by Dr. Hutchings in 1909.

That not only after-care of patients was a proper function of the hospitals, but that attempts at prevention of mental disorder were a part of the responsibility of the hospital to the community, was recognized by some of the foresighted public-spirited members of the state hospital organization. Their thoughts were well voiced in the following statements of Adolph Meyer in the period of 1907 and 1909.

"Nobody can work in after-care of the insane without awakening to an instinctive desire for prophylaxis, the two are parts of one instinct, one might say prophylaxis is the climax and fulfillment of what we want to do in after-care. At the same time, I know of no better way of getting ready for prophylaxis than by getting experience in after-care. The first step in prophylaxis is to get a sufficient experience with what one wishes to prevent." And "The more I see of after-care and prophylaxis, the more clearly do I see that it is in the interest of the hospital to be the leading element of the after-care organization and prophylaxis organization in the district. To my mind the hospital has been too much a continuation of the almshouse, doing the best it can for the cases that were brought in and dumped down. Today we know that even with the best of care we cannot rest there. The hospital is the place where the experience is collected, such as creates obligations, and the hospital ought to be under the responsibility to use that experience."

These wisely formulated principles of Meyer may be said to constitute the planks of the platform on which the state hospital mental clinics have been built, but as has occurred before with other platforms, these principles were slow in being fulfilled. It was not until 1912 that state hospital phy-

\* Read at the Annual Meeting of the Medical Society of the State of New York, in Rochester, April 23, 1924.



sicians were assigned to a clinic for after-care and prophylaxis of mental disorder in New York City, and not until 1913 was the insanity law amended so as to authorize state hospital superintendents to establish outpatient departments and mental clinics with field agents. Lack of appropriations was partly responsible for the fact that up to 1916 only four such clinics had been established, but in 1916 thirteen clinics were added, and with the repeated demonstrations of the usefulness and practicability of such extramural hospital functions, the clinics have increased in number until at present in 39 different places outside the hospitals, in the large cities and small towns throughout the state, mental clinic sessions are conducted from several times a week to once a month by state hospital physicians and social workers. Fifteen of these clinics are held jointly with the representatives of the Commission for Mental Defectives.

The extent of the relation of these clinics to the community can be most concisely indicated perhaps by showing that during the year ending June 30 1923 15 129 visits were made at these clinics, 4,597 of these being first visits. Over 10,000 visits were made by patients on parole from the hospitals, over 400 by discharged patients, and over 4,400 by persons never admitted to the state hospitals. Over 1 000 visits were made by persons seeking advice concerning others. The total number of clinic visits was exactly 1 800 greater than that of the previous year.

Another index of the community relation of the state hospital clinics is seen in the fact that the sessions are held in general dispensaries, general hospitals, health and community centers one in a city hall another in a Y W C A building, and still another in a child welfare station. These facts would seem to be conclusive evidence that the hospitals are no longer restricted in their functioning within hospital walls. A keen sense of responsibility to the community is felt by the hospitals and the aims of the clinics may be summed up in the phrase community or public service.

It can be readily understood that all the community relations that these state hospital clinics develop cannot be described here in detail. We may, however, discuss briefly some of these relations under several headings.

First, one may consider the relation between the parole patient, the clinic, and the community. The hospital no longer loses contact with its patients when they leave the hospital, but continues a supervisory interest in practically every patient over a parole period of six months a year or often longer.

The clinic and its social service often begin to function even before the patient leaves the hospital in the matter of investigating home conditions finding a place for the patient, and in other respects preparing the way for the patient's return to the community. As many of the patients as possible on parole are expected to report as often as seems necessary at the clinic and there their problems are carefully gone over with the physician, the worker, the family, or whomever else may be concerned. It is a constant aim of the mental clinics to keep parole patients as well adjusted in the community as possible, to prevent relapses in recovered patients, to promote recovery in those who were not recovered when they left the hospitals and to make as comfortable as possible those who it appears can not be expected to recover but who, if properly managed, may remain in the community to the advantage of both the community and the patient.

Not infrequently friends and relatives who have not been able to visit patients at the hospitals develop a close personal contact with the hospital organization for the first time at the clinics. Here there is an opportunity to explain the aims and purposes of the hospitals, acquaint those interested with their patient's condition and to give advice regarding many aspects of family and community life and to clear up some misunderstanding and difficulties.

With the knowledge that we have nowadays of the conditions into which patients are going and with the assurance that a patient will receive supervision, assistance and advice from the social service department and clinics, which he is expected to attend we are much more apt to parole a patient at the present time than we were ten years ago. In 1915 the average number of patients on parole was about 1,100. On January first of this year the number was over 3 400. State hospital social service and the clinics are largely responsible for this increased number, and the community, who pays the taxes has no small interest in the fact that the state is today being relieved of the cost of maintaining 3 400 patients in the hospitals at the rate of some \$330 a year per person. Furthermore the community is the gainer in other respects inasmuch as many of these parole patients are self-supporting economic assets in the community.

Through their contacts with physicians the clinics, we feel, develop a most important community relationship. Last year there was an attendance at the clinics of nearly 2 000 persons who had never been in the state hospitals, about 18 per cent of such persons are referred by outside physicians. The clinics are manned by hospital physicians not only



of many years' experience in state hospital work, but now often with many years' contact with nervous persons in clinics. The services of these physicians, with the benefits of their special experience, are offered at the clinics to other physicians in a spirit of heartiest co-operation. Competition with the practicing physician is furthest from our thought, and no attempt is made to treat patients who have private physicians without the expressed consent and willingness of these physicians. And it is our aim to give private physicians all possible information that may be of assistance in promoting their patients' welfare. We take it for granted that all of us, as physicians, are working for better mental and physical health in the community and for the common good.

An increasing helpful relationship between the state psychiatric clinics and the charitable organizations distributed throughout the state is evident. We call on these organizations for financial help for distressed families, and with the relief from financial worry mental difficulties are repeatedly cleared up, or we ask these organizations for leads or guidance in finding necessary positions, or again we may send word that our social worker cannot get around to look in on one of our families as she would like to, and ask that one of their workers make such a visit. On the other hand the organizations bring to us their problem cases of poverty and distress, or of families who cannot seem to be depended upon to carry out instructions in respect to budgets and other matters. And we may find that their apparently lazy, good-for-nothing man, with a family, is a paretic, or is suffering from a retarded depression, and we are able to tell the organization what to do about it, or we may find that their woman with no apparent realization of what budgets mean, has the mentality of a child of seven, and we may be able to advise how much should be expected of her intellectually, with a consequent change in the attitude of the organization toward its clients and a resulting benefit to everyone concerned. With

these and numerous other instances of co-operation that could be cited, the clinics are becoming more and more recognized as factors of value in the community's welfare. And with it all there is an increasing knowledge accumulated in the community regarding mental disorder, its causes and methods of prevention.

The problem school child is frequently brought to the clinic for diagnosis and advice as to its management. With the assistance that the clinics can give, and are giving, toward the solution of these school problems, it is evident that the clinics are affording a distinct community service. The repeated demonstrations that all children who appear dull and stupid are not necessarily feeble-minded, that delinquency in children may be due to some apparently trivial family situation or other preventable cause, that oddities in children may be cleared up by finding the cause, or that they may be early signs of mental disorder, is adding to the knowledge and understanding on the part of the school authorities that cannot but work for the benefit of the community as a whole.

In summary, then, it appears that the state psychiatric clinics have shown a remarkable development during the last ten years, that they are filling a need that was not previously met in the community, and that possibly cannot be met in any other way, that they are offering opportunities for guidance and assistance to those who have had mental breakdowns, and that through a wide range of community activities, their operation may work for the benefit of the community as a whole, particularly in respect to better mental health and adjustment to the difficulties and problems of life. It is evident to those who are engaged in this clinic work that there is room for improvement and extension of the clinic service, and it is hoped that this discussion may result to some extent in extending the benefits of the psychiatric clinics to those who have not already taken advantage of the opportunity offered.

### Deaths.

ABRAMSON, MAX, Brooklyn, New York Eclectic Medical College, 1892, Member State Society. Died May 10, 1924.

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GARLOCK, PERLIA ELIJAH, Schenectady, Albany Medical College, 1905, Member State Society. Died April 29, 1924.

O'CONNELL, JOSEPH H., New York City, College of Physicians and Surgeons, 1898, Fellow American Medical Association, New York Academy of Medicine, Member State Society, Assistant Laryngologist and Otologist St. Vincent's Hospital, Aural Surgeon Post-Graduate Hospital. Died May 19, 1924.





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**Secretary**—CLARENCE O. CUNNEY, M.D. Utica

## CONCERNING CORRESPONDENCE

In the correspondence columns of this issue we are printing letters from leaders of organizations in the County of Kings, severely criticizing the President of the State Society, the Editor, and editorial matter which appeared in our JOURNAL of April 18th.

We regret that, owing to the size of the May JOURNAL, we had no room for them in that issue.

It has been our policy since the beginning of our editorial service, to publish both sides of any controversy when properly presented.

While the failure of the Medical Practice Act

may have led us to expressions of disapproval of the lack of legislative support, which we felt was due the organized medical profession of the State, we regret that anyone should feel that we were criticizing the action of any county society or any member of it.

The letters explain themselves, and define responsibilities and the points at issue better than we can do it, and we ask every physician to read them carefully and make his own deduction.

N B V E.



## EDITORIAL STANDARDS

Editors are a hard-boiled bunch. They get that way if they are not born so. They start out with rosy expectations and tender consciences, but they soon acquire both blisters and callosities from wielding their pens or punching their typewriters. Some editors get no further than the blister stage, and some acquire such an amount of callosity that their sense of feeling is lost. Our editorial of March twenty-first was written during the blister stage of our experience, which, however, was not nearly so painful as some readers supposed. We now have a fellow feeling for our Brooklyn contemporary, who calls himself *The Spectator*, as he writes in the *Bulletin* of the Medical Society of the County of Kings —

"While we are in the mood, it might be of interest to know we learned first hand that the world is made up of many and complex likes and dislikes. We have heard the *Bulletin* was too dry. Why not put more humor in it and have a joke column? Not long ago we were in our make-up as *The Spectator*, and a gentleman told us the *Bulletin* was written in a vein of flippancy, attempted to strike a funny note and was not worthy of the dignity of Medicine. On two occasions we did articles on "Buying Books," and "How to collect a Medical Library." We had to mention our publisher's name. So Paul B. Hoeber objected (he said something about it looking too much

as if it was propaganda) and we let the stuff die. One venerable member of our profession upon being asked what he thought of the *Bulletin* replied, "Splendid. . . but I haven't had time to read it yet." Another well-known consultant said he could not describe his reaction to the *Bulletin*, but would say he read every issue through at one sitting. We could go on and on. Let us repeat, we labor under a *non de guerre* to avoid being accused of seeking cheap publicity. A lazy fellow—this *Spectator*."

We have been able to penetrate the disguise of *The Spectator*, and we happen to know that he is neither a pessimist nor an optimist. He is a sane, sensible fellow who is trying to be himself and express his own opinions judicially and interestingly. And, after all, this is what an editor is expected to do. If he is worth his salt, his opinions will probably be of greater value than those of most of his readers, for he has access to a wider range of information. One thing that a sensible editor desires is that readers will respect him however much they differ from him. He can always be sure of that respect if he strictly observes two rules:

1. Be honest with the facts
2. Avoid fault finding

These two rules are incorporated in the editorial policy of the *New York State Journal of Medicine*.

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## SCHOOL SANITATION

We have had occasion recently to look over the reports of the sanitation of public schools in a rural area which is under the influence of the Metropolitan district of New York City. About fifty schools were inspected varying from those in big villages to small one-room affairs in the backwoods. The inspections were first made last year, and the authorities of each school were informed of the findings and of the recommendations for improvements where they were needed. The inspections were repeated this spring, and the reports afford a reliable basis for constructive criticisms. While a few schools scored high, the scores of many schools were lamentably low.

The members of the Medical Society of the State of New York are deeply interested in the education of the people in preventive medicine, and they marvel at the ignorance and credulity of people generally. The reports of the sanitary inspections of the public schools point the way to a diagnosis of the cause of that ignorance

Hygiene and sanitation have been required studies in all public schools of New York State for thirty years. A whole generation of people has grown up under that teaching system, and the people know sanitation as poorly as ever. The reason for the ignorance is plain. A few moments of classroom instruction are entirely neutralized by hours of observation and use of unsanitary devices. The impression is that the classroom teaching is designed for a few delicate ladies, and that sanitation is of so little use that it is not worth observing in the school.

The State Department of Education has an efficient corrective weapon in the authority to withhold public money from an inefficient district. Has the Department ever exercised that power? Not that we have ever heard.

The compulsory adoption and use of sanitary appliances in every public school would be one of the biggest pieces of popular education in hygiene that was ever attempted.

F O





# LEGAL



By GEORGE W. WHITESIDE, Esq.  
Counsel, Medical Society of the State of New York

IN the April 18th issue of the JOURNAL, our article entitled "Chiropractor Convicted of Manslaughter" was intended to give an accurate account and reasonable interpretation of the conviction of Ernest G. J. Meyer, of Brooklyn, the chiropractor who treated six-year-old Caroline Germuth for diphtheria and was held criminally responsible for her death. Our opening paragraph appeared in print, through our faulty proofreading, so as to make it appear that the chiropractors use scientific principles, when obviously the word should have been "unscientific." We trust this correction will be noted, particularly by our critics who may think we have suffered a change of heart in our attitude towards the "principles" of chiropractic.

The principles of chiropractic, from our study, are unscientific and ignore the great contributions bacteriology has made to diagnosis and treatment of serious infectious diseases. The chiropractors may impress the legislative branch of our government by methods that substitute unproved claims for truth established by laboratory research, but the judicial department of the state requires the application of scientific principles in diagnosis and treatment and the possession of reasonable

skill and learning by one who treats the sick. The legislators may coddle chiropractors who seek the state's authority to ignore science in the treatment of disease, but the judges, on the contrary, applying the law for the protection of the community, proclaim that the unqualified and unlicensed cultists who exploit their theories at the expense of human life need not expect to escape conviction for crime and imprisonment in State's prison.

Mr Meyer has taken his last stand against going to prison by applying for a certificate of reasonable doubt to stay execution of his sentence. Justice Carswell who heard the motion, commenting upon the attempts of chiropractors to diagnose and treat diseases without possessing the necessary qualifications, said

"Is it not about the same as having a blacksmith attempt to accomplish a most delicate task? Only the blacksmith would probably have said 'This is not my job'."

Treating disease is not the chiropractor's job. Let him take note, therefore, of what Justice Carswell has said.

## BREAKING NEEDLE IN LUMBAR PUNCTURE

The plaintiff, a laborer about fifty five years of age, first called on the defendant, a specialist in nervous and mental diseases, on July 21st, at which time he had extreme difficulty in walking. He gave a history of pleurisy the year prior, followed by pains developing gradually in both sciatic regions being worse in the spinal region and running down to both heels. He also gave a history of chronic alcoholism and stated he had been treated some time previous for alcoholic neuritis. An examination showed the knee jerks missing and that the pupils were irregular and their reaction to light diminished. A probable diagnosis of cerebro spinal syphilis was made. A lumbar puncture was advised but refused by the patient. On this day some high frequency electrical treatment was administered and also some medication given.

The patient returned on the following day and stated that he felt somewhat relieved from the electrical treatment, though he stated he could

hardly walk nor rise from a chair and had great difficulty in getting to the doctor's office, it being necessary for him to sit down on some stoop along the way every few minutes. At this time he also complained of difficulty in urination. Treatment similar to that given on the previous visit was repeated.

He returned two days later and being unable to walk, had come to the doctor's office in a cab. He complained of feeling worse, the retention of urine being more marked. The treatment of the previous days was repeated and 30 gr of strychnine, and aloin and belladonna and strychnine pills were prescribed. The patient was also advised to go to the hospital for treatment. This however he refused to do.

On July 27th, because of the inability of the patient to walk, the doctor was called to the patient's home. It was necessary to lift the patient out of bed and to carry him on a chair into the front room. An examination was made



## LEGAL DEPARTMENT

he was also advised as to the lumbar puncture, which the day refused

the doctor was again called to for the purpose of performing ure It was necessary to carry his bed to the front room Pre-ide for the performance of the , the patient being seated straddle with his back arched so as to spaces between the vertebrae assisted in the sterilization of his he patient's wife There was also time another physician who ob- tor's procedure After the prep- made for the puncture, including ia, the needle was properly inserted and fourth lumbar vertebrae as cautioned to remain still and not

As the doctor turned to tube which he had lying on a the patient suddenly straightened he needle to break off Immediately eaking of the needle the doctor told and his wife that the needle had ith the forceps and the other instru- doctor had with him at that time he d to remove the broken needle, but access The patient was returned to his the doctor advised the patient and his he would return on the following day eavor to remove the broken needle eatment was prescribed for the patient's disease The doctor also advised the at he would have him removed to any hat he might desire, so that an X-ray taken to determine the location of the eedle and an operation performed for val This, however, the patient refused eedle was low on the spinal column and d between the vertebrae it did not cause ury

he following day the doctor returned to ient's home and with the aid of the 's wife removed the patient to the front and prepared the necessary instruments, an incision over the point where the needle een inserted and endeavored to remove the n needle, however without success Again dvised the removal of the patient to the hos- , but again his advice was refused The ed treatment for the patient was continued e doctor had procured some fluid in the per-

formance of his lumbar puncture, the analysis of which disclosed a positive Wasserman

On August 4th the patient was again seen by the doctor and the doctor again advised the removal of the patient to the hospital for the performance of an operation in an endeavor to remove the needle The patient, however, refused to go to the hospital

On August 7th the patient was again seen and the mixed treatment continued At this time there was some improvement in the patient as the paralysis of his legs was less marked and he urinated more freely The patient at this time told the doctor that they would call him if they desired to have him further treat the patient or if they decided that the patient go to the hospital

The doctor heard nothing further from the patient until suit was instituted against him, charging that in the making of the lumbar puncture through his negligence and carelessness a needle was broken, which was permitted to remain in the spinal column, and further charging him in two separate counts of unlawfully and without the consent of the patient performing an operation upon the patient These two operations were the attempts made by the doctor to recover and remove the broken needle

It appeared that for some weeks the patient received no treatment from anyone and he subsequently came into the hands of another physician, who for several months administered mixed treatment for the patient's systemic disease, under which treatment there was some improvement In November an X-ray was taken which showed the presence of the broken needle lodged between the the third and fourth lumbar vertebrae Though the patient claimed that the needle caused the paralysis, no steps were taken by him to correct his condition or have the needle removed until July of the following year, when at one of the city hospitals the broken needle was removed, it being found at that time to be firmly imbedded between the vertebrae and not having caused the patient any pain or injury either then or at any previous time

The action finally came on for trial, and after two days' trial the matter was submitted to the jury, who deliberated for seven hours and were unable to agree upon a verdict Several months later upon a retrial, after about three hours' deliberation by the jury, a verdict was returned in favor of the defendant, thus successfully terminating this litigation in favor of the doctor





# State Department of Health



## STATE AID FOR COUNTY HEALTH WORK.

Chapter 278 of the Laws of 1924 amending the act providing state aid for county health work defines the authority of the State Commissioner of Health to prescribe limits within which state aid may be granted, provides that no single grant may be made to cover more than one year, that funds granted as state aid shall be expended only for the purposes for which the grants are made and that no grants shall be expended unless equal amounts of county funds are expended for the same purpose. It also provides that any monies granted as state aid and remaining unexpended at the expiration of the year for which the grant is made shall be returned to the state treasury.

Late in the session the Legislature appropriated as grants to counties, \$26,015 86 allocated as follows

Cattaraugus County (Toward expense of establishment of county board of health)	\$3 697 50
Jefferson County (Public health nursing service)	3,100 00
Allegany County (Public health nursing service)	3 000 00
Yates County (Public health nursing and clinic service)	900 00
Clinton County (Public health nursing service)	1,500 00
Tompkins County (Public health nursing service)	1,200 00
Tioga County (Dental clinic)	150 00
Schoharie County (Public health nursing service)	1 750 00
Essex County (Public health nursing service)	900 00
Lewis County (Public health nursing service)	1,292 36
Ulster County (Toward establishment and equipment of rural general hospital)	1,250 00
Columbia County (Equipment for public health nurse)	326 00
Washington County (Public health nursing and clinic service)	3,000 00
Schuyler County (Public health nursing service)	1,000 00
Cortland County (Public health nursing and clinic service)	1,700 00
Chautauqua County (Public health nursing service)	1,250 00

## DUTIES OF PHYSICIANS IN REPORTING SYPHILIS AND GONORRHEA.

From the fact that inquiries are frequently made concerning the necessity for reports of cases of syphilis and gonorrhea, it is evident that there is confusion in the minds of many physicians regarding the requirements. Physicians are not required to report to the health officer (unless the municipal code so requires) or to any other person or office, cases of venereal disease unless the patient conducts himself so as to expose others to infection. It is the duty of the physician to report such delinquent patients to the local health officer.

Regulation 2 a of Chapter II of the Sanitary Code, however, does require that physicians submit certain specimens to a laboratory approved by the State Commissioner of Health from any patient suffering with any disease specified in the regulation. Syphilis and gonorrhea are included in this list.

## NEW REGULATIONS FOR CAMPS

At a meeting, held May 15th, the Public Health Council amended Chapter V of the Sanitary Code which formerly dealt with the sanitation of labor camps only, to include all camps. Under the amended regulations which take effect June 1st, all camps of any type are subject to the authority of the local health officer and of the State Commissioner of Health. This action was necessary owing to the great increase in the number of automobile tourist camps and summer camps for children which heretofore in many instances have been operated in a more or less haphazard manner with comparatively little thought toward the health of the campers or of the nearby residents.

## BREAST FEEDING LOWERS INFANT MORTALITY

Provisional infant mortality figures for Nassau County, where a breast-feeding campaign has been conducted for more than a year, show an infant mortality rate of 63 for 1923 as compared with a rate of 80 for 1922—a reduction of over 20 per cent. Since January 1923, 2,664 babies have been under observation of whom 517 already have been carried through nine months of breast-feeding.



## EPIDEMIOLOGISTS APPOINTED

Dr Irving Van Woert of Delmar, N Y, and Dr Robert Knight of Seneca Falls, N Y, have received appointments as epidemiologists in the State Department of Health. They assumed their new duties June 1 and May 16 respectively.

## NEW ACTIVITIES OF STATE DEPARTMENT OF HEALTH DURING 1923

During the year 1923 the functions of the various Divisions of the Department were expanded in several directions. Below we give a brief outline of some of these newer activities.

The *Division of Administration* established a course of instruction for officials of sewage disposal plants and water supplies, and for local sanitary inspectors at Albany with the co-operation of the Albany Medical College. Arrangements were made for the collection of immune measles serum by the District State Health Officers. Together with a committee representing the State Conference of Mayors, the Division formulated a so-called Model Milk Code to be recommended to all the cities of the State for adoption.

The *Division of Public Health Education* in addition to increasing the scope of its routine work arranged for two new activities, first, the weekly publication of Health News, and second, the weekly distribution to the motion picture theatres of the State of slides containing epigrams relating to health. So far this year both of these activities have met with a degree of success far greater than was anticipated.

The *Division of Maternity, Infancy and Child Hygiene* through its board of regional consultants formulated minimum standards for maternity care which were published and sent to every practicing physician of the State outside of New York City. Diet cards for expectant and nursing mothers were also published and given wide distribution. Standards for grading mother and child hygiene stations were formulated. Two research studies were commenced by the Division in 1923, first, a study of the physical status of the preschool child, based upon the findings of the children's health consultations, second, investigations were made of the diet of the children in two institutions for tuberculosis, which was the initial step in the general plans for more comprehensive study of the feeding of tuberculosis and pre-tuberculous children. Sheppard-Towner funds were made available to counties and smaller municipalities for work in infancy and maternity hygiene. During the year fifty-five mothers' health clubs were organized for

the purposes of instruction in maternal and infant hygiene, and a lecturer was provided for talks and demonstrations to women's organizations. Sample sterile obstetrical packages, model layettes, and mothers' and babies' trays were provided for demonstration use by nurses.

A research bureau was organized within the *Division of Vital Statistics*, and under the supervision of the Division, data were gathered for use in connection with the Milbank health demonstrations.

The *Division of Communicable Diseases* commenced the collection of immune measles serum. The administration of toxin-antitoxin mixture for diphtheria immunization without previous Schick test was recommended for young children.

The *Division of Venereal Diseases* made a survey of the State to determine what physicians were treating venereal diseases, together with the number of cases observed by each physician during the preceding year. For purposes of comparison, similar data were secured from other States. A study of cases in which the laboratory reported incomplete reactions to the complement fixation test was commenced. Preliminary steps for another study were undertaken by collecting data regarding paretics and their families from certain institutions.

In the *Division of Laboratories and Research* new antigens and technique were developed in connection with the complement fixation test for tuberculosis. Lists of approved laboratories and pamphlets containing information regarding laboratory service were sent to all physicians of the State outside New York City. The Division undertook two new laboratory procedures, first, cultural examination of blood clots from specimens submitted for agglutination tests, second, the examination of dried specimens stained by the Fontana method for the presence of *treponemapallidum*. The preparation of measles serum for distribution was also commenced. By virtue of Chapter 638, Laws of 1923, the Division recommended to the Commissioner certain minimum standards for local laboratories which are to receive State Aid.

## DIPHTHERIA INFECTION IN WOUND

Recently there was submitted to the State Laboratory in Albany a culture taken from a membrane on the lip, which had appeared subsequent to an accident, in which, in addition to contusions of the face and head, the patient's mouth was cut. Examination revealed morphologically typical diphtheria bacilli which on further examination proved to be virulent.





## CORRESPONDENCE



### FROM THE MEDICAL SOCIETY OF THE COUNTY OF KINGS

The Medical Practice Act has failed of passage. It is dead. Clamor for its passage has given way to heart burnings and bitterness. It is possible that the majority of physicians in the State were in favor of it, the Governor was for it, the great State Departments of Education and Health and the Attorney-General's office appeared in favor of it, a rejuvenated State Journal week after week sought to influence our opinion. All the forces of the Medical Society of the State of New York were used to assist its passage. With that we have no quarrel, but Kings County was against the bill and with that the State Society should have no quarrel.

We take no exception to the position of those who were in favor of the bill. We demand no explanation from them. We do, however, insist that we have every right to an honest difference of opinion, and we demand fair play.

There is a disposition to blame Kings County. The spirit of intolerance stalks abroad. The editorial columns of the State Journal alternately praise and condemn us, and there is much harsh and uncalled-for criticism of those who voted in opposition to the bill. The editor calls for the defeat of Brooklyn legislators who voted against the bill. What affrontery! For this and nothing more, one of our Senators is called a "little man" totally disregarding the fact that it was his vote alone in the Senate that defeated the Campbell-Downing bill last year. The passage of that vicious bill would have meant the beginning of State Medicine. These are the facts and they must be faced.

The officers of the State Society blame Kings County. All through the proceedings of the House of Delegates runs comment on the action of Kings County, blocking legislation. The running comments and undercurrent directed at Kings County were so bad that at the close of the Session of the House of Delegates an ex-president of the State Society, than whom no one in the State has had more experience in legislation arose to say, in effect, that 'there had been entirely too much talk about Kings County, and that he was not convinced that the late bill was so good, that there had been much the matter with it it was time to stop, etc.' Kings thanks Dr. Rooney.

We are not novices in legislation. This is not our first year. We have always stood shoulder to shoulder in the battle, and we have frequently led the van. This year was no exception. Long before the Medical Practice Act was drawn, we had decided to devote our January meeting to a survey of the legislative situation. We rejected the bill read to us that night. At our next meeting, our State leaders praised that action, and presented to us a new bill. We rejected that, too. Though admirable in many respects, it did not please us.

We were always against that bill, but we never forgot our obligations to the public. We did our best to meet changing conditions. We were, in fact, responsible for getting the unamended bill out of Senate Committees. When it seemed as if the issue was to be joined between the Medical profession and the cults, our opposition to the bill was negligible. Yet when Kings County heard the story of the Assembly amendment which specifically excluded chiropractors from the provisions of the bill our opposition stiffened and all our forces massed at the last moment to defeat the bill. The rest is history.

It is time for us to make our position absolutely clear. We maintain that, as a county medical society, we have every right to be for or against any bill we please. We apologize for nothing. We do, however, resent unjust criticism and we always will. We submit that the editorial columns of the State Journal should never be used to scold a county society, for is not that Journal the common property of us all?

We are doing our best for Medicine. The State Society might well emulate us, and do everywhere what we are doing here. We could point to a record of glorious achievements, but our past is secure. We are, however, as keenly interested in public health as anybody in the State and as a proof of our activities, a brief recapitulation is to the point here.

- 1 We own and operate our own beautiful building which is a credit to the city, and the medical profession.
- 2 We maintain with the highest dues in the State a library of 100,000 volumes,



- one of the largest medical libraries in this country
- 3 Our postgraduate educational movement is attracting nation-wide attention and favorable comment from prominent educators everywhere
  - 4 An active Public Health Committee is constantly at work in the civic field (The story of their work will be found on page 739)
  - 5 Our Committee on Illegal Practice has secured results which it is admitted, no other County Society in the State could effect Mr Whiteside has called this "a signal accomplishment"
  - 6 Cooperating with the Brooklyn Health Examination Committee, we are planning periodic health examinations on a scale never before attempted

- 7 To our Press Reference Committee, the managing editors of the newspapers of Brooklyn promise their earnest co-operation
- 8 We have many more civic contacts with big business, the Health Department, the Department of Public Welfare, and the voluntary health agencies

This is a frank statement of our position. Nothing more. It is time to close the ranks. Let us stop talking about the Medical Practice Act, lest while it lies mouldering in the grave like John Brown's body, its soul will go marching on. There is nothing that cannot be done. No difficulties are insurmountable, but we must have time to consider them. Together we can do everything. Let us try.

CHARLES A. GORDON, M.D.,  
*President, Medical Society of the  
 County of Kings*

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### FROM THE PROFESSIONAL GUILD

MY DEAR EDITOR —

As President of the Professional Guild of King's, Queen's and Allied Counties, may I have the opportunity of answering the editorials of Drs Wightman and Van Etten in the issue of April 18, of your Journal? The articles were written perhaps in the first flush of disappointment over the defeat of the Carroll-Lattin bill. The tenor of the statements is not calculated to bring about that harmonious feeling, that spirit of concord and amity, which we all seek. Honest differences of opinion will always exist, but ought never to lead to abuse of editorial prerogative. Kings County will not meekly submit to scolding by anyone.

First, let me say that Dr Lent, Executive Secretary of the Guild, now in his fifth year in that position, was our authorized spokesman at Albany. Our Board of Directors voted unanimously in opposition to the Carroll-Lattin bill. Sentiment among medical men in Kings was preponderantly against the bill. The County Medical Society had voted it down, all the independent Societies which had considered the measure had done likewise, so that the action of the Guild was entirely echoing the sentiment of its members.

We are not conscious in any sense of being a disrupter of medical progress. In what way, or by whom, has the defeat of the Carroll-Lattin bill been made synonymous with disruption? The medical profession of this State has not registered or expressed its opinion by referendum, and until it does medical sentiment can not be accurately gauged.

The record of our organization in all things pertaining to medical legislation is well known.

It has opposed Health Insurance, Health centres and all bills tending to socialization of medicine, it has consistently opposed vicious Narcotic laws and introduced the bill abolishing the State Narcotic Commission which was passed by both Houses and signed by Governor Miller. Activity of this organization resulted in the retirement to private life of former Assemblyman Leininger of Queens, introducer and sponsor of the Chiropractic, Vivisection and Child Experimentation bill of 1923.

We do not and never have threatened legislators. We are proud to enjoy their friendship and to extend to them such advice in medical legislation as they may seek. The unanimous support accorded us by our Assemblymen, regardless of party affiliation, twenty-nine against the Chiropractic bill and twenty-nine against the Carroll-Lattin bill, tells more eloquently than I can of the mutual confidence and friendship existing between the law makers of Kings and Queens and the *Professional Guild*. If other counties in the State were to emulate our example, might not efforts in medical legislation be more successful? I am sure that calm analysis of the situation can lead to no other conclusion.

Meanwhile, let me reiterate that the language of Drs Wightman and Van Etten will not help the situation. The test of men is their ability to lose. Anybody can be a winner. And the many friends in Kings of these loyal and distinguished men know their sportsmanship actually to be of higher quality than might be inferred from the Journal of April 18th.

Yours very truly,  
 WILLIAM HENRY DONNELLY, M.D.



## RE-REGISTRATION

MY DEAR EDITOR

I desire to state some of the reasons why the Medical Society of the County of Kings opposed the Carroll-Lattin Bill

The ambiguous language of Sec. 170, sub division 1, of the Carroll-Lattin Bill made the first re-registration mandatory upon the doctors but discretionary with the State. We asked that the words "Whereupon such applicant shall be registered" be inserted, after the words "two dollars" in that section which would make it mandatory just as the word "shall" in subdivisions 3 and 4 made mandatory the second, third fourth and fifth re-registrations covered by subdivision 2 of Sec. 170. We asked that sections 170-a and 170-d be put back into the law, but it was not done.

The medical men of Kings County have been fighting re-registration bills since the Kenyon (1920) and the Bloomfield (1922) bills, they fought and killed the Carroll-Lattin bill (1924) and were and are in the position of answering the criticism that they thereby aided and abetted the quacks by pointing to the constructive work of their County Medical Society's Committee on illegal practice which acting in concert with the district attorney's special bureau on illegal prac-

tice, succeeded in six weeks in securing the arrest of eight illegal practitioners, and warrants for four others who have left the state and in having fourteen others under investigation, as well as the conviction of chiropractor for manslaughter in the second degree, UNDER EXISTING LAW AND PRECEDENT, and by way of the district attorney and the courts I disagree with the reference committee "C" of the House of Delegates at Rochester in that I believe this constructive plan of cleaning house is as practicable in Lewis County with fourteen members in the state society as it is in Kings with 1505 members. Surely the other sixty-one Counties in the State are not willing to say that the quality of citizenship of their doctors or the good faith of their district attorneys is inferior to that of Kings!

The Carroll-Lattin Bill will be found in the NEW YORK STATE MEDICAL JOURNAL of February 22, 1924, Vol. 24, No. 5, page 215. If the law stated herein is not quite clear to you, discuss it with some lawyer-patient. If you wish more facts, write to me and I will gladly answer you.

J. J. A. O'REILLY, M.D.

Brooklyn, May 1 1924

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## CENSUS OF ILLEGAL PRACTITIONERS

Editor NEW YORK STATE MEDICAL JOURNAL  
April 17, 1924

DEAR DOCTOR

In the article entitled "Why Re-Registration is Necessary in New York," published in the April 11 number of the Journal, I note the statement, "In fact the educational authorities stated that there were at least 1,500 irregular physicians practicing in this State and about 3,000 chiropractors in addition." I have heard this statement repeated time and again the past winter.

If we are to make any really substantial progress in regulating the practice of medicine we must base our action on reasonably correct data. I question the even approximate accuracy of the above statement, 1,500 irregular physicians in this State aside from chiropractors would mean that approximately 10 per cent of the active practitioners in this State are irregular physicians. If one cannot believe that there is any irregularity as regards one out of ten of the physicians of this State.

Viewing the 1,500 statement from another

aspect it means that we should expect to find approximately 15 irregular practitioners aside from chiropractors in Schenectady. I know of none at all, certainly there are not two. Albany should have in the neighborhood of 20, Buffalo 90 and Rochester 50. I believe that the ridiculousness of the above figures speak for themselves. On the 1,500 basis Kings County should have approximately 300 irregular practitioners aside from chiropractors. I understand that the Kings County Society has recently been studying the local situation. It might be interesting to have some one from Kings County tell us how many irregular practitioners aside from chiropractors they actually did find.

If the 1,500 statement is a fair measure of the accuracy of much of the argument in favor of the recently defeated Re-Registration Bill I believe that it is time that we proceed to accumulate some fairly accurate data on the subject.

Very sincerely,

E. MACDONALD STANTON





# NEWS NOTES

## KINGS COUNTY CRUSADE AGAINST QUACKS

The work that has been done in Kings County in its campaign against quacks is now a matter of history. It is being continued.

Realizing that the greatest task before our Profession today is the elimination of the quack, I believe that it might interest members of the State and County Societies to know just how we planned our work and how it was put into execution.

Perhaps the most pressing problem before the Medical Profession, today, is the elimination of quacks and quackery. Proposals of various sorts have been made, some by individuals and some by legislative bodies, to meet and solve the problem, but it is our opinion that only through concerted action by the organized Medical profession working in conjunction with the Public Prosecutors office, can a workable solution be arrived at. In Kings County such a plan of co-operation has been brought about with results far more satisfactory than had been anticipated.

Our plan of operating has been, and still is, as follows:

A Committee on Illegal Practice was appointed by the President of our County Society to make a survey of conditions surrounding the so-called healing art in this County. This Committee prepared a questionnaire which, with stamped and addressed envelope, was mailed to every Physician in Brooklyn. Information was requested regarding illegal practice in any form, whether engaged in by a Doctor of Medicine who was not licensed to practice in this State, or by those who follow the tenets of the cults.

A copy of the questionnaire

February 5th, 1924

DEAR DOCTOR

The Medical Society of the County of Kings, through the Committee on Illegal Practice, is making a survey of the Medical Profession in this County with the view of determining the number of practising in violation of "The Medical Practice Act." In this effort, the Society expects the hearty co-operation of every member of the Profession for reasons too obvious to detail.

Have you knowledge of the illegal practice of Medicine by any person purporting to be a Physician, in this County?

Have you knowledge of any regularly licensed Physician, who is covering up or protecting an illegal practitioner?

All such information received by the Committee will be held in absolute confidence and you may, if you wish, give it without signing your name.

The questionnaire is appended for your completion and a prompt return is desired.

Very truly,

JOSEPH E. GOLDING, *Chairman*  
GAETANO DE YOANNA, CHARLES SHOOK  
RALPH I. LLOYD, JAMES STEELE

Name

Address

Does he (or she) display a sign?

Does the sign indicate that he (or she) is a physician?

How long has he (or she) been practicing at this address?

Practiced where previously?

Has this person ever had a license in this State or elsewhere?

Has this person's license been revoked?

Is the practice general or special? If special,

Does he (or she) prescribe or dispense?

Does he (or she) do surgery?

Does he (or she) hold membership in any medical society?

Connected with any Hospital and in what capacity?

Did he (or she) ever study medicine? Or Graduate?

More than two hundred complaints were received involving every imaginable form of practice, most of them being sent in anonymously.

While waiting for the return of the questionnaires, we had made a copy of the complete Register of Physicians, as kept in the office of the County Clerk, so that we might have a ready means of looking up those against whom complaints were made. A clerk was hired for this purpose, his salary being paid by the County Medical Society. Incidentally, more than thirty



## THE PERIODIC HEALTH EXAMINATION CAMPAIGN IN KINGS COUNTY

Recognizing the value and danger of individualism in the practice of modern medicine considering the co ordinate social economic and medical factors which influence community welfare and appreciating that no agency in Kings County had in it more variety of interest more trained members or more contact with the people and the other agencies the medical society in May 1923 passed the following resolution as expressing the spirit in which it is endeavoring to develop its community relations

*Whereas* The Public Health Committee of the Medical Society of the County of Kings has given special consideration to the relationship of official and unofficial health agencies, and

*Whereas* The principles of mass health protection through environmental control have been established, while the protection and promotion of individual health requires further study and demonstration and

*Whereas*, Future community health activity requires closer co operation between the health agency the individual and the physician therefore

*Be it resolved*, That the Medical Society of the County of Kings, recognizing the importance of preventive medicine, the value of personal hygiene and the service rendered by health agencies deems it for the best good of all concerned that health agencies contemplating or undertaking public health demonstrations or organized public health work in the Borough of Brooklyn secure the endorsement of the municipal health authorities and the co operation and proper degree of participation of the medical profession through the Medical Society of the County of Kings and

*Be it further resolved* That this resolution be brought to the attention of all physicians and health agencies in the Borough of Brooklyn City of New York

This stand has brought results. The requests for opinion and co operation have overtaken the resources of the various committees and the officers. These have included dispensary problems nursing, health examinations maternity care, health centers and the like and have been received from other Brooklyn agencies engaged in health, welfare and business activities both official and unofficial

Perhaps the best illustration and the most timely one of how it all works out is in the field of the so-called *health examinations*. In 1922 when the National Health Council was preparing for the present campaign for the periodic examination of apparently healthy persons the public health committee of the

Medical Society of the County of Kings also took up the subject and considered it from all angles. The make-up of this public health committee is such that *all angles* mean just that. The committee is composed of members of the society whose professional work includes their individual participation in general medicine, general surgery, industrial medicine, pediatrics, hospital administration, medical teaching and unofficial health work, as well as direct representation of the health welfare and educational departments of the county.

Naturally enough the practical side of health examinations came to the front and the difficulties were foreseen. No campaign launched without the previous knowledge of the medical profession will get anywhere. That knowledge to carry weight must come from practicing physicians to practicing physicians through the logical channel—the county society. Team play in Brooklyn has made it possible to plan a campaign properly coordinated one that ought to work.

In 1923 the regular April meeting of the County Society was designated as health night, and was practically devoted to health examinations. When 1924 rolled around the preliminary work had been done. A schedule of events had been arranged as a co operative effort between the committee on Public Health and Post Graduate Education, of the Society, and the Committee on Dispensary Development of the United Hospital Fund. Physicians of Brooklyn were given ample opportunity to become prepared for a borough-wide campaign conducted by a community organization made up of lay and professional people representing all groups and known as The Brooklyn Health Examination Committee.

The Medical Society through direct appropriation of funds, and with the assistance of the Committee on Dispensary Development which met the cost of examining one hundred members as a demonstration of technique, was able to place before the 2500 doctors of Brooklyn the fundamentals of health examinations on an educational basis, while the Brooklyn Health Examination Committee deriving its revenue from the Christmas Seal Funds of the Brooklyn Tuberculosis Committee carried on the general community work and provided examination blanks height and weight charts, and the like for the use of all physicians.

The sequence of events that point to success in the Kings County Health Examination campaign required time, hard work and money. During 1922-3-4 there was much



committee activity The April meetings of the medical society in 1923 and 1924 were devoted to Health examinations The society provided a leaflet, a reprint, a clinical lecture, and a post graduate course on health examinations during March and April, 1924 In March, April and May 100 members of the society were examined in the county society's Library Building In May, after all this preliminary work had been done, the medical committee of the Brooklyn Health Examination Committee sent each physician in Brooklyn examination blanks, height and weight charts, and a sample of the material to be distributed to the laity The campaign to the public will now begin and the result of all this effort will be watched with keen interest in and outside of Kings County If this plan works in the health examination field, similar programs can be planned as co-operative effort between all the agencies of the County whether the topic be child health, cancer control, prevention and relief of heart disease, food handling, maternity welfare, provision

of medical care for the poor, nursing service, or numerous other activities in which the physician is a participant

Reduction of duplicated effort and greater value for every dollar expended will be the result,—a result that will bring with it greater understanding between agencies, and some real service (both preventive and curative) to the average citizen of the community

Who will foot the bill? The doctor will do his share in preparing himself for the newer fields of medicine, and will make his contribution in time and service as always Will the other agencies do their part by spending some of their dollars in advancing health work through the one logical and most far-reaching channel—the advance guard known as the medical practitioner? We believe they will Some of them are trying the experiment and finding that it works—and pays

ALEC N THOMSON,  
*Secretary, Public Health Committee, Medical  
Society of the County of Kings*

### THE SALVATION ARMY APPEAL

The Annual Home Service Appeal of the Salvation Army was launched on May 4th and continued for two weeks The purposes for which the appeal was made should be of a paramount interest to physicians, both in a purely professional as well as in a social sense, using the latter word in its wider application

The reasons for enlisting the medical profession in this worthy cause are many, but attention may be called to those which should be of a special interest It is admitted that physicians give a large part of their time and energy for charitable purposes, without which the medical work of our many hospitals and similar institutions would fail But in addition we owe something to the community that transcends these purely personal efforts and obligations, and it is along these lines that an attempt was made to enlist the sympathy of medical men and women in the appeal of the Salvation Army

The Salvation Army, by its unselfish, modest, and self-sacrificing labors, has accomplished results for the community that could not be attained in any other way It not only reaches a large class of the lower strata of our population by methods and means that appeal and light up the sparks of decency and self respect that are dormant in every human being, but it has gone further and taken up the problem of the dependent mother and children in a way that demands our respect and consideration We scarcely realize how much the Army is doing, because the result

is accomplished in such a quiet and unostentatious manner It is done moreover by men and women consecrated to this work by a spirit of obedience and self-sacrifice which must command our respect and admiration By rescuing the derelicts, by making them self-supporting and self-respecting, by providing convalescent care for the poorest class of patients discharged from our hospitals, the Army constitutes an important factor in the domain of preventive medicine In addition, the care of dependent mothers and children also demands our consideration It is scarcely known that the Army does a great deal of helpful work in providing maternity homes for mothers, both married and unmarried, who are not reached by the usual channels Moreover, they give continued attention to these mothers, and supervise them after the period of pregnancy in an attempt to restore them to a better social status and prevent them from becoming charges on the community or a menace to the community health The refuges which have been established for children may also be regarded as elements in a preventive medical scheme rather than as hospitals These institutions include in their program a service to the community which affords assistance to families before their physical condition is impaired

A word should be inserted here as to the expenditure of the funds given to the Salvation Army Every dollar of this maintenance fund asked for the continuance of the work of the



coming year is to be expended in New York and the money will go almost 100 per cent direct to the charities indicated without provision for an elaborate headquarters organization and highly paid social workers. The community relief disbursed by the Salvation Army is fed down to the ultimate recipient through the humble captains and officers of the street bands we see in the corner religious meetings, with no necessity for top-heavy supervision.

The following committee of physicians is in charge of the appeal directed to the medical profession of New York County:

Dr Emil Altman	Dr Ernest Krug
Dr Samuel Brown	Dr Eugene H. Pool
Dr Dever S. Byard	Dr Emanuel Libman.

Dr Lilhan K. Farrar	Dr John Rogers
Dr Caroline Finley	Dr Walter L. Niles
Dr Royal S. Hayes	Dr F. E. Sondern
Dr W. W. Herrick	Dr Charlton Wallace
Dr S. Dana Hubbard	Dr G. G. Ward
Dr S. S. Goldwater	Dr Linsley R. Williams
Dr S. J. Kopetzky	
Dr George W. Kosinak (Chairman)	

The Brooklyn committee is composed of the following physicians:

Dr Frank Jennings (Chairman)
Dr John E. Jennings
Dr Herbert D. Schenck
Dr Gaetano de Yoanna
Dr Charles A. Gordon.
Dr Alexander L. Louria.

## STUDY OF CONTRACEPTION

*Editor's Note.* We have received the following news item from the Committee on Maternal Health, whose headquarters are at 205 East 14th Street, New York. This committee was organized in order to administer a fund that was contributed by philanthropic persons in order to study the problems arising from the irresponsible and unscientific propaganda that is put forth regarding contraception. It is dominated by physicians and its activities will be conducted along strictly medical lines. The Secretary of the Executive Committee is Dr. Robert L. Dickinson, and his associates on the executive committee are Drs. Haven Emerson, S. W. Lambert, James Pedersen and W. F. Snow. About twenty-five other well-known physicians constitute the Medical Group. The committee has refused to give any information to the lay press and will report its activities solely to medical journals.

A year's study to work out and get under way plans for a dignified and scientific study of "birth control" has been made by the Committee on Maternal Health.

This group was organized in March, 1923 to take up clinical problems of fertility and sterility, to collect and examine case histories in an office which would be one of record and reference only, and to attempt to formulate and initiate practicable ways of getting answers to some of these old new issues. The policies procedure and personnel are strictly under medical control. The Medical Group is large and representative. The approach to this particular problem has been carefully weighed since clinical steps could be taken no faster than the professional was willing to go.

The committee began by submitting its pro-

gram to the New York Obstetrical Society and the Academy of Medicine, and held back to test their approval. A questionnaire sent out by the Society brought a strong vote in favor of this study, and the Public Health Committee of the Academy endorsed these objects.

The first complete study of the literature has been made, and a digest is ready for publication in a professional journal. The three birth control clinics—the Stopes and the Haire in London, and the new Sanger clinic in New York—have been inspected. For six of the leading hospitals of the city appropriations have been made to provide for collection of data, with the same approach that proved effective for tuberculosis. The opinions of authorities are largely gathered in the matter of indications for prevention or postponement of conception, and a study of the field for sterilization is under way. An American observer in Holland will sift the conflicting reports concerning that much quoted experimental station of birth control. The committee hopes to secure new studies from the Continent, where the marked increase in abortion and the governmental and journalistic discussion of the abrogation of penalties for it have aroused a consideration of contraception and a consideration of a professional investigation of the subject by the Committee on Maternal Health.

The wide divergence of opinion on purely medical aspects of the matter that the committee's analysis of three key cases of clinic reports—one just issued—two important recent questionnaires, has ~~not~~ <sup>been</sup> ~~indicated~~ <sup>shown</sup> in the lines on which the study is proceeding. These are shown in the report to the ~~public~~ <sup>society</sup> ~~lashed~~ <sup>lashed</sup>.



## WAR DEPARTMENT

Office of the Surgeon General,  
Washington, May 8, 1924

MY DEAR DOCTOR

Provision has been made for the training of officers of the Army Medical Department Reserve, assigned to the Branch Assignment Group. Camps of instruction will be conducted at Carlisle Barracks, Pa., for the First, Second, Third, Fourth and Fifth Corps Areas, Fort Snelling, Minn., for the Sixth and Seventh Corps Areas, camp not yet selected in the Eighth and Ninth Corps Areas.

It is planned to give officers of the Medical Reserve Corps who can accept training at these camps during the period, instruction in tactics and the technic of operation of divisional medical units. It is hoped it may be possible to stimulate interest among officers of the Reserve Corps in the Branch Assignment Group, and to make

these camps an agency in improving the efficiency of officers classified for duty with units in the Branch Assignment Group. These camps will be for a period of two weeks, beginning about July 7. Officers interested should apply to the Surgeon General of the Army direct, indicating their desire to be ordered to active duty for a period of two weeks, for the purpose of training. In their applications, they should state that they have not been on active duty for training during the present fiscal year. Officers ordered to active duty for training receive mileage to and from camp and the pay allowances of their grade.

It is requested that this matter be given such publicity as your Society is in a position to give it.

Very truly yours,  
G I JONES,  
Major, Medical Corps

### INDUSTRIAL HYGIENE CLINIC FOR THE DIAGNOSIS AND TREATMENT OF INDUSTRIAL DISEASES

The need has long ago been recognized by the medical profession at large in the State of New York for a clinic especially equipped and adapted for the diagnosis and treatment of industrial diseases. Accordingly, an arrangement to this end has been perfected under the joint auspices of the Reconstruction Hospital in New York City, the Industrial Hygiene Division of the State Department of Labor, and the College of Physicians and Surgeons. This important move concerns not only the wage earner, the employer and the individual physician, but society at large, as the well being and efficiency of the State are of necessity concerned in it. This is an important move and should receive the active support of the medical profession in the State.

Elaborate plans are being made for making studies of occupational diseases and for publishing the results of research in new methods of treatment. It is contemplated, as the Clinic develops, to train doctors and nurses for

special service in industrial medicine and surgery.

The Industrial Hygiene Clinic is now open at the Reconstruction Hospital, corner of 100th Street and Central Park West. The Reconstruction Hospital has been equipped with all of the devices necessary for the diagnosis and treatment of industrial diseases. On the staff of this clinic there are eminent specialists and consultants. The hospital employs X-rays, electrotherapy, phototherapy, hydrotherapy, massage, mechanotherapy and occupational therapy.

#### CONSULTATION HOURS

The consultation hours are 2 to 4 p. m. on Tuesdays and Fridays.

Treatments given Mondays, Tuesdays, Wednesdays, Thursdays, Fridays, from 9 to 5—Saturdays from 9 to 12. For further information address the Director, Industrial Hygiene Clinic, 100th Street and Central Park West, New York City.

### TESTIMONIAL DINNER TO DR ROBERT J CARLISLE

On the evening of May 3rd at the Hotel Biltmore a testimonial dinner was given to Dr. Robert J. Carlisle, by the Alumni Association of the University and Bellevue Hospital Medical College. There were present over 300 members and guests. The older members were especially in evidence to congratulate Dr. Carlisle on his recent appointment as head of the Department of Medicine of

the medical college. The presiding officer was Dean Samuel A. Brown. Chancellor Elmer Elsworth Brown responded to the toast, The New York University and the Medical School. Dr. George D. Stewart spoke of the Medical School. Rev. Dr. John MacNeil delivered a very enjoyable address. Dr. George B. Wallace spoke of Robert J. Carlisle, the doctor.



## MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The regular meeting was held on May 20 1924, at the auditorium of the Municipal Gas Company, Albany

The meeting was called to order by the President, Dr Edgar A Vander Veer at 8 40 P M Sixty-four members were present

Dr Nelson Fromm chairman Dr Andrew MacFarlane and Dr Henry Shaw special committee to investigate the typhoid epidemic in Albany rendered a report in which the following recommendations were made

The present plans for improvements to the filtration plant should be pushed into completion as rapidly as possible.

That daily examination of several taps in various parts of the city should be made

That the Department of Public Works and

the City Health Bureau be so associated that the moment water contamination is discovered the Health Bureau should be immediately officially notified

That as the furnishing to the citizens of Albany with pure water is a vital question second to none there should be no thoughts of political expediency in the selection or removal of any individuals who have to do with either the filtration plant the pumping station the reservoir system or the Bureau of Health

### SCIENTIFIC PROGRAM

President's Address "Surgery of the Large Intestine," Edgar A Vander Veer M D

General discussion

"Microscopic Study of the Living Eye  
Arthur J Bedell M D

## BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society held 1924 was called to order at 9 p m at Concourse Plaza, the president Dr Podvin in the chair

Dr Friedman Chairman of the Committee on Public Health, reported further regarding the object of eventually arriving at some method by which a doctor's call may be made an emergency one. He suggested that every doctor write a letter to the Telephonic Company demanding that it give the proper attention to this matter. Dr Friedman also announced that he had interviewed the editorial manager of the *Bronx Home News* and he is in full accord with the plan of the Committee to have a Medical Column in the weekly edition of the paper. The president stated that the Comitia Minora had acted upon the matter and the Committee is authorized to go ahead with its plan

Dr Cunniffe chairman of the Committee on

Legislation being unavoidably absent Dr Podvin reported that the Medical Practice Act was defeated in the Assembly and also the Chiropractors' Bill was defeated. No legislation of any importance that we favored was passed nor was any adverse legislation passed

The scientific program, arranged by The Bronx Pediatric Society was as follows

Meningitis in Infants and Children, Josephine B Neal M D

After being discussed by Dr Emanuel Appelbaum and questions being asked by the members Dr Neal closed the discussion

The Results Obtained with the Dick Test in Normal Individuals and in Acute and Convalescent Cases of Scarlet Fever Abraham Zingher M D

After a general discussion by the members Dr Zingher closed the discussion

## COLUMBIA COUNTY MEDICAL SOCIETY

The semi annual meeting and luncheon of the Columbia County Medical Society was held Tuesday May 13, 1924, at the Taconic Inn Copake Falls. Dr Thomas Ordway dean of Albany Medical College attended the meeting as the guest of the society. Following the dinner the scientific session was held

The society voted approval of the efforts of the Board of Health and school authorities in the county to administer toxin antitoxin, for the prevention of diphtheria to children whose parents will give their consent. This pro-

cedure is recommended by the State Department of Health. A campaign is now in progress in Hudson among the parents of children under 10 years of age to persuade them of the desirability of submitting to this inoculation for diphtheria

Dr Ordway addressed the society on "Observations on the Treatment of Diabetes with special reference to the use of insulin. Dr Ordway's lecture was exhaustive in scope and proved of particular interest to the society

Dr Charles L. Nichols of Philmont spoke on "Legislative Problems of the Profession



## LIVINGSTON COUNTY MEDICAL SOCIETY

A regular meeting of the Livingston County Medical Society was held at the Craig Colony, Sonyea, on May 8, 1924, Dr C I Newton, presiding Dr Harold A Patterson, of Sonyea, was elected vice-president to fill vacancy.

The subject of medical legislation was freely discussed from various angles, and the Society was addressed by Senator John Knight, of Arcade At the conclusion of the discussion a resolution was adopted in favor of any legislation which would bring about a re-registration of physicians and thus secure a legal list to be used in the prosecution of illegal practitioners.

Dr Charles D Cromwell, of, Retsof,

was elected to membership in the Society Dr John J Lloyd, Rochester, on "The Diagnosis of Pulmonary Tuberculosis" This paper was illustrated by lantern slides showing the various pathologies as demonstrated by the X-Ray Dr Frank T Bascom, of Rochester, on "Acute Perforated Lesions of the Abdomen" Both speakers emphasized points of special interest to the general practitioner and the members present freely discussed them.

The members of the Society were the guests of the Craig Colony at luncheon.

The meeting adjourned to meet at Conesus Lake in August.

## THE MEDICAL SOCIETY OF THE COUNTY OF QUEENS

A regular meeting of the Medical Society of the County of Queens was held Tuesday, April 29, 1924, at the Eagle Palace, Sutphin Boulevard, Jamaica The President, Dr Carl Boettiger, called the meeting to order at 9 p m After the reading of the minutes of the previous meeting, Dr Courten for the Board of Censors, recommended for election the following candidates:

Martin J Sgier, M D, Benjamin Kresberg, M D, Chester L Davidson, M D, Ludwig Nicphor, M D, Meyeron Coe, M D, Harvey S Thatcher, M D, Adam S Borst, M D

On motion duly seconded and carried the candidates were declared unanimously elected.

The secretary read a communication from the American Medical Association soliciting the sup-

port by physicians of the publication "Hygeia", this resulted in the securing of seven additional subscriptions for the magazine A brief report of the meeting of the House of Delegates at Rochester was then given.

The following program was then presented in scientific session:

1 Motion Picture, "Working for Dear Life" with an Introductory talk by Charles A Prest, M D, Secretary of the Queens County Tuberculosis Association.

2 Paper, "Difficult Feeding Cases," by Dr W C A Steffen Discussion by Samuel A Marshall, M D and M M Vinton, M D

At the close of the meeting the usual collation was served Attendance 45

## ROCKLAND COUNTY MEDICAL SOCIETY.

A joint meeting of the Rockland County Medical Society and the Medical Society of Bergen County, New Jersey, which adjoins Rockland County on the south, was held in Pearl River on May 7th One hundred and thirty-five physicians were present, and were the guests of the Lederle Antitoxin Laboratories in which the President of the Rockland County Medical Society, Dr R O Clock, is medical director Supper was served to the members in the lunch room of the laboratory, and souvenir samples of the biological products of the laboratory were distributed.

The Rockland County Medical Society holds an enviable record among the County Medical Societies of New York State This is the home society of George Leitner, the first vice-president of the State Medical Society Practically every doctor in the county belongs to it, and the number in attendance at the meetings frequently exceeds that of the total membership.

Last year every member had paid his dues in full.

The members spent the early afternoon visiting the various departments of the laboratories They were shown half a dozen contented goats which are producing a diphtheria antitoxin serum to be used in the toxin-antitoxin mixtures in order to avoid the possible induction of sensitiveness to horse serum They saw about a hundred sleek antitoxin horses whose coats and stalls were receiving constant attention from cleaners The most unique sight was that of a row of three-hundred-pound hogs immune to hog cholera, being bled by means of a suction apparatus, like a milking machine, attached to their shaven tails.

The scientific part of the meeting consisted of a talk by Dr William H Park on the newer developments in the immunology of diphtheria, scarlet fever, and measles.

1 Diphtheria antitoxin has been given



intraperitoneally to babies, and its absorption is found to be many times as rapid as by the intramuscular method, about one half of the antitoxin being absorbed within two hours. The method is of great value in children when a vein is inaccessible. Dr Park said that it is given by thrusting a rather blunt hypodermic needle directly through the abdominal wall and that there was practically no danger of puncturing the intestines by the procedure.

2 The amount of toxin in the diphtheria toxin-antitoxin mixture has been reduced until only one one-hundredth as much is used as formerly. The use of horse antitoxin seems to produce a slight sensitiveness in a few children, and so it has been proposed to substitute an antitoxin made from goats. But at about the same time it was found that diphtheria toxin mixed with formalin became non-poisonous, and yet retained its power to produce immunity. Dr Park said that the use of the modified toxin called toxoid, without antitoxin, would probably be used in place of the toxin-antitoxin mixture.

3 The first dosage of toxin antitoxin may be used in place of the Schick test. When one c.c. of the mixture is given subcutaneously, the skin of a person lacking antitoxin will show a color reaction which is as reliable as that given by the Schick test. This method saves one injection.

4 Toxin-antitoxin immunization has been in use in New York City for five years, and its results can now be seen in a 50 per cent drop in the number of diphtheria deaths and a 40 per cent drop in the number of cases while in the rest of the State and in London the percentages have increased.

5 Scarlet fever has yielded some of the

secrets to several research workers, especially to the two Drs. Dick—man and wife—in the McCormick Institute Chicago. The essential toxin seems to be produced by several strains of hemolytic streptococci, which are found in scarlet fever. When one-tenth c.c. of a filtered broth culture of the germs diluted 1000 times is injected into the skin as in the Schick test a reaction occurs like that in the Schick test. When the serum of a case recovered from scarlet fever is injected intra-cutaneously into a person with scarlet fever, a blanching of the skin occurs due probably to a neutralization of the toxin in the skin. The filtered toxin produces active immunization as in diphtheria. The immunization of nurses in the Chicago contagious disease hospital has eliminated scarlet fever from among them. An antitoxin has been produced in a horse by Dr. Dochez. Its subcutaneous injection has been used with success in treating some fifty cases of scarlet fever.

6 The only recent advance in measles research recently has been in the use of serum from recovered cases for preventing the development of the disease in those exposed to it. Dr Park said that a supply of the serum, sufficient for New York City cases was available at the Department of Health of New York City. The dose is 5 c.c. in a small child and 6 c.c. in an older one. It should be given within five days of the first exposure.

At the business session, resolutions were adopted advocating that active steps be taken by the physicians and school authorities of Rockland County to bring to the attention of parents and the general public the value of immunization against diphtheria by means of toxin antitoxin. Similar resolutions were passed at the February meeting of the Nassau County Medical Society.

## MEDICAL SOCIETY OF THE COUNTY OF WASHINGTON

The semi annual meeting of the Medical Society of the County of Washington was held at Whitehall, May 13, 1924.

Following a meeting of the Comitia Minora the afternoon session was called to order with the following present: Drs. George M. Casey, Russel C. Paris, Byron C. Tillotson, Arthur E. Falkenbury, Leslie A. White, Samuel Pashley, Charles A. Prescott, Zenas V. D. Orton, Edward V. Farrell, Charles N. Sarlin, R. C. Davies, C. W. Sumner, D. C. McKensie, R. E. LaGrange and Walter S. Bennett. Visitors—Dr. Samuel Pashley and Dr. Thomas, of Salem.

The minutes of the annual and the special meetings were read and approved as read.

Drs. Edward V. Farrell and Charles N. Sarlin were elected to membership.

The treasurer's report was read and placed on file. Available funds \$91.27.

The committees on the obituary of Drs. Madison and Lee requested more time.

The committees on county laboratory and the tuberculosis clinic requested more time.

Dr. Tillotson reported two cases of carcinoma of the spine.

Dr. Casey gave for his vice president's address "The Management of Abortion."

Dr. Falkenbury exhibited a modified Hodgson femur splint.

Dr. Davies reported a case of congenital dislocation of the hip joint.





# THE DAILY PRESS



One great object in publishing this Daily Press Department containing comments on clippings from the daily newspapers is to record the medical topics which lay editors consider worthy of record. A study of these clippings will help the members of the Medical Society of the State of New York to determine how to establish the bureau of publicity of which the House of Delegates has approved. It is not a simple problem to give proper publicity to medical topics. On the one hand there is the well-founded objection to any form of personal advertising of personal medical skill, and on the other is a civic duty in teaching the subject of preventing diseases, and in addition there is the duty of the people to vote for laws and appropriations in support of hospitals, clinics, and health departments. Medical sentiment is slowly becoming crystallized and standardized, and already physicians generally consider it proper for a physician to lend his name and influence to educational propaganda, but physicians are more strict than ever in their stand against mere personal advertising of themselves.

More medical items seem to be carried by the newspapers of Rochester than by those of any other city of New York State,—at least this is the indication of the clippings which we receive. We have received Rochester clippings on the following topics, which are arranged in order of their numbers beginning with the most numerous

- Tuberculosis and public health
- Committee meetings
- Iodine added to city water
- Dispensary development
- Graduate nutrition classes
- Strong bodies among the aims of public schools
- Health posters
- Occupational therapy
- Community Chest
- Periodic health examinations
- Illustrations, "Suppose nobody cared?"
- Health exercises
- Mothers' Clubs

A most excellent piece of newspaper publicity is a two-page rotogravure reproduction of photographs in the May 11th Sunday edition of the Rochester *Democrat and Chronicle*. The photographs illustrate the subject, "Suppose nobody cared?" They are designed to arouse interest in a drive to raise money for a community chest.

One page was a vivid representation of the typical work of a visiting nurse, its appeal is so vivid and insistent that we are printing a reproduction of the page in less than a quarter of its original size.



The other page contains eleven photographs on the following subjects

- A maternity ward "Too Young to Shift for Themselves"
- An operating room "Where life or death may hang in the balance"
- A milk station
- A crippled child made happy
- Occupational therapy for the blind
- Kindness to dumb animals by boy scouts
- A day nursery
- Work with the negroes "All races represented by the community chest"
- A corner of a public health laboratory
- A couple in a home for the aged
- A free dispensary—testing blood pressure

Rochester is to be congratulated that its newspapers are willing to give hearty support to the public health movements of the city, and that the public health workers of the city are willing, and able,—to turn out model copy for newspapers.



The Syracuse papers also carry a considerable number of health items, although by no means so many as those of Rochester. Syracuse is the scene of the demonstration of public health activities under the auspices of the Milbank Fund, and extensive publicity is one of their methods of work.

We have several clippings about a parade on May 14 to show the public health activities that are in operation in Syracuse. One feature of the parade was a tooth brush drill. The *Syracuse Journal*, May 6th says "The tooth brush drill may look foolish but it really is a splendid thing. By the way, a personal question to be sure, but do you yourself exercise your tooth brush daily? School children do."

The Syracuse newspapers are giving publicity to the newly discovered Dick test for scarlet fever, and to the serum treatment of the disease. The items also made reference to the demonstration of the test that was made at the last meeting of the State Medical Society. The *Journal* says "Because Syracuse led with the number of cases of scarlet fever during the last few months both local and state officials are anxious that tests be made here."

The articles on the Dick test are sane and sensible, and are well adapted to educate the people regarding serums and the prevention of contagious diseases.

The Syracuse papers give considerable space to a two-day meeting of the Central New York Public Health Association during the last week of May. This Association is composed largely of health officers who have taken special courses of instruction at Syracuse University under the auspices of the State Department of Health. A lively interest in the Association is tangible evidence of the interest that has been aroused in public health practice by the courses.

It is impossible to keep a record of births of new get well-quick systems. The brain of charlatans is fertile and the dictionary is still full of unused root words from which names may be coined for new cults. The newest name that has received newspaper recognition is 'Bio-tactos'. This system seems to be a glorified adaptation of the old idea of a patent medicine that will course through the veins of its takers and will chase all impurities from the blood. The Bio-tactos accomplishes the same result by means of alleged electronic vibrations which only half a dozen leading scientists in the world can comprehend. Its appeal is its up-to-dateness and its mysteriousness. The *New York Herald and Tribune* has exposed the new cult in a series of articles which have led to legal action against the promoters. The infant mortality among new cults is appalling and is much larger than many doctors suppose.

We have clippings that praise the new permissive law authorizing a board of supervisors to appoint a county medical inspector of schools. The *Oneonta Star* says

The law would facilitate enforcement of the school medical inspection law the provisions of which in some of the less populous sections of the state are not as adequately carried out as in the larger cities.

The idea of a county medical inspector of schools is good, and if adopted it should raise the standard of hygiene teaching in rural schools. While a medical examination of rural school children is sorely needed, a greater need is that of sanitary appliances such as decent toilets, washing facilities, and drinking water. Classroom health teaching will amount to nothing so long as the teachers and trustees consider sanitary appliances to be so useless that they do not provide them.

Recent newspaper clippings of the last two weeks contain numerous accounts of a campaign for the examination of healthy adults. Most of these articles are given out by the State Charities Aid Association and have a great similarity which would be expected from their common source. However the editors exercise their originality in composing the headlines. The *Rochester Democrat*, April 18th, carries the following headlines: 'Few in state die of old age 707 of 29,575. Average life is four years longer through work of last eleven years. Educate the over-35. Learn to recognize danger signs and symptoms of internal disturbance.'

The *Ogdensburg News*, April 11, carries this heading: 'Gigantic effort made to promote the personal health. State Charities Aid Association begins State-wide effort.'

The *Albany News*, April 10, has this heading: 'Health examination on birthday urged by State Group in campaign. Tuberculosis and Public Health Committee opens drive to lengthen life and combat ills of mankind.'

There is a great sameness in the articles themselves. A typical expression is that found in the *Poughkeepsie News*, April 16, which says that examining their bodies is no more than automobile owners do for their machines each year, and we feel it is a duty that healthy people of a community owe to themselves and to the community—to stay healthy. As a matter of fact people take much better care of their bodies than they do of their automobiles. Moreover it is notorious that garage machinists are prone to diagnose conditions that do not exist, and to overlook the vital defects, and automobiles go dead in the midst of long stretches of muddy roads in spite of the auto doctor's assurance of their soundness.





# BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from these columns will be made for review, as dictated by their merits, or in the interest of our readers.

**ALLGEMEINE UND EXPERIMENTELLE PATHOLOGIE, NACH VORLESUNGEN FÜR STUDIERENDE UND ÄRZTE, VON DR. HERMANN PFLIFFER** o o Professor und Vorstand der Lehrkanzel für allgemeine und experimentelle Pathologie an der Universität Graz, Mit 50 Abbildungen im Text und 8 teils mehrfarbigen Tafeln. Urban & Schwarzenberg, Berlin and Wien 1924

**THE RELATIVE POSITION OF REST OF THE EYES AND THE PROLONGED OCCLUSION TEST** By F W MARLOW, M D, M R C S, Eng F A C S, Professor Ophthalmology, College of Medicine, Syracuse University. Illustrated with original diagrams and charts. F A Davis Co, Philadelphia, 1924. Price \$2.50 net.

**MATERNITY NURSING IN A NUTSHELL** By ELIZABETH H WICKHAM, R N. 28 illustrations. F A Davis Co, Philadelphia, 1924. Price \$1.50 net.

**A STUDY OF MASTURBATION AND ITS REPUTED SEQUELAE** By JOHN F W MEAGHER, M D, F A C P, Neurologist St Mary's Hospital Brooklyn. William Wood and Co, New York, 1924. Price \$1.50.

**DISEASES OF MIDDLE LIFE, THE PREVENTION, RECOGNITION AND TREATMENT OF THE MORBID PROCESSES OF SPECIAL SIGNIFICANCE IN THIS CRITICAL LIFE PERIOD** Comprising twenty-two original articles by various eminent authorities. Edited by FRANK A CRAIG M D, Associate Director Clinical and Sociological Department Henry Phipps Institute, University Pennsylvania. In two volumes. Illustrated. F A Davis Co, Philadelphia, 1924. Price \$15.00 net.

**HANDBOOK OF MODERN TREATMENT AND MEDICAL FORMULARY** A condensed and comprehensive manual of practical formulas and general remedial measures. Compiled by W B CAMPBELL, M D. Seventh Revised and Enlarged Edition by John C Rommel, M D, and C E Hoffman, Ph M. F A Davis Co, Philadelphia 1924. Price \$5.00 net.

**COSMETIC SURGERY, THE CORRECTION OF FEATURAL IMPERFECTIONS** By CHARLES CONRAD MILLER, M D. 140 illustrations. F A Davis Co, Phila 1924. Price \$4.00 net.

**SELECTIONS FROM THE WORKS OF AMBROISE PARÉ**, with short biography and explanatory and bibliographical notes by Dorothea Waley Singer. William Wood and Co, New York 1924. Price \$4.00 net.

**AMERICAN ILLUSTRATED MEDICAL DICTIONARY** A new and complete dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc., with Pronunciation, Derivation, and Definition. By W A NEWMAN DORLAND A M, M D. Twelfth Edition Revised and Enlarged. Octavo 1296 pages. 338 illustrations. Philadelphia and London, W B Saunders Co 1923. Flexible Leather \$7.00.

**NEUROLOGIC DIAGNOSIS** By LOYAL EDWARD DAVIS, M S, M D. 12mo of 173 pages, illustrated. Philadelphia and London, W B Saunders Co 1923. Cloth \$2.00.

**INCOMPATIBILITY IN PRESCRIPTIONS AND HOW TO AVOID IT** By THOS. STEPHENSON, D Sc., Ph C. New Edition. Octavo of 32 pages. Edinburgh, "The Prescriber" Offices 1924. Paper, 1/6d net.

**OPERATIVE SURGERY** Covering the operative Technic involved in the Operations of General and Special Surgery. By WARREN STONE BICKHAM, M D, F A C S. Published in six octavo volumes and desk index. Now ready—Vol 1 containing 850 pages, 921 illustrations. Vol 2—8 7 pages, 1,008 illustrations. Philadelphia and

London, W B Saunders Co 1924. Sold by subscription only. Cloth, \$10.00 per volume.

**HISTORY OF THE GREAT WAR BASED ON OFFICIAL DOCUMENTS—MEDICAL SERVICES. GENERAL HISTORY. Vol 2** By MAJOR-GENERAL SIR W G MACPHERSON, K C M G, C B, L L D. Octavo 510 pages, with illustrations and maps. London, His Majesty's Stationery Office, Imperial House, Kingsway, W C, 2 1923. Cloth, 21/- net.

**MEDICAL CLINICS OF NORTH AMERICA** January, 1924. Volume 7, Number 4 (University of Kansas Number). Published Bi-Monthly by the W B Saunders Co, Phila and London. Price per year (Paper), \$12.00.

**MANAGEMENT OF DIABETES, TREATMENT BY DIETARY REGULATIONS AND THE USE OF INSULIN, MANUAL FOR PHYSICIANS AND NURSES BASED ON THE COURSE OF INSTRUCTION GIVEN AT THE PRESBYTERIAN HOSPITAL, NEW YORK** By GEORGE A HARROP, JR., M D, Associate in Medicine, College Physicians and Surgeons. Introduction by Walter W Palmer, M D, Bard Professor Medicine College Physicians and Surgeons. Paul B Hoeber, Inc, New York. 1924. \$2.00 net.

**THE ANATOMY AND PHYSIOLOGY OF THE MALE BODY** By HUBERT E J BISS, M A, M D, Cantab, D P H. Third Edition—Plates by George M Dupuy, M D. William Wood & Co, New York 1924. Price \$2.00 net.

**A WOMAN'S QUEST, THE LIFE OF MARIE E ZAKRZEWSKA, M D**, edited by AGNES C VIETOR, M D, F A S C D. Appleton and Co, New York 1924. \$3.00.

**THE PRINCIPLES AND TECHNIQUE OF ORAL SURGERY** By ADOLPH BERGER D D S, Assistant Professor of Oral Surgery, School of Dental and Oral Surgery, Columbia University, Chief of Clinic, Oral Surgery Department, Vanderbilt Clinic, 355 Engravings, made from original drawings, radiographs and photographs. Dental Items of Interest Publishing Co, Brooklyn, 1923.

**A MANUAL OF GYNECOLOGY AND PELVIC SURGERY FOR STUDENTS AND PRACTITIONERS** By ROLAND E SKEEL, M D, A M, M S. Formerly associate clinical professor of gynecology medical school of Western Reserve University, and visiting surgeon and gynecologist to St Luke's Hospital, Cleveland. Second Edition with 281 illustrations. P Blakiston's Son & Co, Philadelphia, Pa, 1924.

## THE NATIONAL HEALTH SERIES

**FOOD FOR HEALTH'S SAKE, WHAT TO EAT** By LUCY H GILLET, A M, Superintendent Nutrition Bureau, New York Association for Improving the Condition of the Poor.

**TAKING CARE OF YOUR HEART** By T STUART HART, A D, M D, President of the Association for the Prevention and Relief of Heart Disease.

**THE HUMAN MACHINE. HOW YOUR BODY FUNCTIONS** By WILLIAM H HOWELL, Ph D, M D, LL D, Sc D, School of Hygiene and Public Health, Johns Hopkins University.

**THE QUEST FOR HEALTH. WHERE IT IS AND WHO CAN HELP SECURE IT** By JAMES A TOBEY, Administrative Secretary, National Health Council.

**THE YOUNG CHILD'S HEALTH** By HENRY L K SHAW, M D, Clinical Professor, Diseases of Children, Albany Medical College. Funk and Wagnalls Co, New York and London 1924.



# BOOK REVIEWS

**FEEDING DIET, AND THE GENERAL CARE OF CHILDREN.** A Book for Mothers and Trained Nurses. By ALBERT J. BELL, A.B., M.D. Assistant Professor Pediatrics Medical Department University of Cincinnati, At teaching Pediatrician Cincinnati General Hospital. Illustrated. F. A. Davis Co. Phila. 1923. Price \$2.00 net.

This little book points out in a simple concise and understandable manner the details which the physician usually fails to explain to those entrusted with the daily routine of the infants and child's life. It is divided into four parts: the first dealing with feeding before and after the first year. The second part answers in detail questions on hygiene and development and this is the part the mother should consult. The third part takes up some of the common diseases met with in childhood without going into the treatment. It gives the mother or nurse the common sense points in the prevention of disease. The fourth part touches on dentistry special treatment and food preparations.

All in all it can be highly recommended as a reference book for young mothers and nurses.

THURMAN B. GIVAN

**DIE FRIEDMANN METHODE.** Kritisch beleuchtet unter Berücksichtigung der gesamten Friedmann Literatur. Von Sanitätsrat Dr. Victor Bock. Octavo of 157 pages. S. Hirzel, Leipzig 1922.

Dr. Victor Bock expresses in this monograph a favorable opinion concerning the value of Friedmann's (turtle) vaccine. It will be remembered that the Friedmann Cure consisted in the inoculation of a culture of acid fast tubercle bacilli which are pathogenic for cold blooded but not for warm blooded animals. This according to the advocates of this treatment is capable of anti body production which may destroy the tubercle bacillus.

The introduction to the book is written by Prof. Jensen of Davos Switzerland who believes in the efficacy of this method of treatment. In the bibliography there are 430 articles dealing with the subject. Amongst the clinicians testifying in favor of the Friedmann Cure is Kraus of Berlin.

The writer believes that all incipient cases of tuberculosis should be treated—that advanced cases may also do well under the treatment—but that the chances of recovery are less that it is the most powerful weapon in the hands of the practicing physician, against all forms of tuberculosis.

D. S. DANZER.

**A CLINICAL GUIDE TO BEDSIDE EXAMINATION.** By Dr. H. ELIAS Dozent and Assistant at the First Medical Clinic of the University of Vienna, Austria. Dr. N. JAGIE, Extraordinary Professor and Chief Physician at the Sofienspital, Vienna, Austria. Dr. A. LUGER, Dozent and Assistant at the Second Medical Clinic of the University of Vienna, Austria. Arranged and translated by WILLIAM A. BRAMS M.D., Chicago III. Adjunct in Medicine Michael Reese Hospital, Reiman Co., New York, 1923.

Elias, Jagie, and Luger's Clinical Guide to Bedside Examination has been arranged and translated by Wm. A. Brams into English. It is an excellent pocket sized compendium of the things to look for and the methods of examination. As such it will best serve its purpose in the hands of the medical student.

M. A. R.

**THE CARE OF THE BABY.** A Manual for Mothers and Nurses containing Practical Directions for the Man-

agement of Infancy and Childhood and Health and in Disease, by J. B. CROZER GRIFFITH M.D. Seventh edition, thoroughly revised. 12mo of 478 pages with 104 illustrations. Philadelphia and London W. B. Saunders Co., 1924. Cloth \$2.50.

This, the seventh edition carries out the good impression made by earlier ones.

The writer as would be reasonably expected, clings largely to the methods of feeding with which he has been successful during many years and this means that, compared with many of the younger generation his diet would be considered rather stingy or, as otherwise expressed somewhat deficient in the accessory food element.

Also his feeding of early infancy leans to intervals even shorter than commonly recommended—two and two and one half hours at times. Nevertheless his food advice as all the rest is eminently safe.

The reviewer is particularly gratified at the attitude he takes toward airing both of sick and the small healthy baby. The unquestionably profound advantage of fresh air has frequently been abused by strong healthy parents failing to realize the delicacy of even sound and more so of not healthy small offsprings and Dr. Griffith recommends caution.

The main criticism of the book would lie with the rather free advice on self diagnosis and treatment even including considerable medication. There may be a book element to whom so much advice is appropriate but it seems rather unwise.

The book can be conscientiously recommended to mothers.

W. D. LUDLUM

**INTRANASAL SURGERY.** By FRED J. PRATT M.D. F.A.C.S., Assistant Professor Eye, Ear, Nose and Throat, Medical School, University of Minnesota, and JOHN A. PRATT M.D., F.A.C.S., Assistant Professor Eye, Ear, Nose and Throat, Medical School, University of Minnesota Minneapolis. 195 half tone engravings. F. A. Davis Co., Philadelphia 1924. Price, \$5.00 net.

This work, viewed in the altogether or opened at random presents a really fine example of what can be done, by those qualified when they undertake the preparation of a book that is free from chaff but abounding in useful information.

One finds the arrangement of chapters and headings particularly convenient and logically planned a matter of importance in the direction of practical utility.

Two features of the volume, that have impressed us most favorably and which stand out in particularly clear bas relief are the liberal employment of well chosen illustrations and a thorough and withal pleasing clarity of the text. Both text and illustrations serve each other admirably well and all that is of minor rather academic interest is definitely omitted. These facts anticipate our emphatic statement that for purposes of instruction, this work is one of the very finest that has yet appeared.

While anatomy and surgical technic are splendidly set forth it is noted that the physiology, symptomatology and pathogenesis are given adequate and lucid treatment, with the central idea of practical value firmly followed.

The ethmoid anatomy is described and shown in outstandingly fine fashion and in such manner as to leave in the mind of the reader complete and true conceptions of all that is presented.

This work is unqualifiedly commended to the attention of all in any way interested in the field embraced within its scope.





# PRUNES



*Contributions Solicited*

## Sending Word Home

On the second night of the State Medical Society meeting I suddenly recalled the folks at home, and so I asked the hotel clerk for a postal card "No," he said, "We do not keep them, get them at the cigar stand"

"I would like to have a postal card," said I to the pink-cheeked, polished-haired Adonis at the stand "What kind?" said he "Just a plain Uncle Sam card," says I "We're all out of that kind, but we have Rochester cards," he replied, waving his hand toward a rack full of gaudy chromos of Rochester's public works "Which do you recommend to send to my wife?" I asked "There's the water works, and the canal, and the gorge," he said impatiently, "take your choice" "Have you got a picture of the Women's Thimble Club?" I asked, but the clerk had gone to the other end of the counter to sell a box of matches to a messenger boy

I then walked down Main Street into a big, blazing drug store. "A postal card, please?" said I, showing my bright new penny "All out," was all he said "Where can I get one?" I persisted "Dunno No profit on 'em Sell you some Rochester views?" he said "I don't want ornaments, I want something to write on that will go automatically on the mail train," I answered

A few blocks further down the street was a gorgeous store just like its sisters on Broadway, New York "A postal card, please?" I asked meekly "Don't keep 'em any more," the clerk replied "Can I order one?" I asked "Nope. Post Office closed," he replied "But can't you order one for me and send it over to the hotel C.O.D., please? It is raining and I have walked the streets trying to find a postal card to let my wife know I am alive" "Sell you some Rochester cards, two for five," he said "I don't want to send two cards to my wife how much for one?" I asked The clerk scratched his head and puckered his gray matter for a minute "Have to charge you three cents," he said "How much for one with a cent stamp fast to it?" I inquired modestly He figured a minute more and finally said with a startled look, "Four cents" "Is that so?" said I "Now down my way every drug store sells thirteen two-cent stamps for a cent and a quarter" The fellow gave me one pitying glance and fled to the back part of the store "Look out for that nut," I heard him say to the boss And I went back to my hotel and telegraphed a night letter home

## A Woman Delegate's Story at the Banquet of the State Medical Society

"Down in Virginia when I was a little girl, Auntie Chloe came to the parson's wife and said 'My good-for-nothing man has gone dead, and I want a pair of Massa's black trousers to bury him in'" The good lady went up to the garret and looked along the line full of her husband's old clothes There was his old brown fishing pants, and his soiled gardening outfit, and his gray riding knickerbockers, but none suitable for a funeral The only pants the parson would not be likely to miss were his dress suit trousers, which he seldom wore, and hated anyhow, and so she gave them to Auntie

The next day Auntie Chloe came back "Ah want to ask you some advice," she said "How long do you folks wear mourning clothes?"

"Well, we are expected to wear them a year at least, and maybe two"

"For the land sakes," she replied "Me wear black a year for that dead man! He never was no good anyhow He was sick abed for a year before he went dead But say, can't you let me have an old black skirt that will last about a month, and a little veil with black polka dots on it?"

About a week after the funeral Auntie Chloe came around wearing a gaudy check skirt and accompanied by a sawed off black man in a pair of black trousers many sizes too big for him "Why Aunt Chloe! What are you doing in that rig?" asked the parson's wife

"You see it was dis-a-way," replied Auntie, "this heah black man was sitting up with me helping me watch the corpse, and he says to me 'Chloe,' says he, 'who will catch you when you swoons?' And that put an idea into my head and at the funeral I just swooned natcherly over three times into this man's arms, and being he was so kind and sympathetic, I just thought I'd hold on to him"

"But, Auntie, can he support you?" the parson's wife asked "Ah don't want any no account man supporting me," she said, "I can take care of myself I just wants him for sympathy"

"But those trousers!" suddenly exclaimed the parson's wife, as she recognized her husband's outfit "What is that black man doing in them?" "Well, missus, you see we was just economical, like you have always told me to be," replied Aunt Chloe, uneasily "What good was them trousers to my old man with him laying down all the time?"

## A Commuter's Preachment—Overheard on the Train

"Doctors are doing too many operations nowadays Most of the operations are of no account Take appendicitis—there were 65,000 operations for appendicitis last year, and less than 2,000 really had the disease"

"Where did you get that?" asked a stout woman listener

"I got it from a lecture by Doctor Blank," replied the commuter "He said that taking out tonsils was only a modern fad If you get your tonsils out, your voice will be ruined Why do so many men have squeaky voices? They have had tonsil operations I know fifty men whose voices are squeaky Two customers of mine can't talk plain over the telephone Their voices have no carrying power over the wire Good doctors nowadays study their cases and shrink up the tonsils by electricity"

"That sounds reasonable," murmured the stout lady, as the commuter left her for the smoking car "Henry is making a lot of money as a salesman He is a very smart fellow" And she will take every occasion to repeat the commuter's preachment

## He Couldn't Be Blamed

An old doctor was a deacon in a church which had suffered long under the pastorate of a most lady-like preacher Finally a new minister was called, and in delight over the vigor of his first sermon the other deacons gathered 'round the medical man for his verdict

"Well, doctor?" they asked

And the old doctor breathed relief

"It's a boy!" he beamed—*St. Louis Star*



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THE

## PRESENT STATUS OF INVESTIGATIONS WITH TRYPARSAMIDE \*

By LOUISE PEARCE, M.D., and WADE H BROWN M D

NEW YORK CITY

THE interest of the medical profession of this country was first aroused by the publication nine months ago of a paper by Doctors Lorenz Loevenhart Bleckvein and Hodges entitled 'The Therapeutic Use of Tryparsamide in Neurosyphilis'<sup>(1)</sup> Although a number of clinics and hospitals are using this drug, their investigations have been in progress a comparatively short time, and only one other paper has been published a recent article by Doctors Moore, Robinson and Keidel on 'Tryparsamide in the Treatment of Syphilis'<sup>(2)</sup> It is evident therefore that at present we cannot properly consider results of treatment but only the present status of such investigations. On the other hand we are able to speak of results in African sleeping sickness or human trypanosomiasis since the drug has been used in the treatment of this disease for more than three years. Moreover the therapeutic efficacy of tryparsamide in trypanosomiasis has a direct bearing on its use in neurosyphilis on account of the clinical and pathological resemblance of the cerebrospinal stages of the two diseases.

Since the study of tryparsamide, from the synthesis of the drug to its clinical application has proceeded as a logical development based first on pure experimental evidence and later on clinical evidence as well we should first like to summarize the experimental investigations in order that there may be a clear understanding of the reasons which led to its selection for therapeutic investigation in syphilis and trypanosomiasis since its action is characterized by particular biological properties which are unusual in many respects, and differ materially from those of any other drug that has been employed in the treatment of either trypanosomiasis or syphilis<sup>(3)</sup>

Tryparsamide, or the sodium salt of N-

phenylglycineamide parsonic acid is one of a large number of compounds made and studied at the Rockefeller Institute during the course of a chemotherapeutic investigation with experimental trypanosomal and spirochetal infections. The compound which is a pentavalent arsenical with an arsenic content of 25.32 per cent was synthesized by Jacobs and Heidelberger in 1915 and its biologic action was studied by us at that time. The significant features of biological action which are characteristic of tryparsamide are its action on the animal organism and its action in animals infected with trypanosomes and spirochetes which must be considered in relation to the biology of syphilitic infections and the part played by animal resistance in determining the course of experimental syphilis.

Toxicologic studies showed that the action of tryparsamide on the animal organism was unusually favorable. It is an extremely soluble compound and can be injected subcutaneously and intramuscularly with little or no local irritation as well as intravenously. Very large amounts can be given to animals despite its high arsenic content, and toxic effects are confined to doses close to the lethal dose. Moreover, the recovery of animals from sublethal intoxication is exceedingly rapid and complete thus making possible the repetition of large doses at comparatively short intervals of time. It was also found that the drug produced a remarkable stimulative effect on the animal organism in both normal and diseased animals. Even small doses led to an immediate improvement in general appearance, activity and weight of treated animals.

The therapeutic action of tryparsamide in experimental trypanosomal and spirochetal infections is also characterized by unusual and significant features. It has long been the custom to evaluate the therapeutic efficiency of drugs upon the basis of parasitacidal action, but such standards may be extremely misleading.

\* Read before the New York Academy of Medicine, New York City, February 21, 1924.

<sup>(1)</sup> From the Laboratories of the Rockefeller Institute for Medical Research, New York City.



ing Thus, in trypanosomiasis, the curative ratio of a drug based upon the usual mouse experiments may be high, due to the fact that the infection in this animal is of the acute blood stream type, which makes it readily amenable to parasitocidal action. It so happens, however, that trypanosomiasis of man and the domestic animals is predominately a tissue infection of a subacute or chronic character, and the successful treatment of such a condition obviously calls for duration or potency of therapeutic action. The treatment of mouse and rat infections furnishes no information on this point.

Fortunately, the experimental infection in rabbits shows practically all the conditions that characterize the human disease, including involvement of the central nervous system and a fatal outcome. The successful treatment of experimentally infected rabbits, therefore, yields definite information on the actual curative power of the drug in question.

Tryparsamide was found to possess the fairly good therapeutic ratio in mice of one-twelfth to one-eighth the tolerated dose, but the significant feature of its therapeutic activity is the fact that the same unit does that was capable of curing mice was also capable of curing well developed infections in rabbits. These experiments definitely proved that tryparsamide possessed the power of tissue penetrability and the ability to unfold its action under such conditions.

Upon the basis of the therapeutic index alone, therefore, as ordinarily interpreted, tryparsamide would never have been transferred to human therapy. But upon the results of therapeutic tests with experimentally infected rabbits in which the criterion of action is the ability of a drug to cure disease, we have a logical basis for application of tryparsamide to the naturally acquired infections of man and the domestic animals.

The spirocheticidal action of tryparsamide is distinctly less than its trypanocidal action. Considering only the infection produced by *Treponema pallidum* in rabbits, it was found that large doses of the drug were required to induce disappearance of spirochetes and the permanent healing of active primary lesions. The therapeutic index is low, being 1.1 or at most 1.2. On the other hand, smaller doses of tryparsamide are capable of impairing the activity of spirochetes and frequently will induce healing of primary lesions without necessarily increasing the tendency to subsequent occurrence of more severe manifestations of disease. Here again, the action of the drug is peculiar in that the favorable influence exerted on the course of the disease is out of proportion to its immediate spirocheticidal

action. Syphilitic infection in the rabbit is ordinarily a self-limiting disease. The effects produced by tryparsamide are of essentially the same order as the changes that occur in spontaneous recovery. The remarkable feature of the action of the drug in this class of infections is its ability to augment and hasten this spontaneous process. Moreover, this type of action is unusual in that the majority of arsenicals, if used in doses insufficient to produce permanent healing of primary lesions, tend to increase the severity or to prolong the course of the disease, as shown by the recurrence or persistence of extensive local lesions, or by the <sup>more persistence</sup> ~~united~~ <sup>of these</sup> of generalized lesions, or combinations of any conditions.

These facts formed the basis of the trial of tryparsamide in human therapy. The standard of evaluation employed by us was the ability to cure disease under conditions as closely analogous to those of the human disease as it is possible to obtain in laboratory animals. If the usual methods of testing and evaluation had been employed, tryparsamide would not have been considered as a possible therapeutic agent for either trypanosomiasis or syphilis.

It was apparent, from the beginning, that so far as its specific action was concerned tryparsamide was primarily a trypanocidal agent and hence its name. In considering what has been accomplished in African sleeping sickness one can speak with assurance due, principally, to two reasons. First, that the disease is ordinarily a fatal one, and second, to the length of time the drug has been employed. An extensive preliminary study<sup>(4)</sup> was first carried out in the Belgian Congo in 1920, and the employment of the drug has continued there to the present time. The opinion of physicians in the Congo in regard to its therapeutic efficacy in human trypanosomiasis is of considerable interest as it emphasizes the essential importance of the time factor in arriving at conclusions. The first six months' use of tryparsamide clearly demonstrated its beneficial action in both the early and the advanced stages of the disease. A dose of 20 or 30 grams for instance, would free the blood and lymph-glands from demonstrable trypanosomes for 3 to 6 weeks and in a number of cases for much longer periods. In advanced or cerebrospinal cases with the signs and symptoms of a meningo-encephalitis very marked clinical improvement followed the administration of a few doses of drug. The treatment of patients with fever, marked tremors, exaggerated reflexes, hyperaesthesias, lethargy, great emaciation, pronounced anemia, and spinal fluid cell counts of 200 or 300, is followed within a few weeks by a complete cessation of these symptoms, together with a reduction of the cells in spinal fluid to 10 or 15.



Results such as these are spectacular, but the real point at issue is how long will they last? It must be borne in mind that trypanosomiasis is a disease notoriously subject to relapse so that the more experienced the observer the more guarded he is to speak of actual cure. Van den Branden and Van Hoof, who continued the observation and further treatment of the patients originally treated by one of us in the Belgian Congo in 1920, have recently published a summary of the later therapeutic effects in 55 of these patients.<sup>(4)</sup> The amount of drug administered to different cases according to their stage and condition ranged from 2 to 82 grams in from 1 to 4 courses. The results may be summarized as follows: In early trypanosomiasis without involvement of the central nervous system cures appear to be obtained in 100 per cent of the cases. In the advanced stages of the disease as illustrated by a group of 35 patients, apparent cures have been obtained in 16 or 45 per cent, 13 others or 37 per cent are living and well with spinal fluids whose total cell count is almost normal, 3 patients died, all of whom were markedly advanced cases and 2 of whom were old relapsed cases. Such results, which have not previously been reported with other therapeutic agents, have led the Belgian authorities to request that tryparsamide be widely distributed over the Belgian Congo.<sup>(4)</sup> In addition it is being used in certain of the British African colonies.

It is clear that the reason for the beneficial effect of tryparsamide in advanced cases of trypanosomiasis is the power of penetrability and the ability of the drug to unfold its action in the central nervous system.

Visual impairment has been noted in certain cases of African sleeping sickness treated with tryparsamide but so far, at least, it has not been a serious impediment to the continued use of the drug as most of the cases have cleared up promptly with the cessation of treatment, and it has been possible to resume the drug at a later date. This complication has been the only untoward effect observed in the treatment of trypanosomiasis and indeed the absence of so called toxic symptoms or reactions is particularly noticeable.

The pronounced stimulative effect on the general physical condition of sleeping sickness patients on the other hand, has been a striking feature. Gains in weight of 3 to 8 kilos in 2 months time are not unusual and there is also a noticeable improvement in the blood picture. A trypanosomiasis patient treated a year ago by Dr. Hugh Morgan<sup>(5)</sup> at the Hospital of the Rockefeller Institute gained 10 kilos in 2 months. She had relapsed a few weeks after her treatment with Bayer 205 and presented

on admission, clinical symptoms including lethargy which indicated a marked central nervous system involvement. This patient is today in excellent health, she is able to do all of her housework and discharge her social duties as the wife of a college professor. She is now receiving her third course of tryparsamide.

In connection with the significant results obtained in African sleeping sickness reference should be made to the beneficial effects induced by tryparsamide in *mal de cadenas* of horses and mules in South America, another trypanosomal disease of great economic importance. Following the published report of Smillie<sup>(6)</sup>, who first investigated the action of tryparsamide in this disease, a number of cattle ranches have been treating their infected horses with excellent results.

The use of tryparsamide in the treatment of syphilis brought up a number of problems. In the first place, there was some uncertainty as to what might be accomplished since its use in this disease had to be based on considerations other than parasitocidal action. It was known, however from the treatment of rabbits infected with trypanosomes in which organisms reach the central nervous system that the drug possessed a high degree of penetrability and actual curative action. It had also been shown that the drug had the ability to exert a favorable influence upon the course of experimental syphilis apart from any immediate parasitocidal action. Finally, it had been shown that the drug possessed a small measure of spirocheticidal power.

It seemed therefore, that there were two general types or classes of syphilitic patients in which tryparsamide might be beneficial. First the class of debilitated patients with latent infections or with inactive or regressing lesions, primarily for the purpose of improving their general physical condition so that treatment of the usual kind might be carried out to better advantage.

We began in 1919 by treating a few patients showing indolent or regressing primary and secondary lesions a condition which was analogous to our experimental material in which tryparsamide had had a distinctly favorable effect. A similar effect followed the administration of the drug in these patients. An improvement in physical condition was noted in each instance, the healing of lesions was promoted and some change was effected in blood serologic findings. A few patients with active primary or secondary lesions were subsequently treated but the lesions were either unaffected or their activity was increased so that the use of the drug was discontinued in patients showing these lesions.



From our point of view, however, the two outstanding features of this brief preliminary trial were, first, information as to the size of the dose that could be administered to man, and second, the fact that there exists some danger of visual impairment. From the occurrence of certain nervous effects in animals we had feared complications of this type.

The second class of syphilitic disease which theoretically presents favorable conditions for the use of tryparsamide is neurosyphilis and especially general paresis. These conditions are such as would permit a drug with a moderate or even low spirocheticidal action to produce a maximum effect in the central nervous system provided it possessed a high degree of penetrability which enables it to develop a high actual as compared with its potential parasiticidal action. Secondly, and of even more importance, is the opportunity afforded for inducing an involution of the infection by reinforcing natural processes of resistance as has been done by the use of various methods of nonspecific stimulation.

The first application of tryparsamide in the treatment of neurosyphilis was made in 1919 through the co-operation of Dr A. S. Loevenhart and Dr W. F. Lorenz of the University of Wisconsin who were engaged in a general study of the treatment of neurosyphilis. Their earlier work with tryparsamide centered mainly about general paresis. Subsequently, the drug was supplied to Doctors Moore and Keidel of Johns Hopkins, primarily for trial in other types of neurosyphilis, and a little later to Dr Stokes of the Mayo Clinic.

With the publication of Dr Lorenz and Dr Loevenhart's paper last May, an enormous number of requests for the drug were received. At this time it was being made only in small quantities and it was a physical impossibility to supply the many physicians who asked for it. Moreover, it seemed to us that it would be premature and unwise to release the drug for general distribution until we were in possession of more information. There were many points in connection with its use in neurosyphilis that needed to be settled, as for instance, the optimum dosage and the number and interval of doses. There were, also, many questions of essential importance which demanded investigation such as a study of the effect of tryparsamide in previously untreated patients as compared with those who had reached a stationary level of improvement following treatment by other methods, the effect of tryparsamide in patients who had failed to respond favorably to previous treatment, the influence exerted by a preceding or accompanying use of tryparsamide upon other systems of treatment, and such questions as the differences in

therapeutic results in different classes of patients as represented by the state and municipal institutions in contrast to the dispensary, hospital, and private clinic.

In addition, the occasional occurrence of visual impairment caused us concern, and although no other untoward effects had arisen, it was not beyond the bounds of possibility that they might. Our most serious problem, however, was a proper limitation of the use of the drug. There was a manifest desire to use tryparsamide in the treatment of all classes of syphilitic affections, both early and late, and to employ it in a great variety of nervous affections of unknown etiology or at least not of syphilitic origin. It was at once apparent, therefore, that the greatest caution would have to be exercised over the distribution of tryparsamide until there was some definite assurance that the drug could be used with benefit and that its use entailed no serious risk to the patient. For these reasons it was given at first to only a few clinicians whose experience and facilities made it possible for them to carry out carefully controlled studies. From time to time further extensions in the use of the drug have been made on the basis of reports and recommendations of those who have been using it until there are now 60 clinics and institutions in the United States, 6 in Canada, 5 in Great Britain, 9 in France, and 1 in Switzerland—a total of 70 in which the drug is under trial.

We have endeavored to assume a neutral attitude toward all of these investigations. Realizing the difficulties inherent in the treatment of a disease such as neurosyphilis and being familiar with the manner of action of tryparsamide we have sedulously avoided anything approaching eager expectation of marked therapeutic effects. It appeared to us to be especially desirable that the drug be studied without any preconceived idea as to the nature of the results that might be expected so that it might be evaluated on its merits rather than on the basis of expectations.

Again, we have deferred any decision as to the time of ultimate release of the drug as very few of the physicians now having it under study have had it long enough to permit them to express themselves with a degree of finality as to its therapeutic possibilities and possible contraindications. In only three clinics has it been used for more than 1 year. With a drug such as tryparsamide, whose attributes differ so materially from others in use in the treatment of syphilis, which has little or no action in the so-called active stages of the disease, and which is not devoid of a certain number of untoward visual effects, a conservative attitude has seemed to us the only one to assume in fairness to everyone concerned. The fate



of the drug is in the hands of the physicians who are using it and it is only fair to state that while some are very favorable others are sceptical, and all, fortunately are maintaining a more or less critical attitude. We should like to emphasize the fact that we welcome this point of view.

As was said in the beginning of this paper, it is obvious that no conclusions can be drawn at this stage of the clinical investigation with syphilis, but some of the preliminary effects observed may be briefly considered. It seems to be the consensus of opinion at the present time that general paresis is the condition in which the drug is most efficacious although there have been some encouraging effects reported in other types of neurosyphilis. Bearing in mind the question of remissions, the standard of comparison which we have imposed is whether the clinical and serological results obtained with tryparsamide are equal to or surpass those obtained by other methods of treatment. If the results are equal to those obtained by more complicated procedures, even though they do not surpass them tryparsamide will undoubtedly occupy a place in the treatment of neurosyphilis.

The clinical results so far obtained as shown by the reports received from the various physicians in charge of the investigations differ widely. That is there seems to be a considerable difference in the actual effects obtained in different clinics, and in addition there is a divergence of opinion as to whether the drug offers any advantage over the more elaborate methods of treatment in vogue in certain clinics. For instance, one physician who has treated over fifty patients principally paretics reports that his results surpass anything he has ever seen obtained by any method whatever and he has had no serious untoward effects of any sort. Another physician who has treated approximately the same number of cases but with a larger proportion of tabetics thinks that his results are no better than those obtained by the particular methods used in his own clinic, and he has encountered a number of visual complications.

Since physicians have been by no means agreed upon a method of treatment of neurosyphilis and since the classes of patients in various clinics and institutions differ so greatly among themselves it is obvious that divergent reports such as these are to be expected. It will be impossible to evaluate them until a very large number of patients have been treated over a sufficiently long period.

The incidence of visual disturbances has also varied in different clinics and at present we have insufficient data for attempting to com-

pute its frequency with any degree of accuracy. As nearly as can be estimated the incidence of any and all visual symptoms slight and more pronounced, has varied from 3 to 40% in different clinics taking into consideration the total number of patients treated irrespective of the type of neurosyphilis. A fair average of these extremes would be about 10%. Fortunately, we are able to say that in the great majority of patients this complication has proven to be entirely transitory. Some clinics report no permanent impairment whatever while in others more or less impairment has persisted in from 3 to 5% of the patients treated. It must be remembered, however, that these figures refer to all classes of neurosyphilis and that in general paresis alone the average figures appear to be lower. Whether this is due to the inability of certain paretics to respond to questions and examinations is uncertain. Mention should also be made of the interesting and important fact that in the majority of cases showing visual disturbance retreatment with tryparsamide has not precipitated a recurrence of symptoms or an increase of the condition in those patients in whom some permanent effect had followed the initial treatment.

Changes in the serology of the spinal fluid have been noted in the majority of patients who have been treated for some time that is, for one or two or more courses of at least 10 weekly doses. Generally speaking, a reduction of cells is the first change noted followed by a reduction of the protein content of the fluid and an alteration of the Gol sol curve, while changes in the Wassermann reaction occur later and in a certain proportion of patients have not been observed. In regard to the blood Wassermann, most clinics have reported a less constant change than in that of the spinal fluid.

A large majority of the clinics report an unusual improvement in the general physical condition of their tryparsamide treated patients and are agreed on what might be called the stimulative action of the drug. This attribute is undoubtedly one of its most important features and perhaps may have an application in other pathological conditions.

The dose which has come to be used most frequently is 20 or 30 grams dissolved in 10 cc of sterile distilled water and administered intravenously. The usual course of treatment is 8 to 10 weekly doses but several clinics have seen better results with 12 or more such doses. A rest period of 1 to 3 months usually follows a course. Very little can be said as to the number of courses but it will probably be necessary to give more than two to the majority of patients.



Opinion is by no means agreed as to the advisability of giving mercury in conjunction with tryparsamide. Lorenze and Loevenhart have advocated the combination of the two drugs, other workers think they obtain equally good results with tryparsamide alone, and still others by giving mercury in the rest period following tryparsamide.

This, in brief, is the present situation in regard to tryparsamide. Although a great deal of work has been accomplished, much more remains to be done before any evaluation of its effect in neurosyphilis can be made. At the present time we can say that it has been used in African sleeping sickness for a sufficiently long period to speak with assurance of its therapeutic action, and when a similar investi-

gative period in the treatment of neurosyphilis is completed it will be possible to speak from a fulness of knowledge which is at present unattained.

1 Lorenz, W. F., Loevenhart, A. S., Bleckwenn, W. J., and Hodges, F. J. *J A M A*, 1923, lxxx, 1497.

2 Moore, J. E., Robinson, H. M., and Keidel, Albert. *J A M A*, 1924, lxxxii, 528.

3 For a more detailed account of this phase of the subject the reader is referred to Brown, Wade H., and Pearce, Louise. *J A M A*, 1924, lxxxii, 5.

4 Pearce, Louise. *J Exper M*, 1921, xxxiv, No. 6 Supplement No. 1.

5 Van den Branden, F., and Van Hoof, L. *Bull Soc de path exot*, 1923, xvi, 606.

6 Attention should be called to the similar beneficial effects reported by Chesterman, Clement C., *Tr Roy Soc Trop Med & Hyg*, 1923, xvi, 394.

7 Morgan, Hugh. "A Case of Trypanosomiasis treated with Tryparsamide," *Am J M Sc* (In press).

8 Simillie, Wilson G. *J Am Vet Med Assoc*, 1923, September.

## THE DEVELOPMENT OF THE INTRA-CUTANEOUS DIPHTHERIA TOXIN TEST\*

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THE intracutaneous diphtheria toxin test is a result of studies on immunity in diphtheria. It is a well and long known fact that not everybody exposed to diphtheria acquires the disease. Trousseau, who was convinced that diphtheria is an infectious disease, was surprised at his inability to infect himself and his assistants by transplanting diphtheria membranes on their tonsils. He couldn't explain this fact. Later, after the discovery of the diphtheria bacillus and its toxin and antitoxin, it could be proven that the newborn child has, in over 80 per cent of cases, antitoxic substances against diphtheria in its serum. These antibodies disappear to a great extent in the next years of life, but with increasing age we again find an increasing number of individuals possessing antitoxic substances against diphtheria toxin (Wassermann, Fischl and Wunschheim). These findings were used to explain the susceptibility for diphtheria or immunity against it, and are of fundamental importance for the entire pathogenesis of diphtheria. We are thoroughly convinced that the entire significance of the diphtheria bacillus for the diphtheria disease is based on the truth of this fact.

It was difficult to prove, with former methods whether or not an individual is susceptible to diphtheria, that is, whether an individual has specific antitoxic antibodies

against diphtheria in his serum. We were therefore not able to study this question extensively. Later methods (Marx, Romer), brought about greater simplification, but they also were too complicated, as they required animal experiments.

The basis for the diphtheria test is furnished by the discoveries of Pirquet, who first described in his monograph on vaccination and vaccinal allergy the importance of the cutaneous immediate reaction as a diagnostic method in the recognition of a previous vaccination. Based on these facts Pirquet expected the possibility of a cutaneous diagnosis in many other infectious diseases. The same principle led him to the discovery of his cutaneous tuberculin test. All these tests are based on the clinically and experimentally proven fact that the injection of certain infectious germs and foreign proteins bring about a change in the reaction of all the cells of the organism (called allergy). The organism reacts after the first injection or infection after a period of incubation only, but more rapidly after the second and repeated injection or infection.

Pirquet's fundamental theory was that the time of incubation of a disease is due to the time necessary to form antibodies, and that the symptoms of such a disease are due to the combination of the pathogenic substances with antibodies-like substances (Ergine).

In order to study the entire question he

\* Read at the Annual Meeting of the Medical Society of the State of New York, April 22, 1924.



collaborated with me, and while first studying the serum sickness we discovered several general laws explaining certain clinical facts in this and other diseases

In later studies (1907-1908) I considered the question of a cutaneous diagnostic test for diphtheria like the tuberculin test for tuberculosis. Pirquet himself tried, for this purpose to use original diphtheria toxin, with negative results. My first experiments were also negative but later, by using a diphtheria toxin concentrated by boiling in vacuum to the tenth part of its volume I succeeded in getting positive results

I used this method at first in diphtheria cases before an injection of diphtheria serum was given. All children showed positive reactions similar to a Pirquet tuberculin test. At first I surmised that a positive diphtheria toxin reaction proved that diphtheria was present, just as a positive tuberculin reaction proves that the individual is infected with tuberculosis. Later studies, however, showed that not only children suffering from diphtheria gave a positive reaction, but a great many other children also even if these latter had never had diphtheria. Children from twelve months of age to five years of age, especially gave positive reactions in the majority of cases. Older children more frequently showed negative reactions. On the other hand I could prove that by mixing diphtheria toxin with antitoxin *in vitro* the reaction became negative. It also became negative if antitoxin was injected preceding the cutaneous application of diphtheria toxin. These facts militate against the conception that this reaction is comparable with the tuberculin reaction of Pirquet. Tuberculin is not toxic for an individual free from tuberculosis. Only an individual infected with tuberculosis reacts positively on tuberculin, and you cannot neutralize the effect of tuberculin with antitoxin. We think that a person with a tuberculous infection possesses antibodies against tuberculin and prepares with these ferment-like antibodies a toxic substance from tuberculin which is primarily not itself toxic. *Diphtheria toxin however, is itself primarily toxic for everybody who has no antitoxic substances in the serum. Diphtheria toxin does not have to be made toxic by antibodies.* Since the diphtheria toxin could be neutralized by the injection of diphtheria antitoxin it was feasible to assume that a positive reaction to diphtheria toxin might be due to

the lack of antitoxin and a negative reaction to the presence of such substances. I published my first results in a preliminary report in 1908 and, in the same year in a paper read before the Naturforschertag in Cologne. I demonstrated the specificity of the cutaneous test and pointed out the possibility of using this test to determine individual susceptibility to diphtheria, and also drew attention to its significance in studying other problems of diphtheria, particularly the dosage of diphtheria antitoxin in the treatment of diphtheria.

It was now necessary to prove that children suffering from diphtheria have no antitoxic substances in their blood serum, and that this is the cause of the positive cutaneous diphtheria test. To carry on these investigations animal experiments had to be resorted to. Römer had first published a simplified intracutaneous method in guinea pigs to determine the presence or lack of diphtheria antitoxin in serum. Following this method, I studied with Karasawa many of the problems of immunity against diphtheria the results of which were published in 1910 and 1911.

We were again able to show that children suffering from diphtheria have no antitoxic substances against diphtheria toxin. In several instances the result of the cutaneous diphtheria toxin test was compared with findings of the presence or absence of antitoxic substances in their serum. The results were as expected: positive reactions in children lacking antitoxin, negative reactions in children with antitoxic substances.

The cutaneous test used by me at that time was not free from disadvantages. The method of preparing the needed concentration was complicated. I attempted, therefore to elaborate the intracutaneous method used not only for diphtheria toxin in animals but also for tuberculin in human beings. The dosage must first be determined. In careful experiments starting with high dilutions we found that intracutaneous injection of 1/30 of the lethal dose for 250g guinea pig in 0.1 cc fluid gave satisfactory results. The results of these studies, made in co-operation with Magyar, were published at Münster, 1912. I reported at that time on experimental tests on fifty children, with twenty-five positive and twenty-five negative reactions. These tests were made in collaboration at first with Löwenstein and later with Uchida. We showed that positive or negative results of the intracutaneous application of diphtheria toxin is due to lack or presence of antitoxin in the serum. These in



vestigations were extensively published in 1913. In 1913 I published the paper, based on further experiments, which was the starting point for the practical use of the intracutaneous diphtheria test. I recommended the intracutaneous application of diphtheria toxin, in order to determine the susceptibility of an individual to diphtheria. I recommended the method principally to institutions and hospitals, in case of an outbreak of a diphtheria epidemic, in order to determine the immunity to diphtheria or the susceptibility of their inmates, and the need of a prophylactic diphtheria serum injection. I also described the so-called "pseudo-reaction" in this publication.

The intracutaneous reaction with diphtheria toxin could be made use of in the study of many other problems pertaining to diphtheria. To study the dosage of diphtheria serum we injected intracutaneously diphtheria toxin in the usual amount every three hours and observed the effect of different doses of diphtheria serum upon the reaction. In this way we learned to know the limit of the diphtheria serum therapy and we came to the conclusion that the dosage of the serum to be injected should be in a certain proportion to the body weight. It could be conclusively shown that the diphtheria serum has principally an immunizing effect, checking further damage to the organism. Its curative effect, however, is limited. At the same time *Groer* and *Kassowitz* made extensive studies on the susceptibility to diphtheria at different ages. They were able to prove by animal experiments the reliability of the intracutaneous test.

You all know that the intracutaneous test can be further used to decide whether an active immunization against diphtheria should be carried out or not, and whether active immunization has brought about real immunity. In recent years experiments have been made by *Kassowitz*, studying passive and active immunization in relation to the concentration of antitoxin in serum and tissues. Interesting differences were found. In the case of active immunity, that is in the presence of antitoxic bodies in the blood serum and a negative intracutaneous test, the tissue cells and serum have both the same concentration of antitoxin. In passive immunization from the injection of diphtheria serum, the concentration of antitoxin in the tissues remains high for a short

time only, the concentration of antitoxin in the tissue is quickly lowered, with the result that the intracutaneous reaction becomes again (modified) positive after a short time, in spite of the presence of antitoxin in the serum. This fact may be of importance in the question of post-diphtheric paralysis and its treatment. Many problems pertaining to immunity are now open to research work. We learned from the intracutaneous test that there exists in diphtheria humoral and cellular immunity, and we are thus better able to understand the reason for the varied clinical picture of the disease. We assume that the severity of diphtheria and its final outcome depend to a great extent upon the cellular ability to form antibodies more or less rapidly. Humoral immunity prevents the disease altogether. *Zingher* pointed out that the susceptibility to diphtheria is far greater in people coming from the country than in those living in congested districts of a big city like New York, as the latter may acquire an active immunity from repeated mild infections.

Our results, gained from experimental work and clinical observation, were recognized in Austria and Germany, but they were not put to extensive practical use. Possibly extraneous conditions were responsible for this. I am so much the more thankful to my American colleagues, who used the diphtheria test in their fight against diphtheria. *Park* and *Zingher* introduced the intracutaneous test in combating diphtheria in New York, and their exceedingly good results stimulated similar work in other parts of the United States. It is also the merit of American physicians that the fight against diphtheria was started in other countries.

To advance and progress it is necessary to discover new facts, but history teaches that it is equally important, and for the general welfare more important, to put the new facts to practical use, and I have no doubt that with your aid we shall be able to exterminate diphtheria like smallpox.

I deeply appreciate the great honor conferred upon me by your invitation to come here and speak on the history and development of the diphtheria test, and I am happy to have the opportunity to thank you for the excellent work you have done in your fight against diphtheria.



## MANAGEMENT AND MEDICAL TREATMENT OF THE NERVOUS PATIENT \*

By EDWARD L. HANES, M.D.

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IT seems quite impossible to give any really helpful discussion of the problem of general management and medical treatment of the so-called *nervous patient* till the physician has decided several questions which at once arise in each case as it presents for treatment. One hears common reference to surgical procedures, dietetic and rest treatment, mechanical therapeutics, occupational therapy, psychotherapeutics, psychoanalysis, etc., but little is said as to when and in what type of cases these methods of treatment are indicated, and as a matter of fact it is not uncommon to meet patients on whom several or all of these procedures have been at one time or another practised, but who have not responded thereto and who continue in states of more or less pronounced invalidism. In outlining this symposium on the *nervous patient* therefore, it has been thought necessary, first, to consider what really is of the very first importance in attempting to formulate any adequate plan of treatment, viz. the various types of nervous patients presenting for treatment.

It is quite correct to speak of neurasthenia, or psychasthenia or anxiety neurosis or hysteria, *et al.* provided we have a very definite idea of what we mean thereby, and if having such definite conception as to what these various pictures include, we are so fortunate as to find our patient falling clearly within one of these classes for which we may believe there exist equally clear cut indications for and methods of therapeutic procedure.

As a matter of fact the vast majority of patients present such complexities of etiologic and symptomologic factors that they do not fall into such clear-cut diagnostic groupings at all, or at least we as practitioners are particularly prone to become ourselves confused in our efforts at diagnosis—for the reason I suppose that we have our own limitations as well as possibly in larger measure because of the actual obscurity, diversity and complexity of the symptoms as we observe them in the cases we are called upon to treat. Most frequently the symptoms overlap and the diagnosis can not be clear-cut neurasthenia or hysteria, but we find elements of both conditions to be present, or an anxiety neurosis is attended by pronounced fatigue symptoms of a neurasthenia while frequently neurasthenic phenomena are encountered with psychasthenic obsessions or anxiety states exhibit the fatigue of neurasthenia, or the depression and periodicity of a manic-depressive reaction so that, in the

confusion of the picture if the physician is not on his guard, he sizes the case up wrong and the treatment instituted is ultimately found to be disappointing. It is essential therefore, that we should possess some moderate knowledge of neuro-psychic and psychiatric conditions if we are to institute intelligent management and treatment of these cases with any real hope of success. This does not mean that we must be highly trained in neuro-psychiatry at all in a large proportion of these cases but it does mean that superimposed on our general medical and surgical knowledge, we should give a little added thought and study to this important branch of professional attainment to the end that we may recognize certain essential indications in these patients if we are to treat them. I shall not follow this digression further than to intimate that it is practically impossible to expect to institute rational therapy in any pathologic condition whether it appertains to the general physical organism or to the neuro-psychiatric mechanisms, if we do not correctly interpret the symptoms as they are presented. We must be able to separate the important from the less important, the essential from the non-essential, and if the case presents overlapping in its symptomatology, we ought to ask ourselves—what are the dominant trends and indications for treatment—and to be able to know what to do and what to expect from our treatment after such questions have been asked and answered.

To attempt a detailed discussion of the general methods of management and treatment of neuro-psychiatric cases here, within the limits of this symposium, seems neither desirable nor of probable value since it is all clearly set forth in any competently written medical text-book of the more pretentious sort and perhaps our time will be more profitably spent if brief reference is made to concrete cases, holding in mind what has just been stated and contenting ourselves with a few comments as to management and treatment which seem naturally to arise as a result of such consideration.

M. J. S. came under treatment on February 26, 1924. He was a young man of 24 years, single, of temperate habits and a real estate salesman by occupation. The family history was negative and the personal history did not indicate any constitutional neuropathic attributes. He admitted a tendency to frequent head colds and to tonsillitis attacks and a year ago he developed an influenzal cold which confined him to bed for two days following which he lost about 12 lbs. in weight, did not feel physically strong and could not seem to develop any considerable de-



gree of energy at his work. Soon he began to feel peculiar bodily sensations—feet cold and drawing through his legs, he became sleepless, then came gastro-enteric symptoms of poor appetite, abdominal fermentation and constipation, he worked in desultory fashion, and more and more he worried and became introspective and studied himself. At the time he reported to me for treatment the leading symptoms were drawings in legs, abdominal fermentation, numbness about lower border of ribs, insomnia, sensations subjectively as if about to faint at times, though he had never really done so. He had become intensely introspective and worried continuously about himself, evidenced increased neuro-psychic tension, with restlessness, ill-suppressed anxious agitation of moderate degree, with inability to concentrate on his work or to apply himself thereto consecutively. *Physically* he was tall and symmetrically developed, but rather thin, weighing 147½ lbs, though not of distinctly robust type. Heart and lungs negative, pulse rate regular and recording 76 in seated position, blood pressure (Tycos) 115/75, X-ray study of the lungs made by another physician said to have been negative, abdomen was rather prominent below umbilicus, but no positive ptosis was indicated as a result of the physical examination, no symptoms of organic neurologic disease were present. Aside from the history of the grip infection a year ago, followed by loss in weight and considerable worry of a business nature, there seemed little of etiologic importance.

This patient represents a type commonly met presenting neurasthenic symptoms following a general reduction in weight and strength as a result of a preceding attack of acute infectious disease—grip being particularly liable to reduce the general nervous and mental tone of its victims in this manner. Accompanying the neurasthenia with its fatigue syndrome and moderate neuropsychic inadequacy in this case, was noted an undercurrent of increased nervous tension with worry, introspection and self-concern, together with a considerable degree of anxiety—all profoundly affecting the sympathetic nervous mechanisms in an exhausting and depleting manner, in the presence of which gastro-enteric symptoms are prone to complicate the picture, which is still further aggravated by persistent insomnia. In many of these post-infectious neurasthenias it is reasonable to believe that the specific toxines generated during the active infectious and febrile period of the illness may play a more or less demonstrable role, also.

The indications for treatment in this typical case just cited, were, first, rest from work for a week at home under the best obtainable conditions of quietude, with special medical attention to the increased neuro-psychic tension controlled by moderate doses of sodium bromide in some

simple anti-fermentative alkaline medium in this instance represented by the old-fashioned *Mistura Rhei et Sodæ* of the pharmacopeia, energetic, but careful attention to the insomnia which was very definitely sapping the patient's nervous vitality, by the exhibition of some mild hypnotic—in this instance a 1½ grain luminal tablet taken at bedtime.

Under the increased neuropsychic tension induced by his introspection and worry, such a patient, already depleted by a preceding grippal infection, was still further upset by digestive disturbances of nervous origin giving rise to fermentative changes within the gastro-intestinal tract which served to cause abdominal discomfort and thus to accentuate his tendency to worry and to self-analysis, while the loss of sleep night after night precluded any natural return and up-building of the nervous energizing forces, but on the contrary, undoubtedly acted as a very primary factor in continuing their dissipation.

This patient was reassured and ordered to report at the end of the week after continuance of the above outlined treatment, at which time his entire appearance was most favorably changed so far as the tendency to worry, and to exhibit the previously noted symptoms of anxious restlessness, while subjectively he was having but little trouble with his stomach and bowels, and his sleep had been well restored. He was manifestly encouraged and asserted that he had experienced great relief from all of his troublesome symptoms, and that he felt able to take up a portion of his regular duties again, which he was permitted to do. He has continued to report at the office each week since with no return of any of his troublesome symptoms, so that at present he is practically recovered.

This simple case, responding so readily and completely to ambulant treatment, serves to call attention to the fact that by far the greater proportion of nervous cases coming for treatment exhibit in greater or less degree the basic symptom of anxiety, with increased neuro-psychic tension, anxious self-concern and introspectiveness, with tendency to worry and varying degrees of depression in the emotional field. The etiologic mechanisms underlying such states are of widely variant nature, and are apt to present diverse therapeutic problems. Probably the most striking examples of this anxiety depression syndrome are those cases occurring both in men and women at, or about, the climacteric period of life, in which there is frequently an added element of actual psycho-motor agitation, so that there may be complete inability either to rest, or to pursue sustained mental or physical effort. These cases are often closely allied to, and, indeed, at times develop depressed delusions and evolve into agitated melancholia of the involutional period. In many of these cases treatment directed to the



relief of the increased neuropsychic tension, gastro-enteric symptoms, insomnia and malnutrition which is apt to be pronounced, while helpful is not curative and the neuropsychic disorganization proceeds till no systematic treatment outside of an institution for mental diseases is possible. Such cases because of the nature of the malady with its resulting mental instability, are prone to interrupt their treatment, to demand the impossible to accept the advice of neighbors rather than their physicians and to change physicians frequently but to no avail. Under proper management and medical treatment directed to the relief of certain of the basic and troublesome symptoms they are apt to feel better for a short time, but become quickly discouraged when they find recovery delayed. The difficulties of treatment encountered in these cases is well illustrated by the following:

Miss B. R. aged 62, single, occupation that of housekeeper for a large family of middle-aged brothers and sisters, none of whom are married. She was apparently one of the elder members of the family and the dominating element in the household, no one daring to oppose her whims in effort to cooperate with her physician. The family history indicated longevity in the parents but the father died of spinal tumor and the mother at times was the victim of periods of mental irresponsibility, though never committed to any institution for mental disease. Three sisters and a brother of the patient were admittedly of nervous temperaments, but not afflicted with actual nervous or mental disease. The patient had always had the general care of the household and for 27 years had lived in a certain quiet city street which then became very noisy because of the increased traffic and thoroughfare characteristics incident to new pavement. Under the circumstances they sold the homestead and acquired a new residence in an attractive outlying district near one of the city parks but later felt that the new property was somewhat run-down and that they had paid too much for it. It was stated that as a girl the patient had been subject to stomach trouble, and had an attack of jaundice 16 years ago at the age of 46 years she again developed gastro-enteric distress and was treated in hospital for two weeks, at that time the menses stopped so that apparently she had arrived at the menopause period a year ago she became subject to vomiting spells which continued over some time during all these ups and downs there is no admission of special neurotic symptoms. But in August, 1923 with the sale of the home and the change to new surroundings and during the discussion and minor dissatisfaction just referred to the patient became more nervous and discontented. She had previously worried and complained of the noise of the street and children of the old neighborhood but now she became

depressed filled with regrets and lamentations because of the change, because of the poor furniture, poor ice box, poor kitchen facilities etc., of the new place, worried because of the price paid for it, her appetite and stomach were upset insomnia developed, she became anxious restless and ill at ease harped continually on things, and was fussy in the extreme she seemed incapable of contenting herself in any regard and lost all sense of a proper philosophy of life was whining and indecisive and could not contemplate her blessings. Physically she was a woman of small, emaciated physique the face chest and musculature being thin and the skin flabby though the hair was not specially grayed heart and lungs seemed negative aside from a narrow respiratory arc and soft scarcely perceptible breath sounds, pulse 80 blood pressure (Tyco) 125/80 arteries not markedly thickened abdomen thin, walls soft no special tenderness or tympany but discomfort after eating and fermentation changes complained of and she took food sparingly, bowels sluggish, sleep deficient. Effort was made to secure her cooperation in treatment, and to reassure her, as her complaints about the new house and the neighborhood were not justified while medical attention was given to the hypertensiveness, poor appetite and malnutrition gastro-enteric complex insomnia etc. Some little measure of relief from some of her symptoms was at first experienced but soon the discontent and harping tendencies assumed dominance, then a neighbor suggested a medicine which had to be endlessly discussed, then another neighbor suggested going to a well conducted local sanitarium, which idea caught her mind, and permission of the physician to do so was given, on the first visit of the physician after she had entered the sanitarium, however, patient was found up and dressed fully determined to go home no adequate reason aside from reference to the expense which she had known before entering being given, she was persuaded to remain after endless argument, but two days later at time of physician's visit was again harping on going home. The family was appealed to in an effort to secure some semblance of systematic and sustained treatment, and at first took the position that all the members were worn out and the patient must not return home till she was improved later in the same day after visiting the patient a brother and sister weakened, and against the advice of the physician removed her to the home. The whole situation was hopeless, the patient was practically mentally incompetent, though not really deluded and after a plain statement of the facts with the thought that perhaps at times the best service a physician may render to such a case is a frank discussion of the facts it was terminated.

These two cases illustrate perhaps, as well as



many, the success and failure which inevitably attend the treatment of nervous patients. Time will not permit too much delving into all the problems encountered in attempting to outline plans of management and medical treatment for such patients, but as indicated in the cases which have been discussed, every effort must be made to uncover all the factors operating etiologically, so far as possible, then keen and painstaking analyses of the basic symptoms and their significance from the standpoints, both of prognosis and treatment, must be undertaken in each individual case. Thorough understanding of these patients and their tactful handling will often accomplish wonders, but it is worse than useless if, instead of gaining such understanding, we size them up precipitately and mistakenly, and mismanage and misinterpret the dominating factors in such cases, as so often happens. We must surely determine such questions as the influence of constitutional organization and characteristics and psychopathic trends in these patients, for if we do not do so we really do not understand what the possibilities and limitations of treatment necessarily are. Large numbers of the so-called nervous class are never mentally and nervously stable individuals, even in their nearest approximation to normality. To find a psychoneurosis superimposed on a ground-work of constitutional neuropathic weakness, mental bias and inferiority, as so commonly occurs, must lead to the very pertinent inquiry, as to what symptoms are transient and curable, and what are permanent and incurable. And unless we are able to formulate some measure of judgment in this regard our treatment is, of course, foredoomed to frequent failure, if not to distinct and positive harm. Considerable experience with the psychopathic and psychoneurotic types will demonstrate certain leads, as it were, for treatment, and, as well, certain cautions to be observed in dealing

with these patients. Many are remarkably credulous, and certain of the hysterical and psychopathic groups are prone to read fictitious meanings into everything the physician says or does, hence the necessity for the greatest caution to guard against injudicious statements and opinions and recommendations and procedures. Quite recently such a practical instance came to my attention in an hysterical patient who had been placed in bed and in isolation under the regimen formulated by Weir-Mitchell, and a method of treatment frequently of great value. But in this case the physician neglected to explain the reasons for the adoption of such a formal and striking plan of treatment, leaving the patient to draw his own conclusions. The result was that somewhat subsequently I found the patient still in bed, isolated, and completely obsessed by over-whelming fears as to the seriousness of his case which had been engendered in his mind because of the physician's failure to frankly state that the purpose of the treatment was not owing to any condition of physical danger of any nature whatsoever. He quite naturally thought he must be seriously afflicted and in real danger if he was required to remain in bed and in isolation for weeks at a time, and the patient's condition was greatly aggravated by reason of such phobias. Other patients of the nervous type are frequently subjected to one operative procedure after another, and many times forced over into chronicity because the surgeon has not appreciated the underlying neuropsychic mechanisms responsible for the symptoms. Such things should not be, and I can only say in closing, that while there is no magic in the general management and medical treatment of the nervous patient, their interests and our own professional reputations will be best served by a sincere effort to understand something of the personality of all patients in general, and of the nervous patient in particular.

## THE NERVOUS PATIENT GENERAL CONSIDERATIONS \*

By EDWARD B. ANGELL, M.D.

ROCHESTER, N. Y.

Nervousness is the *bête noir* of the family physician. He has little patience with its bizarre manifestations, and usually at the close of a long tale of depression, of feelings of misery and fears of all sorts, tells the sufferer "to forget it." Indeed, that is just what the unhappy patient would like to do—"forget it." And that is why he seeks help—he wants to be made to forget it—for forgetting it is beyond his power or ken. It is not an imaginary disorder, in truth, it is the most real of all things to the sufferer—as many

a hard-headed practitioner has learned when he, himself, has happened to be the victim.

"Nerves" is an unfortunate name, for the nerves are not the seat of the disorder, the disturbance is mental or, if you prefer, psychical, and the brain itself is the site of the malady. Indeed, it is not too much to say that its subjects are in a measure irresponsible, their morbid ideas irrational—in a word, they are just a little bit crazy. And for this reason, if for no other, the disorder must be treated seriously, not lightly discarded by bluntly telling the patient to "go chase himself and forget it." This lack of appreciation of their state of misery has often times driven

\* Read at the Annual Meeting of the Medical Society of the State of New York at Rochester, April 23, 1924.



them to the parasitic quack who at least, does something for their ills. Indeed, I am sure you will agree with me that it is this group of patients which has given most encouragement to the growth of the various cults.

It is usual to regard the nervous patient as a neurasthenic—another misnomer—for it is not the nerves themselves that are weak, their conducting power is invariably normal, rather is it the Personality that is affected, the Conscious mind in its reaction to impulses, whether afferent or efferent.

What causes this perturbation of the emotions? The underlying condition must be sought out and eliminated before a cure can be brought about. Not many are true neurasthenics; i. e. show a state of real exhaustion of nervous energy. My own statistics in an analysis of some 1,500 cases indicated only about 10% as due to nervous exhaustion.

Many are dependent upon a tense neurotic condition, wherein muscle rigidity plays a very important part, all afferent impulses being highly exaggerated. Discrimination between these two types is usually easy. Ask the individual to extend his arms palms downward, the true neurasthenic allows his hands to drop very definitely from the wrist downward the tense neurotic displays the hands strongly extended upward while the normal individual or one simply nervous shows the slight curve downward indicative of normal balance between flexors and extensors.

By far the larger group consist of patients who are really toxæmic—at least such has been the writer's experience. Search of recent years for an underlying cause of nervousness has largely been with that assumption, witness the investigation of intestinal toxæmia surgical intervention for possible foci from toxic gall bladder sinus or tonsil infection of wholesale extraction of teeth literally by the mouthful in the vain hope of curing nervous conditions. My own belief is that such sources of infection usually cause definite lesions focal in character rather than general toxic effects upon the nervous system.

Undoubtedly endocrine disorders especially hyperthyroidism, do have a very potent effect in thus disturbing the nervous—or rather the mental status and must be constantly taken into consideration with a view to a proper understanding of these patients. Sex does not play as important a role as has been imagined for some 45% of my cases have been men. A small group of chronic nervous people demand mention because of the intractability of their disorder—I refer to those nervous patients that appear to be almost

constitutional psychopaths, with hysterical paranoid or precox trends. Careful training especially group training moral teaching, psychoanalysis or suggestive therapeutics may help, but rarely is the real disorder an underlying brain defect probably constitutional, remedied and the patient established as a normally constituted human being.

By all odds according to personal experience, the largest group of nervous cases embraces the patients who are more or less toxæmic solely from disorders of metabolism usually nitrogen katabolism or of digestion usually intestinal. Correction of this relieves the burden of depression and restores normal feeling. This fortunately is the group that readily responds to treatment through regimen, diet and proper medication.

Some years ago the reader called attention to a reaction in the urine of nervous patients that was of definite assistance in establishing the source of the disorder. If the urine is florted over fuming nitric acid a very well-defined color ring is formed at the point of contact, similar to the white ring when albumen is present, in Heller's test.

The presence of this together with the common symptoms of nervousness almost invariably denotes a toxæmic state as a cause of the depressed tone of the mind and the train of symptoms induced thereby. A careful analysis disclosed that this color ring was present in 80% of the cases although only 10% showed the presence of indican.

The natural history of a case of nervousness runs somewhat like this—to illustrate with a recent case a merchant from a Western State. He had suffered from intestinal dyspepsia for a year and suddenly 'went to pieces nervously,' following the death of his wife. The real cause of his illness was the prolonged disturbance of his digestion, the grief and anxiety he suffered only sufficed to bring matters to a head. Correction of this disorder relieved entirely the worries, the sleeplessness, the sense of being good-for-nothing—in a word the whole train of morbid feeling. Wrong eating wrong living wrong habits are the most potent cause—not the immediate worry, grief, accident or financial loss.

A careful neurological examination is essential however in order to eliminate organic disease which in its early state may closely simulate nervousness. Indeed, as well, organic disease may be associated with nervousness due to toxæmia correction of which will materially ameliorate the depressing symptoms. The misery of these patients merits careful attention—and correction of the disorder will win an abundance of gratitude.





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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## THE SUMMER JOURNAL

We have discovered that the summer is the doctor's vacation time, and that during about three months he is quite content to cease worrying about medical politics, or progress, or any other topic over which he will fight at the drop of the hat during the winter. We are therefore giving heed to the advice of our superior officers, and like them we are giving our time to reflection with the expectation that in the fall we will be ready with clear brains and ready pens to

promote medical interests and the interests of the members of the Medical Society of the State of New York. However, let no member think that we are simply marking time. We are expecting to continue the series of articles on Medical Practice in the various cities, and always something unexpected turns up to supply the JOURNAL with news. The JOURNAL will appear regularly in the middle of each month. We trust it will be as interesting as ever.

F O



## AMERICAN MEDICAL ASSOCIATION MEETING

The 55th Annual Session of the American Medical Association was held at Chicago from June 9th to June 13 1924. One could not but be impressed with the strength and importance of medicine in the United States when men from every part of the Union came together to work out and stabilize what was best for the profession.

A number of things which will be of particular interest were emphasized during the meeting of the House of Delegates. Dr. Pusey, the new President, drew particular attention to a number of points relative to the preparation of young men for medicine and also to the nursing problem; these will bear further analysis later.

We are glad that the doctors demanded they be given a free hand in the use of alcohol in medical work. The meeting was just as insistent that the use of alcohol and its use as a beverage were separate and distinct questions while they were not at all interested in alcohol from the beverage standpoint. Dr. Wendell Phillips was most emphatic in his inquiry as to whether the Government of the United States had the right to question the good faith of the medical profession? Dr. Chalmers of Queens re-introduced the resolution. He pointed out that under the present working of the Volstead act it was rather difficult to distinguish when a physician could in good faith prescribe the required amount of alcohol without undergoing the suspicion of using it illegally. This suspicion must be removed and the medical man must be allowed to proceed along ethical lines in the practice of his profession.

Dr. John D. McLean, of Harrisburg, felt that the doctors would have to carefully watch their own ranks so that unscrupulous physicians should not abuse the privilege of the ethical use of alcohol.

The bill was unanimously endorsed by the House of Delegates and will bring to a close a constant debate which has become rather tiresome. This we hope and trust may have a salutary effect upon the law making bodies at Washington who up to the present time have overburdened us with so many restraining laws that we seriously question at times whether a license to practice entitles us to the confidence of the community. The medical profession are rather weary of this paternalism. We should be entitled to believe that the law making bodies will take cognizance of our position and endeavor to turn about and work with the medical profession in real constructive legislation.

In further elaboration of a matter briefly mentioned at the beginning of this editorial, Dr. William Allen Pusey, of Chicago, spoke very strongly upon two outstanding problems which he felt

should merit the interest and thought of the medical profession—Medical Education and Nursing. He drew attention to the fact that the young man today who wished to take up the science of medicine as a profession was handicapped by the preliminary requirements, the length of his medical course and hospital service and did not become available for public service until he was pretty nearly twenty-eight years of age. He felt that by a careful consideration of the needs of the physician the preliminary education might be cut by at least two years, thereby working a greater economic benefit to the physician and enabling him to better serve the community.

The second problem, which he thought required solution, was the education of nurses. This situation is not new to any community. We know now that few people can afford to be ill owing to the high cost of hospital, physician and nurse.

Dr. Pusey felt that the practical nurse must come back to her own and that we must find some way of making it financially possible for the person in moderate circumstances to be cared for. He recognized the value of high standards in nursing and had no desire to break down what had been accomplished after years of struggle in the nursing schools, but he felt very strongly that we must correlate the nurse and the sick person and that the breach must not widen but become narrower. The only way this could be done was by curtailing the high requirements at present necessary and shortening the course in the training schools. He felt that much was being taught which had no distinct bearing upon nursing but bore a more definite relation to high standards. Naturally every state in the Union would concur in his general survey of the situation. It is questionable whether it will be necessary to take any drastic action as the law of economics will naturally solve this problem. It is a pretty fair guess that when nursing becomes so high people cannot afford to have it; they will get along some way with less nursing. Again if the return for nursing is so high that it draws people from other occupations into the field the law of competition will not be long in bringing down the cost of nursing to a point where more people can afford it.

Dr. Pusey did not attempt to solve the situation but merely gave the Convention food for thought, and that is the great value of all Conventions, the privilege of applying principles which work just as well in Maine as in California.

The year was conspicuous by the retirement from active service of Dr. George H. Simmons, whose able work as an Executive has placed the American Medical Association upon so high a plane. The testimonial dinner given to Dr.



Simmons brought out almost 600 men who were glad to testify as to what he had accomplished for his fellow physicians

The session was also marked by the retirement of Dr Frank Billings, who has been the cornerstone of the A M A. for many years His masterly control of delicate situations, his vision and foresight, and the high ideals, which he has lived up to, has won for him a leadership which we scarcely expect to duplicate in our generation Dr Billings, however, although refusing re-nomination on the Board of Trustees, said that he had by no means lost his interest and would unofficially help in every way possible

Dr William D Haggard of Nashville, Tenn, was made President elect and his election received the unanimous approval of the House of Delegates

It was the opinion of the assembled physicians that the next annual convention would be well located if Atlantic City was chosen as the place of meeting Atlanta, Ga, and St Paul, Minn, both offered these cities, but without question the easterly city would probably suit the largest number

The exhibits were held at the Chicago Municipal Pier, while the delegates were housed at the Drake Hotel The committee in charge of the meeting are to be congratulated on their arrangements and exhibits, which probably drew one of the largest numbers in attendance in the history of the association

A number of the exhibitors had novelties which drew considerable interest from the physicians One electrical concern devised a method by which sound waves were magnified through amplification and a group with head-phones could listen at the same time to the intensified sounds

A step in the right direction was the large number of exhibits from cities throughout the country, showing pathological slides and specimens indicating the type and class of work these clinics were carrying on It gave the physician an opportunity of comparing results and noting the general progress of any particular field of study

The sections were likewise held at the Pier and they were very well attended The committee on arrangements went to great trouble in preparing the various section rooms so that they could be used with lantern demonstrations

The usual discomfort for the reader of a paper was in the shortness of the time allotted, fifteen minutes is not enough, and many papers which

were of great interest were curtailed for this reason It seems as though it might be better to give the men who present papers more time as many were so anxious to complete their papers that they proceeded too hurriedly to impress their audiences

The fact that the Convention was held at Chicago gave the attending delegates an excellent opportunity of viewing the breadth and scope of work done by the American Medical Association They have a wonderful plant located on North Dearborn Street, which houses the *Journal* and from which emanates all the printed material issued by the Association The organization is operated on a most business-like basis and gives the medical profession a mighty weapon in the way of propaganda The courtesy shown every physician was truly delightful and nothing seemed too much trouble—from the department which does the drug analyses for the Association to the Editorial Rooms where a welcoming hand was most cheerfully extended The profession must realize that they have a business representing a capital of nearly a million and a half invested in their central body Those who attended the Convention were particularly impressed with the wise and constructive policy which was so evident on all sides Of one thing we can assure the medical men in our own State the central organization is a serious body of conscientious men who are striving to uphold the ideals of the profession and who have no desire to interfere in any way with any State in the management of its own affairs This cannot be too strongly impressed upon the profession The whole convention radiated a desire to co-ordinate what was best for the whole country, but to leave severely alone the medical problems in the various states for their individual solution The central body also realized that the injection of younger blood into the organization was a most desirable thing, and in the election of new Trustees this policy was in a measure carried out It is a step in the right direction

Dr Wendell Phillips who retired as Chairman of the Board of Trustees, although renominated, felt that he had served the organization faithfully and declined a renomination

The President-elect, Dr Haggard, received an ovation on his election as he is without question a candidate well and carefully chosen We express to the new President-elect of the parent organization our most hearty well wishes He represents the greatest body of medical men in the world

O S W





# LEGAL



By GEORGE W. WHITESIDE, Esq.  
Counsel Medical Society of the State of New York

## CHIROPRACTOR HELD LIABLE FOR MALPRACTICE

Last month a jury in Utica assessed \$10,000 damages against one, Francis T. Shyne, a chiropractor, for injuries which Miss Clara E. Brown charges she suffered from chiropractic adjustments given her by Shyne in April, 1923.

The defendant Shyne, a chiropractor admitted on the witness stand that he was not licensed to practice medicine, surgery or osteopathy. The leading medical experts in the central part of the state who were called to testify in the case stated that owing to the treatments given Miss Brown by the defendant she suffered a hemorrhage in or about the spinal cord causing permanent injuries. When Miss Brown was first seen by a surgeon after the chiropractic treatments she could not move her leg except a slight movement of the feet, her arms could be moved but were weak and there was a lack of power and co-ordination of muscle movement.

The defendant's counsel, Mr. Morris who is the attorney employed by the Universal Chiropractic Association to defend chiropractors, representing Shyne, sought to show that the symptoms developed by the plaintiff after the treatment could have arisen from other causes.

James G. Greggerson, of Ohio, a lecturer of the Universal Chiropractors Association, who, it will be remembered was used as an expert by Mr. Morris the attorney for the chiropractors in the case upon which a chiropractor was convicted for manslaughter in Brooklyn gave testimony in behalf of the defense. Likewise, Frank R. Weston, M.D., of LaCrosse, Wis., a son-in-law of Mr. Morris, one of the defense team in the Brooklyn case, was a witness in this case for the defense.

The testimony of the defendant's witnesses was directed to prove that the pressure used by the defendant in giving the adjustments to the plaintiff would be inadequate to cause a hemorrhage in the spine and the injury claimed by the plaintiff. Mr. Greggerson explained the theory and teachings of chiropractic in his testimony and stressed the claim that the cause of disease is due to pressure on a nerve by some deviation of the vertebra from normal position the defendant having testified that he adjusted the fourth cervical and sixth dorsal vertebra.

It appears that upon cross examination Mr. Greggerson had only fourteen months study in a chiropractic school. His early education did not continue beyond the eighth grade of common school after which he worked on a farm at the

age of fourteen and later was employed in a grocery store. He later enlisted in the U. S. Infantry and thereafter for twelve years was employed by the International Correspondence School, following this employment he was an automobile salesman. These qualifications appear to have made him a chiropractic expert.

Mr. Greggerson contended that chiropractic treatment could cure cancer, tuberculosis, smallpox, diphtheria, scarlet fever, typhoid fever and diabetes, and when asked if he believed in the germ theory stated he did not and that he did not believe in vaccination for smallpox, anti-toxin for diphtheria or insulin for diabetes.

The defendant was graduated from the Palmer-Gregory College of Chiropractic and had been practicing chiropractic for eleven years. He had taken a post graduate course in the National College of Chiropractic in Chicago and in the New York School of Chiropractic.

The plaintiff complained to the defendant, Shyne when she visited his office of laryngitis, insomnia and nervousness and the defendant made a diagnosis of misadjustment of the fourth cervical and sixth dorsal vertebra. The plaintiff received nine different adjustments.

The defendant had previously been Assistant Treasurer and ticket seller of the Weiting Opera House in Syracuse and in other theatres in other cities. He stated he made no diagnoses but sought only to ascertain what vertebra might be out of alignment and in this way he would locate the cause of disease whether he knew what the disease was or not.

Dr. Weston, the physician called by the defense, admitted that he had testified for Mr. Morris in seven trials in which chiropractors were involved. He tried to ascribe the condition of the plaintiff to a degeneration of the spine caused by toxic conditions or poison.

Judge Edgcomb, presiding Justice of the Supreme Court in Utica, before whom the case was tried it is reported declared that Shyne the defendant was guilty of a misdemeanor in violating the Public Health Law against the practice of medicine without a license by reason of his treatment of the plaintiff. Three questions appear to have been submitted to the jury: (1) whether the defendant was negligent, (2) whether Miss Brown's condition was the result of his negligence, (3) whether Miss Brown was free from negligence. The judge further stated that if the defendant practiced without a license



it was evidence for which the jury might along with the other evidence find him negligent. The jury after three hours deliberation, found a verdict against the defendant chiropractor for \$10,000.

The ultimate action of the higher courts on this case will be of great importance and if the contention of the trial justice here that treatment by a chiropractor who is not licensed to practice medicine is some evidence of negligence is sustained, any one who has suffered injury as a result of chiropractic treatment by such unlicensed person need prove only the injuries sustained by the treatment, the fact of the defendant being unlicensed and absence on the part of the plaintiff of contributory negligence to make out a prima facie case. The effect of the enforcement of such ruling at law in suits for damages against unlicensed chiropractors should drive from the state many of those who are doubtless now responsible for inflicting serious injury upon the gullible patients who consult them.

Commenting upon the evidence, the court, so the report states, said

"You do not have to bring in an expert to say a violent and severe jerk of the head which causes severe pain that immediately grows worse and if followed by paralysis is proper treatment. If it is proper chiropractic treatment I think the legislature is wise in not letting chiropractors practice in this State."

It might be interesting to note that the defendant in this case under every chiropractic bill that has been introduced in the legislature for the last eight or nine years, would under the waiver clause be entitled to license without examination or test of his qualifications. The opportunity for the unskilled, unqualified or careless to become licensed even after examination is sufficiently grave without wholesale license of those who are admittedly incompetent and could not pass any test which would adequately determine their fitness. The evidence continues to pile up against the wisdom and propriety of the legislature granting chiropractors licenses in this state.

### COLLES FRACTURE

An elderly woman when entering an election booth slipped and fell, sustaining a Colles fracture. A physician was called to attend her and upon examination he found a fracture of the epiphyses at the extreme lower end of the radius, accompanied by displacement. Examination disclosed that there was a slight swelling but no discoloration, the injury being only to the bone. The muscle resistance being slight, by manipulation the fracture was reduced and held in place by splints extending from the elbow to the finger tips upon both surfaces of the arm. A general examination of the woman disclosed that she was suffering slightly from asthma and that she had a large amount of rheumatic deposits in the finger joints of both hands.

The patient was next seen about seven days later, when the splints were removed, the hand cleansed and an examination made of the injured part. The bones being in apposition, the wrist and arm were resplinted and rebandaged.

The patient was again seen about one week later and about a week thereafter, at both of which times examination and treatment similar to that previously rendered was given to the patient. A few weeks thereafter the splints and bandage were removed, whereupon there was found a swelling on the top of the hand near the wrist. The bones at this time were found to be in apposition and the wrist was again resplinted and rebandaged. This was the

last time that the patient was seen by the physician.

Shortly after the last visit, the physician who first attended her was advised that the patient's wrist had been X-rayed at one of the city hospitals and it was necessary that the bone be rebroken and reset. At the hospital it was found that the patient had sustained a loss of function in the wrist and fingers of her injured hand and that there had not been a complete reduction of the fracture, the bones not being in apposition. The wrist was re-fractured by the surgeon who was then attending her in an endeavor to alleviate the deformity. However, he did not procure a result much better than the patient had previously had. Some months later the wrist was again refractured and reset with a better result than previously, the patient, however, sustaining some loss of function of the wrist and fingers.

After the second re-fracture of the patient's wrist, she instituted an action against the physician who had originally treated the fracture, seeking to recover damages for his alleged negligence in his treatment of her. The patient, however, being advanced in years and afflicted with other physical or constitutional conditions upon our repeated refusal to compromise the action by way of settlement the plaintiff consented to a discontinuance of the same, thus ending this action in favor of the doctor.





# State Department of Health



## STATE CONFERENCE OF HEALTH OFFICERS AND PUBLIC HEALTH NURSES

The official annual conference of Health Officers and Public Health Nurses of New York State which was held in Saratoga Springs from June 23d to the 26th 1924, was one of the two most important medical events in New York State during the year and was rivaled only by the meeting of the Medical Society of the State of New York. The conference is to public health work what the meeting of the State Medical Society is to general medicine and surgery, but the fields of the two organizations overlap and there is considerable duplication in the personnel in attendance at the two meetings.

The first annual conference of health officers was held in Albany in 1901 when Dr. Daniel Lewis was Commissioner of Health and was attended by about one hundred health officers. Several health officers who attended the present conference were present at the first conference, and at each conference since that time. Among those who have been faithful attendants during twenty-three years was Dr. J. W. Swanson of Springfield Center Otsego County. Dr. Swanson was appointed health officer on the passage of the 1884 law organizing the present system of local health districts and he has held the office continuously ever since. It is probable that his record is equalled by that of several other physicians but it can hardly be exceeded.

The Public Health Nurses were first included in the conference in 1919, and since that time special programs have been prepared for their section.

This year's conference was the best attended and the most practical of all the conferences that have been held. The health officers registered numbered 481, the nurses 238 and the visitors 173. The members of the staff of the State Department of Health brought the official attendance to 1044, but since many in attendance failed to register over 1100 persons were actually present at the conference.

Those in attendance were entertained in the Grand Union Hotel as they have been for several years because that is the only hotel in the State that can house and care for over 1000 delegates under one roof. The sessions were held either in the hotel or in a theatre across the street.

The official program of the conference provided for three general sessions in the morning and for group conferences in the afternoon. The subjects discussed in the general sessions were as follows:

Infant Mortality, Matthias Nicoll, M.D., State Commissioner of Health.

The County Health Officer Plan, Homer Folks, LL.D., Public Health Council.

Encephalitis, Simon Flexner, M.D., Chairman, Public Health Council.

Bovine Tuberculosis, Veranus A. Moore, V.M.D., Cornell University.

Results of Toxin antitoxin in Suppressing a Diphtheria Epidemic, F. W. Laidlaw, M.D., District State Health Officer.

The Use of Publicity by Health Officers, Frank Overton, M.D., Executive Editor, NEW YORK STATE JOURNAL OF MEDICINE.

The Approval of Laboratories and Their Development Under State Aid, Augustus B. Wadsworth, M.D., Director, Division of Laboratories and Research, State Department of Health.

The Sanitary Control of Milk as a Sanitary Problem, James D. Brew, B.S., Cornell University.

Plans Regarding the Sanitation of Summer Camps, C. A. Holmquist, C.E., Director, Division of Sanitation, State Department of Health.

The presentation of these subjects was unusually interesting and practical and the speakers seemed to have been chosen primarily with a view to their ability to present scientific facts in a simple form.

Half day programs were also prepared for the City Health Officers, the Rural Health Officers, and the Public Health Nurses. Three practical subjects presented to the Section of Public Health Nurses were Mental Clinics, Pre-natal Consultations and Breast Feeding Experiments.

The social and recreational side of the conference was not neglected. With a thousand health officers and nurses housed under one roof for three days it would be expected that all would enjoy themselves. A radio dispensed music and speeches in the hotel park, an evening of high class interpretive dancing was given by the daughters of Dr. Julius Schiller, Health Officer of Amsterdam, and a social dinner was given under the joint auspices of the State Sanitary Officers Association and the New York State Organization for Public Health Nursing. The Publicity Division of the State Department of Health issued a mimeographed sheet called *Daily News* each morning, containing unofficial announcements and cartoons.

On Wednesday afternoon a baseball game was played between the teams of Health Officers and of the employees of the State Department of



Health The Albany team was composed of young men who were defeated by the M D's with a 14 to 4 score, and the doctors, under the management of George Lettner, Vice-President of the State Medical Society and Health Officer of Piermont, took the honors for amusing the crowd

On Monday evening, before the health officers and nurses arrived, the Heads of Divisions of the State Department of Health and the District Health Officers held a long conference on the subject of "Procedures in the Abatement of Nuisances" Actual cases had been submitted to five District State Health Officers, who had prepared outlines of the procedures which they would adopt in dealing with the conditions The following are two problems that were presented

Mr A maintains a stable manure heap on his property 200 feet from the residence of Mrs B, who complains The health officer declares it a nuisance and requests A to remove it and arrange to have his stable manure drawn away regularly A refuses to do anything until winter, giving as his reason that Mrs B keeps bees, which he claims are likely to sting anyone attempting to remove the manure The bees have been there for several years and the health officer does not consider this a sufficient excuse He has turned the matter over to the board, recommending action The Board of Health asks what is the best course to pursue?

A second-class city dumps garbage and refuse at a point in the town of G I, a short distance outside the city, having a contract with the owner of the land The village of G I is a short distance from the dumping ground The health officer of the village considers the dump a nuisance from

the standpoint of the village The city is considering establishing an incinerator Advice is sought as to what can be done in case the city fails to take action

The discussions were lively and lengthy, and revealed many conflicting opinions on essential procedures It was unanimously agreed that the State Department of Health should adopt a uniform standard of procedure in the determination of what is, and what is not, a nuisance and should define the steps which the State Department of Health, and the local boards of health and health officers should take in its suppression

The annual business meeting of the New York State Sanitary Officers' Association was held on Wednesday afternoon The President of the Association is Dr Stanton P Hull, Health Officer of the Town of Petersburg and member of the State Public Health Council The Legislative Committee of the Association had been active during the session of the Legislature and had given essential support to the Practice of Medicine bill which was sponsored by the Medical Society of the State of New York

The former officers of the Association were re-elected, as follows

President, Dr Stanton P Hull, Petersburg, Vice-Presidents, Drs G Massillon Lewis, Vernon, C D Kline, Nyack, A L Johnson, Gloversville, Secretary W A Leonard, Cambridge, Treasurer, M M Metz, Williamsville

The entire conference was marked by geniality and good-fellowship on the part of all present, from the Commissioner of Health and his staff, to the rural health officers and public health nurses

F O

## SOCIETY OF SCHOOL MEDICAL INSPECTORS OF NEW YORK

The Medical Inspectors of pupils in the public schools of New York State formed a new organization on April 22nd, at Rochester, during the annual meeting of the Medical Society of the State of New York This organization was promoted by Dr William A Howe, Chief Medical Inspector in the State Department of Education, in order to standardize and harmonize the work of the thirteen hundred medical school inspectors of New York State The work of the medical inspectors is closely coordinated with that of local health officers In many instances the same physician holds both offices Both require a spirit of disinterested service If the physician who is qualified and adapted for either position is the type of man to fill the other also

The second meeting of the Society was held in Saratoga Springs New York, on the evening of June 24, 1924, during the joint conference of

Health Officers and Public Health Nurses of New York State The temporary organization was made permanent, and a constitution and by-laws were adopted It was voted to hold the regular meetings during the annual conference of Health Officers, since many school inspectors, possibly a majority, were also health officers

The new society took a wise action in deciding to be closely affiliated with the health officers The Medical School Inspectors of the large cities are under the Health Departments, but in the smaller cities and villages they are under the Department of Education It really makes little difference which Department has charge of the inspections so long as the inspectors do their work, and also so long as the central Department takes active measures to back up the local school inspectors in their efforts to correct glaring conditions of unsanitation

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# MEDICAL SURVEY



## Number One

### MEDICINE IN ROCHESTER, NEW YORK

*Editor's Note*—This is the first of a series of articles which will describe the practice of medicine in various parts of New York State. The doctor as a visitant to sick folks is the same kind of man the world over, and he is the same now that he was a hundred years ago and that he will be a hundred years in the future. But the doctor's relation to society has broadened and numerous organizations have sprung up to assist the doctor in curing diseases, preventing sickness, and promoting health and efficiency in living. A picture of the state of the Practice of Medicine is no longer limited to doctors alone, but it now includes nursing service, health department work, school instruction, public clinics, lay organizations, and community chests. A doctor today has numerous helpers of whose existence he did not dream a generation ago. This article describes the important activities which engage the attention of the physicians of Rochester.

The physicians and public health workers of Rochester were extremely kind to the medical reporter. We wish to thank especially Dr. Owen E. Jones, President of the Medical Society of the State of New York, Dr. George W. Goler, Health Officer of the City of Rochester, and Dr. Joseph Roby, for their essential assistance in the making of this article.

The City of Rochester has a population of about 325,000, among whom 477 physicians practice medicine, according to the Medical Directory of the Medical Society of the State of New York. This gives a ratio of about one physician to every 700 of population. Rochester is the medical center for a population of about half a million people and the doctors for miles around belong to its medical societies, consult its specialists and patronize its hospitals.

The practice of medicine in Rochester was intensely individualistic within the memory of physicians who are now in active service. A doctor hardly half a century ago received only a brief course of theoretical instruction of a few months a year for two years. He gained his clinical experience from years of practice, and he guarded that experience jealously and did not wish to share it with newcomers for it was his own vital capital and to give it to others would have been fatal. Of course the doctor was individualistic and the only colleagues with whom he shared his experience were those of equal experience with himself. It took a young doctor about three years to get within sight of

his buggy" and he was lucky if he was able to own a buggy in five years. If he applied for admission to a medical society he was usually blackballed two or three times before he was admitted. There was little cordiality or co-operation among the doctors, and dissensions and cliques were common.

The doctors a generation ago worked hard for small pay, for each physician held fast to his patients and catered to their whims. It was the usual thing for a patient to send for his doctor at night, fearing the dark more than his disease. The doctor "sat up" with his patients, acquired enlarged hearts and hard arteries in their service, and finally died of heart disease. In one pathological collection there was a row of doctors' hearts secured at autopsies and all were enlarged. It was not the legitimate practice of medicine that overcame the doctors, but it was the work and worry of holding on to the patients that they got. They had plenty of time to be jealous over the other doctors and to conjure up thoughts of their undesirable qualities. A half century ago Rochester had more than its share of medical quarrels, but dissensions ceased when doctors became too busy to fight. One great incentive to secrecy and individualism was removed when the medical schools began to give their students an experience in clinical and laboratory diagnosis which far exceeded that of a family physician who had practiced individualistic medicine for a decade. The older doctors then began to seek the assistance of the younger men and an era of good feeling and co-operation developed. The Rochester physicians are proud of the good feeling and spirit of co-operation which now exists in their ranks. Discords and dissensions are ancient history.

*Hospitals* Rochester has four general hospitals for acute cases, two for private cases, one for contagious diseases and one for tuberculosis. Their names and capacities are as follows:

The Rochester General Hospital	30 beds
St. Mary's Hospital	200 "
The Homeopathic Hospital	136 "
The Highland Hospital	143 "
The Park Avenue Clinical Hospital	
(Private)	100 "
The Lee Hospital (Private)	100 "
The Municipal Hospital (Contagious)	100 "
The Monroe County Tuberculosis Sanatorium	300 "
Total	1,379 beds



Rochester thus has 1,379 hospital beds available for its 325,000 of population, or four beds for each one thousand of population. This ratio is very near the minimum according to the standard of the New York State Board of Charities. A ratio of seven beds for every one thousand of population is hardly a liberal standard. Boston has 98 beds per thousand, and Pittsburgh 71 beds. Rochester's ratio will be raised to five beds in a year or so when the 450 bed hospital of the new medical school is opened. The number of beds per thousand would be still further increased if the 200 beds of Monroe County Hospital for chronic cases were included.

The four general hospitals have large, up-to-date plants, and are organized along modern lines. The internes are paid salaries of about twenty-five dollars a month. Each hospital maintains the standards of the American College of Surgeons and holds staff meetings at least monthly.

Each hospital conducts an ambulance service, and each serves an assigned district. The ambulance service is not burdensome, and only about ten emergency calls are received each week at the largest hospital. One reason for the small number of emergency calls is that the large industrial plants have their own medical services, and give immediate attention to their own emergency cases.

Each of the general hospitals conducts a school for nurses, and the graduation exercises of three of the schools are held together, at which eighty-seven nurses graduated this year. Each hospital maintains an out-patient department which is managed by the doctors. Each also maintains an excellent laboratory service with a resident medical director and competent assistants. The rule is that a blood count, urine analysis, and Wassermann shall be done on every patient.

*The General Hospital* The Medical Staff of the General Hospital consists of 125 physicians, or about one third the physicians in active practice in the city. A staff meeting is held every Sunday at noon, at which the average attendance is about sixty doctors. Any case in the hospital is subject to discussion, and the physician who treated it may be called to justify his diagnosis and treatment. This is in accordance with the standards of the American College of Surgeons. Upon the whole, the plan has worked well, and has brought about a great increase in the interest which physicians take in their cases.

The hospital employs a resident physician on salary, who directs the ten internes of the hospital. The interne service extends over two years.

The hospital service consists of five divisions, medicine, surgery, orthopedics, pediatrics, and obstetrics, each with two internes. An interne

serves a year as junior, and a year as senior, and rotates through the services each year.

The hospital service is active, and during the year about 6,000 patients were received, of whom 3,500 were ward cases, and 2,500 were private patients.

The hospital conducts an out-patient dispensary, at which 6,284 patients were treated during the year 1923. The largest group consisted of venereal cases, who made 7,135 visits during the last year. In the pre-natal group 1,396 visits were made. The out-patient department has made rapid growth and has nearly reached the limit of its present facilities.

*The Homeopathic Hospital* The Homeopathic Hospital has 136 beds and is organized into medical, surgical, obstetrical, and eye, ear, nose and throat divisions. It specializes in electro-cardiography and basal metabolism. It has four internes. While it was originally a purely homeopathic hospital, as its name indicates, it is now unrestricted, and its methods are the same as those of the other hospitals.

*St Mary's Hospital* St Mary's Hospital has 240 beds and four internes. Its work is of the same high standard as that of the other hospitals. It secured 42 post mortems during the past year—an unusual record.

*The Highland Hospital* The Highland Hospital has 143 beds, four internes, and 82 student nurses. It maintains a special metabolism department in which diabetics are given special attention. About 20 beds are kept filled with this class of cases.

*The Park Avenue Clinical Hospital* The Park Avenue Clinical Hospital was founded about thirty-five years ago by Dr. John Whitbeck, former president of the Medical Society of the State of New York, for his own private cases. Other physicians became associated with him and the buildings have grown until now they house about 100 patients. It is owned by a stock corporation, all of whose members are doctors. No dividends have ever been turned back to the stockholders, but all profits are used for increasing the hospital's equipment. The hospital is open to other physicians besides those who are stockholders.

*The Infants' Summer Hospital* An important factor in the care of pediatric cases is the Infants' Summer Home at Charlotte, the port of Rochester on Lake Ontario. This institution was founded in 1885 by Dr. E. M. Moore, another President of the State Medical Society. It has facilities for the care of about 60 babies. Most of the children suffer from malnutrition. It is open during the summer months only. Two internes and a full staff of nurses are in attendance, and some mothers are allowed to stay with the children, especially if they are able to nurse their babies. During the winter the cases that



would come to the hospital are taken to the other hospitals of the city.

An orthopedic hospital for about 30 children is conducted in a building adjoining that of the Infants' Summer Hospital and in the winter the children are housed in the main building of the Infants' Hospital. It is conducted by the Rotary Club of Rochester and only orthopedic cases were received. One section was given over to heliotherapy. At the time of our visit there were about fifteen cases strapped to Bradford frames, and one could not find a more happy and contented lot of children anywhere. The children were laughing and talking and some were looking at pictures or sewing. A visit to the hospital would disabuse anyone's mind of the idea that a hospital for crippled children was a doleful place. The fact is that the children find special delight in the companionship of others who are on par with themselves. The Board of Education furnishes teachers and the children lose no instruction because of their disability.

A special school for crippled children is also maintained by the Board of Education in connection with one of the public schools of the city, and the pupils are transported to and from school at public expense. This plan takes care of the education of ambulant cases of orthopedics.

**The Baden Street Dispensary.** In addition to the out patient departments of the general hospital Rochester has a large dispensary, called the Baden Street Dispensary, which is conducted by physicians. It is located in the most thickly populated section of the city and is supported by the Community Chest. It was the pioneer in conducting a venereal clinic and that division of its work is the largest venereal clinic in the city. It treated 392 cases during the month of May 1924 and gave 950 arsenphenamin treatments. The director of the Dispensary is Miss Nancy Stahl and the Chief of the Medical Board is Dr. Joseph Roby.

**The Rochester Dental Dispensary.** The Rochester Dental Dispensary has a million dollar plant given by Mr. George Eastman. It conducts a nose and throat clinic and does over 1,500 tonsil and adenoid operations yearly. It also conducts a school for training women to become dental hygienists. The students under the direction of dental surgeons care for the teeth of all the 60,000 school children of Rochester. This dispensary is a big factor in public health.

**Industrial Medicine.** Several big industrial plants of Rochester conduct efficient medical services for their employees among them being the Eastman Kodak Company, The Hansch & Lomb Optical Company, The Taylor Instrument Company, The Rochester Gas & Electric Plant, The American Laundry Machine Company, The General Railway Signal Company, and The Fashion Park Clothing Company.

The Eastman Kodak Company has about 10,000 employees. Its principal medical service is along the following lines:

- 1 Physical examinations on entrance to service and on return to work after sickness.
- 2 First aid treatments in examinations for incipient diseases and defects.
- 3 Examinations for sick benefits and for retiring pensions.
- 4 The detection and correction of defective vision.

In addition the Dental Hygienists School of the Rochester Dental Dispensary transports an equipment for about 60 students to the Eastman plant each spring and the students clean the teeth of the employees and make free dental examinations.

The Eastman Kodak Company employs three doctors on full time and three on part time. It also employs nine nurses in the plants and three as visiting nurses, and also a nutritional advisor of the employees. Most of the industrial workers of Rochester are fortunate in receiving excellent medical attention at the hands of their employers.

**Public Health Nursing.** Rochester has an extensive system of public health nursing. Two public health nurses are employed by Monroe County to do anti-tuberculosis work, fifty nurses are under the City Health Bureau, and thirty nurses are employed by the Rochester Public Health Nurses Association. The nurses of the Association do visiting nursing work in distinction from the official work done by those under the Bureau of Health. They follow up cases discharged from hospitals, and visit sick people in their homes, attend to their nursing wants, and arrange for their medical care if necessary. They teach the well members of the family how to care for the sick and advise them in the care of young children, especially those of pre-school age. If a person is sick and the family needs only housekeeping attention, the case is referred to the Social Welfare League, which supplies household helpers to those in need. The city is divided into five districts in each of which a headquarters is provided, which is also a health center for the district.

The association conducts a school for training third year nurses. Eight students from the hospital schools are accepted each year.

The work of the Public Health Nurses Association is appreciated by the physicians of Rochester. The doctor's refer cases to them and in turn the nurses refer cases to the hospitals. The nurses relieve the doctors of the great burden of attending to the extra medical details in the home care of sick people whose resources do not allow of expenses for emergency care. The expenses of the association are borne principally by funds from the Community Chest.



*Bureau of Health* Rochester has had an efficient Department of Health, although it is called a Health Bureau under the Department of Public Safety, and its administrative head, Dr George W Goler, is proud to retain the historical and honorable title of Health Officer. One very great source of the health officer's strength is the fact that he does not do private practice, but he gives his entire time and energies to public health work and the doctors have faith in his disinterested honesty, and good judgment.

Rochester has few special health regulations, but it operates under the laws and sanitary code of the State of New York, on the theory that they set satisfactory standards of sanitation and disease prevention, and that the adoption of local standards will only duplicate and hinder the work of the health bureau. This attitude is correct when a city has an active, conscientious health officer, but many cities are not so fortunate and they find great need of local ordinances for the guidance and stimulation of the public and of the employees of the health department.

The City of Rochester deals with each individual problem as it arises. It individualizes each case of communicable disease and every complaint of a nuisance, and it deals with violators in a friendly way and seeks to instruct rather than to punish them.

The health officer has frankly met the problems of disease prevention which have been unsolved by the private practice of medicine, and has instituted public care when the system of private care has failed. The problem of the care of venereal diseases, for example, had never been solved by the private practice of medicine anywhere, and authorities agree that less than ten per cent of cases report to private physicians long enough for sufficient treatment. The health bureau has attacked the problem of syphilis by requiring reports of cases from physicians, and from laboratories in which specimens have been examined, and it follows up each case and requires the patient to continue treatment under a physician. A free venereal clinic was started in 1914, but in 1919 the four general hospitals assumed a great part of the work, and started out-patient venereal clinics, managed and conducted by the doctors of the hospital staff. This is a burden on the hospitals but it is relieved in part by appropriations from the city. The number of venereal treatments given at the out-patient department of the General Hospital was more than double the combined number given in any other divisions of the hospital out-patient department, and the venereal disease clinic of the hospital is the second largest of any hospital in New York State.

At first the doctors opposed the plans of the health bureau, but they soon found that the bureau was feeding cases to them and was com-

pling careless patients to continue treatment. This same direct benefit to the private practices of physicians has followed the institution of every new activity by the Health Bureau of Rochester, and physicians now have a kindly feeling toward all the out-patient clinics.

The most frequent advice that is given those seeking medical attention at the health Bureau is "Ask your doctor." The hospital figures show to what a great extent this advice is heeded. For example, The Dental Dispensary and the Health Bureau, started a campaign for the removal of tonsils and adenoids among the afflicted school children. During the last two years the hospital reports show that the number of tonsils and adenoids operations done on private or pay cases was 3,571, while only 936 operations were done on cases in the public wards. The Health Bureau started a campaign for pre-natal work and better obstetrics. In the last two years the four general hospitals had 1,756 private obstetrical cases and 508 public cases. It is evident that the Health Bureau is not taking cases from the doctors, but on the contrary the bureau is feeding cases to the doctors.

The Health Bureau maintains a public health nursing staff of 50 nurses. One of the principal activities of the nurses is that with school children. The nurses make daily morning inspections of school children referred to them by teachers, and follow up the cases in their homes. They and the visiting teachers also follow up absent pupils and make home visits to the parents in order to induce them to correct the defects that are found by the medical inspectors. Visiting obstetricians and special nurses conduct pre-natal clinics in three school buildings at which about 50 women are examined and advised each month. While this is only a small number in such a large city as Rochester, yet the educational value of the examinations is great and is leading to better obstetrics.

The Health Bureau has a staff of 20 physicians whose duties are to make annual inspections of all school children, and to visit and treat the sick poor in their homes. The city is divided into 18 districts and every call for medical attention is referred to the proper medical officer for his immediate attention.

The Health Bureau maintains a 100-bed hospital called the Municipal Hospital, for the care of cases of contagious diseases, but it is seldom that more than a third of the beds are in use. Now and then a measles outbreak will fill the hospital, but the routine care of contagious diseases in the city requires but little hospital space. The success of a city health department can be well measured by the fewness of the occupied beds in its contagious disease hospital. Occasionally cases of pneumonia, and bronchitis are received in the Municipal Hospital when it is



necessary to relieve the congestion of the general hospitals. This Municipal Hospital is entirely free for all cases.

The Health Bureau issues a monthly publication of about 12 pages containing two pages of popular advice on timely health topics and 10 pages of statistical reports which strange to say have considerable reading interest. For example it is decidedly interesting to find that two or three pints of human milk were collected daily at the pre-natal clinics for the use of under-nourished babies. The bacterial counts of the milk dealers, and the visiting records of each district physician are also of interest. The impression which the editor got from talking with the Health Bureau officials and with the physicians of Rochester was that the Health Bureau was working along the right lines, since it was in friendly co-operation with the practicing physicians and was supplementing their work in a happy manner.

**Tuberculosis Association** The anti tuberculosis work of Rochester City and Monroe County centers around the County tuberculosis hospital. This hospital houses about 300 cases and is now building an addition to accommodate 150 children. Two full time nurses are field workers for the hospital and the physicians of the sanatorium conduct clinics for the examination of cases referred to them by the physicians. They also conduct a dispensary in Rochester. The voluntary lay agencies for the control of tuberculosis center around the tuberculosis committee, as in other counties. This committee was formerly financed by the sale of Red Cross Christmas seal stamps but it is now financed by funds from the Community Chest. The Managers of the Community Chest purchase Christmas Seals from the National Tuberculosis Association and distribute them to all subscribers to the chest.

**The Community Chest** The funds for the support of public health other than municipal, and for charity and social work are raised in a lump sum during a single drive in which all the organizations take part. The idea of a community chest was developed in 1918 when the various war relief organizations united in a single drive. Rochester and about 200 other cities continued the plan, and have formed a central organization called the National Information Bureau located at Number One Madison Avenue, New York City, for the purpose of giving information regarding Community Chests. Rochester raised a million and a quarter dollars during the drive last May. Of this sum about one third was apportioned to the hospitals and the nursing and tuberculosis associations. The funds are allocated according to the estimated needs of each institution and are designed to meet the expenses for which public solicitations have hitherto been made. The community chest has been a great success and is a

permanent institution. (See page 746 of the June issue of this Journal.)

**Medical Societies**—The physicians of Rochester support four large medical societies, each of which fills an important field. The Medical Society of the County of Monroe is active and fulfills the functions of other County Medical Societies. The Rochester Academy of Medicine promotes the scientific aspect of medicine. It owns a library and keeps the leading medical journals on file. Membership in the Academy is evidence of scientific attainments of unusual ability in some line of the practice of medicine.

The Pathological Society is designed to encourage its members in reporting cases and is practically a clinical society. It is not the policy of the society to invite an outsider to speak but each member is required to present a paper on his assignment to that task by the program committee.

The several medical societies of Rochester have been in need of a home that should be a medical center for the physicians of the city and its vicinity. To meet that need the Rochester Medical Association was formed. While this Association holds scientific meetings its principal function is to be a corporation for the purpose of owning and managing a medical building in which the other medical societies may be housed. It is now remodeling and furnishing a large building that was formerly the private home of a wealthy citizen of Rochester. The building has abundant rooms for an assembly hall for offices and for the library and reading room of the Academy. It will also serve as a club room for physicians, in fact, the physicians habitually refer to the Association as the Medical Club.

**Publicity**—Every phase of medical work, especially that of public health, receives an unusual amount of press notice in the four daily papers of Rochester. We commented on that fact in the Daily Press department of the June issue of the Journal. We were also made happily aware of the co-operative attitude of the newspapers during the recent meeting of the Medical Society of the State of New York in Rochester when their reports were both voluminous and scientifically accurate.

**The Medical Future**—Rochester has always been noted for big business and for its community spirit. Its physicians show a get-together spirit which is in keeping with that of the business men of the city. They are solving the vexed questions of how to secure united action and are receiving the confidence and support of the public. A new medical school which is in process of formation—the gift of Rochester's leading citizen in co-operation with the Rockefeller Foundation—will be of the first rank in equipment staff and organization and will doubtless give Rochester a position which is as commanding medically as it is industrially. F O



# Medical Society of the State of New York

## MEETING OF THE COUNCIL

A meeting of the Council was held at the Hotel Seneca, Rochester, on Wednesday morning April 23rd, 1924

Dr Owen E Jones, President, in the chair

Dr Hunt, Secretary, was unable to be present owing to his having been called back to New York

Moved and seconded that Dr Hunt be excused  
Carried

The meeting was called to order at 12 M

Present Drs Owen E Jones, George A Leitner, Luzerne Coville, E Eliot Harris, George M Fisher, Orrin Sage Wightman, Andrew MacFarlane, James N Vander Veer, Frank H Lasher, Arthur J Bedell, Nelson O Brooks, Harry R Trick

A quorum being present, Dr Jones declared the meeting open for business

Moved and seconded that the reading of the minutes of the previous meeting be dispensed with, and that they be approved as published in the NEW YORK STATE JOURNAL OF MEDICINE.

Dr James N Vander Veer presented the following report and outline of the proposed activities of the Committee on Legislation for the coming year

To the Council of the  
Medical Society of the State of New York  
GENTLEMEN

Your Chairman pro tem of the Committee on Legislation begs leave to bring the following report and outline of work proposed for the year to come, together with certain recommendations and a budget looking toward activities to be indulged in

First, it is but reasonable that I should state why I could not accept a nomination for reelection yesterday, and I beg leave to call the attention of the Council to the fact that I feel too much of a burden was placed upon me individually through the inactivity of some of the committees incorporated in the Society scheme and thereby not weaving into a successful administration those plans which were put upon us by the last House of Delegates to undertake and carry through

Unless there is a promise that these committees shall function to their utmost, inasmuch as I have found the Council ever willing to give funds for work to be undertaken, I cannot do the amount of work that was laid upon me last year and must respectfully refuse to serve further in the capacity of Chairman of the Committee on Legislation

Your Committee on Medical Economics, your Committee on Public Health and Medical Education, and your Committee on Scientific Work have contributed but very small advance to the program as laid down by your past President, and whether directly or indirectly have curtailed the efforts of your Committee on Legislation by compelling the latter to become all of these Committees in one

This criticism is given in honesty and candor for the benefit of the State Society and can be borne out by the correspondence which we have in the files of the Legislative Bureau, and by the past President whose administration we have sought to support in every way

It would seem that some committee could take up with the association of newspapers of the State of New York the question of syndicating for nothing or in return for some advertising the present medical articles which are being published by professional syndicates under the signatures of individual physicians. This is one idea which would help your Committee on Legislation

Articles could be furnished to Presidents of County Societies, weekly or monthly, throughout the State, which would appear under the heading of a chairman of some committee in the State Society, which would help your Committee on Legislation in combatting political thrusts and would be authentic as coming from the leading medical body in this State

Statistics could be offered to the newspapers from the main office, or by the various county officials, boiler-plated, if you would so designate it, which would help to educate the public as to what real medicine was doing for public health

The State Department of Health in all its branches is open to our Society officials for news and has a mine of information that is not to be excelled. Not one shaft has been sunk in this field in behalf of educating the people

The Milbank foundation undertaking in Syracuse and vicinity should be commented on from week to week, or from month to month, and thus show that the Medical Society of the State of New York is deeply interested in such an undertaking

We are told by the Department of Education that its authentic representative has made a statement from the public platform regarding quackery on the part of the regular medical profession in this State, which statement will be immediately combated by the remark, "Why don't the medi-



cal profession clean itself." This is a field for thought

Your Legislative Bureau has endeavored to induce County Societies to interest physicians in active practical politics and enter the field for nominations in our legislative body, a phase of politics which might perhaps be given extreme aid on the part of the other committees, if your Council thought well of such a project

Your editor and executive editor of the JOURNAL have not had the support from the regular profession in the measure which they should because of the indifference and lack of education attempted in the relationship of the individual physician to the community and to public health

Legislators this last year have even remarked that they did not know that the Carroll Lattin bill was introduced, and this means that the County Society back home has not been energized to the degree of demanding that the home legislator pay more attention to the wishes of the local County Society

You have seen that there is in process of formation a body under the title of Medical Inspectors Society, which only means that this is another body outside of the State Society which your Legislative Bureau and your Council must be with in order that the personal ambitions of men may not be directed into the channels of such an independent body to the detriment of the State Society as the leading body of physicians in the State.

More and more are these individual bodies being formed and your Committee on Legislation would welcome from some other committee a roster on file of every national state county and local body existent through membership of groups of physicians in this state, each group of which has its own individual desires and tends thereby to subtract the power and authority as to matters of judgment which should rest with the State Society

But little education of the physician throughout the State has been attempted whereby the individual in the small section had facts at his command to lay before the lay people of his community, relative to what the practice of medicine now really is and in that manner to combat the selfishness of groups and the out-spoken but untrue statements of the faddists and cultists

But little of editorial work should be delegated to the legislative Bureau. If your Chairman pro tem views the horizon in the proper light the affirmative or the negative of legislative matters should be defended by committees other than the Committee on Legislation through facts and figures furnished to these committees

Our JOURNAL has become a factor and it has been suggested in the recommendations that it be distributed more broadly, but your Committee on Legislation does not feel that it is incumbent upon it so to do

It would seem that some committee should

undertake to ascertain how many of the smaller counties are communicating with their members through bulletins, letters or telephone messages as to information sent out and thus giving real live interest to each individual member of the Society in return for the money which he pays in as dues

Some one in the Council should ascertain what questions are uppermost in the minds of each County Society and how the New York office through its various departments can help the County Society to solve through legislation, education or the like the local difficulties, but steering absolutely clear of local internal political conditions for the good of the Society

The adoption of the suggestion that an Executive officer be appointed will help to solve some of the actual and immediate legislative problems during the session at Albany

It would seem that the same method of procedure as to promptness in decision in matters of import, whether errors be made or not, is of the utmost value in the conduct of the Society during the coming year

Through some committee there should be planned as to how this paid executive may devote six or more months to traveling about the State and instilling new life in some of the County Societies, even to the extent of planning meetings between the legislators and the local county societies. But this must be done in a very tactful manner

No committee can exist without funds for action and your committee on Legislation would respectfully suggest that the budget presented be passed upon by this Council

JAMES N. VANDER VEER

*Chairman pro tem*

Moved and seconded that the report with suggestions be accepted and referred to the Council with power to act. Carried

Moved and seconded that the Executive Committee elect Dr. Vander Veer Chairman of the Committee on Legislation. Carried

Moved and seconded that the Executive Committee prepare a budget of probable expenses and receipts to December 31, 1924 and submit to Council at the next meeting. Carried

Moved and seconded that the Executive Committee take under consideration the appointment of a full time Legislative Executive officer, and that the amount to be paid to the Executive Officer be left to the Executive Committee to decide. Carried

Moved and seconded that the Committee on Legislation secure the names of candidates for an Executive Officer and submit them to the Council for approval. Carried

Moved and seconded that the Executive Committee be empowered to bring before the Council the recommendations of the House of Delegates. Carried

Moved and seconded that Dr. Overton be



appointed Executive Editor of the JOURNAL, and that he be given a salary of \$4 500 00 a year Carried

Moved and seconded, in accordance with the recommendation of the House of Delegates, that Miss Baldwin be given an honorarium of \$500 00 for this year Carried

Dr Vander Veer, Chairman of the Committee on Legislation, presented the names of Dr George R Critchlow of Buffalo, and Dr Walter H Conley of New York City, as members of his Committee for the coming year

Moved and seconded that Dr Critchlow and Dr Conley be approved as members of the Committee on Legislation Carried

Moved and seconded that Dr Vander Veer be authorized to appoint an Advisory Committee Carried

Moved and seconded that Dr Van Etten be appointed Editor - in - Chief of the JOURNAL Carried

Moved and seconded that Dr Van Etten be

requested to submit the names of the rest of his staff at the next meeting Carried

Moved and seconded that the Council authorize the Executive Committee to admonish any committee which is derelict or fails to do its full duty, especially upon complaint Carried

The following were nominated as members of the Executive Committee Dr E Eliot Harris, Dr Harry R Trick, Dr George M Fisher, Dr Luzerne Coville, Dr Orrin Sage Wightman, and Dr George A Leitner

There being six nominations, on motion duly seconded and carried, a ballot was cast and the following were declared elected members of the Executive Committee Dr E Eliot Harris, Dr Harry R Trick, Dr George M Fisher, Dr Orrin Sage Wightman and Dr George A Leitner

Moved and seconded that the next meeting of the Council be held in Albany, on Sunday, May 11th, at 2 P M Carried

EDWARD LIVINGSTON HUNT,  
Secretary

MEETING OF THE COUNCIL

A meeting of the Council was held at the Fort Orange Club, Albany, on Sunday afternoon, May 11, 1924

Dr Owen E Jones, President, Dr Edward Livingston Hunt, Secretary

The meeting was called to order by the President at 3 P M and on roll call the following answered to their names Drs Owen E Jones, George A Leitner, Luzerne Coville, Orrin Sage Wightman, E Eliot Harris, George M Fisher, Edward Livingston Hunt, Charles Gordon Heyd, James N Vander Veer, Andrew MacFarlane, Henry Lyle Winter, Joshua M VanCott, Edward C Rushmore, Frank H Lasher, Arthur J Bedell, Nelson O Brooks, George H Fox, William I Dean, and Harry R Trick

A quorum being present Dr Jones announced the meeting open for business

Moved and seconded that the reading of the minutes of the last meeting be dispensed with and that they be approved as published in the NEW YORK STATE JOURNAL OF MEDICINE Carried

The Secretary presented the following tentative budget which had been approved by the Executive Committee of the Council

Tentative Budget, May 1, 1924, to December 31, 1924  
Cash Balance, May 1, 1924 \$5,000

RECEIPTS	
Dues, 1924, about	\$35,000
Dues, 1925, about	1,000
Journal advertisements and sales	8,000
Directory advertisements and sales	4,800
Interest on bank deposits	500
Clerical work	150
	<u>\$49,450</u>
	\$54,450

EXPENSES

Rent	\$800
Counsel, including \$1,200 for attorney and \$1,000 for contingent fund	9,800
Auditor	150
Journal Printing, commissions, wrappers, etc. (8 issues)	10,000
Journal postage, 8 issues	800
Directory Printing, delivery, postage, commissions, etc	11,000
Committee on Public Health	500
Committee on Medical Economics	500
Committee on Legislation (exclusive of executive officer)	3,000
Traveling Expenses, General	800
Traveling Expenses, Delegates to A M A	1,100
Salaries, including Directory and Journal and Editor's Honorarium	9,040
Executive Editor's salary	2,875
Executive Editor's expenses	700
Honorarium Secretary	500
Telephone	170
Stationery and Printing	400
Incidentals, including water, ice, towels, telegrams, carfare, express, general office supplies, insurance, etc	450
District Branches	800
	<u>\$53,385</u>

SUMMARY

Cash Balance, May 1, 1924	\$5,000
Receipts, May 1st to December 31, 1924	49,450
	<u>\$54,450</u>
Less Expenses, May 1st to Dec 31, 1924	53,385
	<u>\$1,065</u>

Tentative Balance

Moved and seconded that it be approved Carried

Moved and seconded that the appointment of the Chairman of the Committee on Arrangements be left to the President Carried



Moved and seconded that the Assistant Treasurer be left to the Treasurer to nominate, and the name sent to the Council for approval. Carried.

Moved and seconded that the appointment of the member of the Committee on Scientific Work be left to the President. Carried.

Moved and seconded that the securing of a bond for the Treasurer be referred to the Executive Committee with power. Carried.

Moved and seconded that the question of periodic health examinations be referred to the Committee on Public Health and Medical Education for investigation and report to the Council. Carried.

Moved and seconded that the resolution of the House of Delegates with regard to examining all the statutes, including the Enabling Act of 1904 and the Supreme Court order and all other acts which affect the Medical Society, be referred to the Executive Committee with power. Carried.

Moved and seconded that the Editor-in-Chief of the JOURNAL be invited to attend the meetings of the Executive Committee as a courtesy member without vote. Carried.

Moved and seconded that the Chairman of the Committee on Legislation be invited to attend the meetings of the Executive Committee as a courtesy member without vote. Carried.

The following letter was read  
Dr. Owen E. Jones, President,

As this is the most busy season in the trial of the many cases that are now pending against physicians I have been compelled to hold myself in readiness for possible trial early Monday morning and had made in addition, appointments for Sunday which conflict with my desire to be present at the meeting of the Council. Mr. Robert Oliver, however, who is associated with me and who some two years ago was given official recognition by the Society with the title of 'Attorney,' will be present and take care of any matters that may require advice of counsel and will represent me.

Before the next meeting of the Executive Committee I should probably be in a position to furnish you with any data that may be desired in the making up of the budget, particularly in my department.

Two years ago Mr. Oliver was voted a compensation of \$1,200 a year from January, 1922. I would suggest if it meets with your approval, that the Executive Committee at this time increase this compensation if possible, to \$2,000 a year. Those who have been in close touch with the work of our office know the service that Mr. Oliver has rendered and that this recommendation is based upon justifiable grounds. I think that the small amount of increase involved would be well spent in this direction.

GEORGE W. WHITESIDE.

Moved and seconded that Mr. Oliver's compensation be increased to \$2,000 per annum. Carried.

Moved and seconded that Mr. H. F. Wanvig, the Group Indemnity representative of the Society, be given the privilege of speaking. Carried.

Mr. Wanvig reported that at the expiration of the three year period of the group Plan of Physicians' and Surgeons Liability Insurance, the experience and consequent costs of future operation of the Plan were fully discussed with the officers of the Aetna Life Insurance Company, the Counsel for the Society and Mr. Wanvig, and

Whereas, the experience over the past three years amply justifies a rate of more than \$24.00 for the minimum policy of \$5,000/\$15,000.

Therefore be it Resolved, that the Council upon such report, hereby approves the action of its representatives in negotiating a new rate of \$24.00 for the minimum policy with graduated increases for higher limits as necessary for the continuation of the Plan and the protection which it affords.

Moved and seconded that the rate of \$24.00 be accepted by the Society. Carried.

The following resolution was presented.

Whereas it appears desirable to

Relieve Counsel of the Society of the burden of keeping up the detailed entries on the master policies of the several County Society groups, and  
To facilitate the tabulation of necessary statistics, and

To obtain a closer check on the detailed operations of the Plan through offices not directly answerable to the Society,

Be it Resolved, that H. F. Wanvig, the group indemnity representative of the Society, is hereby named the Trustee of the Master Policies of each county group to check and maintain currently correct for the Society.

Moved and seconded that the resolution be referred to the Executive Committee to report back to the Council. Carried.

Moved and seconded that the Council records itself as approving a general plan of annual medical examination. Carried.

Moved and seconded that all resolutions and amendments passed by the House of Delegates be carried out by the Executive Committee. Carried.

Moved and seconded that the Albany members of the Council be thanked for the very hospitable manner in which they had entertained the Council. Carried.

Moved and seconded that the next meeting of the Executive Committee be held soon after the meeting of the American Medical Association, the exact date to be left to the Secretary. Carried.

There being no further business the meeting adjourned at 5 P. M.

EDWARD LIVINGSTON HUNT Secretary





# NEWS NOTES



## MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The regular meeting of the Medical Society of the County of Albany was held June 17, 1924, at the Certified Milk Farm of Mr Harry Winters, on the Bethlehem State Road, about three miles south of Albany. Twenty-six members were present. The meeting was called to order at 5 15 P M by Dr Shaw.

All business and the reading of the minutes of the previous meeting were dispensed with.

### THE SCIENTIFIC PROGRAM

"Demonstration of the Method of Producing Certified Milk," Mr Harry Winters.

"State Campaign on the Eradication of Bovine Tuberculosis," Hon C P Norgord, Deputy Commissioner of Agriculture.

Dr Fromm moved that a rising vote of thanks be given to the Hon C P Norgord and Mr Harry Winters. Seconded by Dr Peck. Carried.

## MEDICAL SOCIETY OF THE COUNTY OF DELAWARE

The 118th annual meeting of the Medical Society of the County of Delaware was held at Delhi, June 10, 1924.

The meeting was called to order by Dr William B Morrow, President, twenty-one out of twenty-five members being present. Minutes of the previous meeting were read, and many and various questions of interest to the society were discussed. Five new members were elected. The following officers were elected for the year: President, William B Morrow, Vice-President, Thomas L Craig, Secretary and Treasurer, John E Safford.

The meeting then adjourned for luncheon.

The scientific program, which was held at the County Tuberculosis Sanatorium, was conducted by Dr Jonathan Pearson, Director Division of Tuberculosis, State Department of Health. Dr Pearson pointed out the salient points in the early diagnosis, and demonstrated his method on patients, nearly every member taking part both in the examination and discussion. It was a Red Letter day for the new-born, but oldest Medical Society in the State—Delaware County exceeds by one year the age of the Medical Society of the State of New York, having been organized and chartered in 1806.

## MEDICAL SOCIETY OF THE COUNTY OF ESSEX

A joint meeting of the Clinton and Essex County Medical Societies was held at Deer's Head Inn, Elizabethtown, N Y, on Tuesday, June 3, 1924. The meeting was preceded by a luncheon at the hotel, which about twenty-five doctors and their ladies attended.

A brief business session was held for each of the two component Medical Societies, at which Dr Harold Sehl, of Dannemora, was elected to membership in the Clinton County Medical Society, and Drs John Stafford, of Essex, Alonzo Goff of Keane, and Edwin Johnson, of Newcomb, were elected to membership in the Essex County Medical Society.

The scientific program then followed.

"Immunization in Private Practice" Herman Senftner, M D, Albany. Discussed by Col Kent Nelson, Plattsburgh Barracks.

"Prognosis in Pulmonary Tuberculosis" C C Trembley, M D, Saranac Lake. Discussed by Dr Duerschner, Raybrook.

"Regional Anesthesia," L G Barton, M D, Plattsburgh.

"Report of Two Interesting Cases with Roentgenological Study," H J Harris, M D Westport. Discussed by Dr C C Trembley Saranac Lake.

"Display of Pyelograms," Leo F Schiff M D, Plattsburgh.



## MEDICAL SOCIETY OF THE COUNTY OF OSWEGO

The one hundred and third semi annual meeting of the Medical Society of the County of Oswego was held at the County Sanitarium, Richland, on Thursday, May 29, 1924 the President, Dr Frederick W Manly, in the chair.

The program as announced could not be carried out because of the inability of two speakers to be present. It was revised to the following:

Address of the Vice-President Dr A I Hall, Fulton

Heliotherapy in Tuberculosis, Dr James Walsh, Syracuse

Fractures of the Hip Dr Sherman M Burns Oswego

In the course of an unusually lengthy business session, Dr P M Dowd, having passed the age of seventy, was voted from active to retired membership. Dr R C Carnal, Orwell was accepted to membership by transfer from Monroe County, pending receipt of certificate of transfer from Monroe County.

By unanimous vote, it was

Resolved That the Medical Society of the County of Oswego heartily endorses the work of Augustus S Downing in his efforts to secure desirable legislation on medical subjects and asks that Dr Downing be urged to continue his activities.

Other resolutions of local interest were passed and extensive discussion of the work of the State Society of the A M A of legislative activities and of illegal practice was carried on. The Secretary explained some of the numerous activities of the State Society, attempting to show that few physicians would, after study of the situation want any individual activity discontinued or even embarrassed through lack of funds. The Legislative Bureau has put upon the Society a burden of expense but one which no one can begrudge. Malpractice defense alone has been yielding a value more than the dues in the future to be paid. Not a voice was raised in dissent from approval of the raise in dues to the State Society.

In discussion of the A M A attention was again called to the *Journal Hygeia*. It was stated that inquiries had shown that there are sold from the news stands of Oswego each month upwards of fifty copies of *Physical Cul-*

*ture* and similar cultist magazines and not one copy of *Hygeia*. These cultist organs almost without exception are condemnatory of physicians of vaccination, of typhoid immunization and of most of those measures which have become recognized practices in public health work while *Hygeia* consistently upholds the propagation of sane and scientific practice. It was urged that physicians seek to increase the circulation of this magazine.

In the discussion of legislative activities it was decided that the work be carried on through the summer, representatives of the Society to call upon legislators from this district and at length discuss with them the needs and wishes of the Society. The chairman of the Legislative Committee stated that he and his committee had been less active than central authorities desired though they felt they had exerted a decided influence in favor of desired legislation and stated that it has become a physical impossibility for a physician in active practice to properly attend to the legislative interests of his county, and at the same time not seriously sacrifice the interests of his practice during the active legislative season.

A general desire for a more militant attitude towards illegal practitioners was shown. The action of a Fulton Church in opening its auditorium to chiropractors for the purpose of holding a public meeting was discussed though this action was probably no more than that of an Oswego church which some time ago accorded the use of its auditorium to a representative of *Nava*.

The desirability of holding more frequent meetings was discussed quarterly instead of semi annual meetings being considered. This calls for constitutional change and a committee of five was appointed to report at the next meeting.

This report would be incomplete without calling attention to the very high quality of the papers read. Dr Hall discussed longevity. Dr Walsh dealt with Heliotherapy in a paper which favorably compares with anything which has ever been written on the subject, and Dr Burns almost convinced us that it was a pleasure to have a broken hip.

## THE MEDICAL SOCIETY OF THE COUNTY OF JEFFERSON

Semi-annual meeting of the Medical Society of the County of Jefferson was held on May 8 1924 at Watertown.

Dr Augustus S Downing Assistant Commissioner of Education and Mr H E Machold

addressed the Society explaining the defect of the Medical Practice Act in the Assembly.

Dr C P Hutchins of Syracuse spoke on 'Physiotherapy in Industry'.

Dr H N Cooper was elected to membership.



## RICHMOND COUNTY MEDICAL SOCIETY

A regular meeting of the Richmond County Medical Society was held at the Staten Island Academy Wednesday evening, June 11, 1924. The meeting was called to order at 9 15 with Dr Presley in the Chair. Those present were Drs Presley, Harwood, Diamond, Washington, O'Reilly, Catalano, Buntin, Randall, Donovan, Schwerd, Klauber, Pierson, Mord, Jessup, Craig, Krueger, Smith, Rieger, Lemelson, Halbert, Law, Ware.

Dr Harwood gave a statistical report on the use of measles serum as compiled by the Bureau of Laboratories of the Health Department. He said in part out of 1,048 requests for serum, results of 171 were not reported. Of 877 reported results 83 per cent showed that the serum had prevented an attack of measles, 13 per cent had modified (mild) cases, and typical measles developed in but 4 per cent. In a control of fifty children exposed to measles and not given the serum all developed typical cases. He stated also that there is no inherited immunity. Immunity from the use of the serum lasts four weeks after the injection.

The speaker of the evening, Dr John Wyckoff, presented "Modern Aspects of Digitalis Ther-

apy," going into the history, pharmacology and clinical application of this drug. He said that the average dose of digitalis necessary to digitalize a patient is computed on the basis of two minims of a first class tincture per pound of body weight, exclusive of adipose tissue or anasarca. Half of the total he gives at the first dose, half of the remainder at the second dose, and the balance equally in a third and fourth dose, each about eight hours apart. He examines the patient before giving each dose in order to determine the effect of the drug, if any. After the patient has been digitalized, he continues the drug in small quantities to maintain this condition. Age, sex and the nature of the cardiac disorder in which digitalis is indicated apparently have no bearing in the estimation of dosage based on normal weight.

Vomiting immediately after taking the drug is not an indication of digitalis poisoning but of an irritable stomach. Toxic vomiting occurs only after the absorption of a sufficient quantity of the drug into the circulation.

Dr Wyckoff was tendered a vote of thanks for his interesting and instructive paper.

## THE MEDICAL SOCIETY OF THE COUNTY OF ROCKLAND

The regular summer meeting of the Medical Society of the County of Rockland was held on the afternoon of June 20th, with the President, Dr R O Clock, presiding. Thirty-five members were present. One candidate was elected to membership. There would doubtless have been more new members taken into the Society if it were not for the fact that every active physician in the county is already a member, and newcomers furnish the only available material. The Society has the unique distinction that while it has less than forty members the average attendance at its meetings is over forty.

The meeting was held in two sessions. A scientific session was held in the Nyack Club House, at South Nyack, at 2 30, and was devoted to the subject of cholelithiasis. Dr Edward L Kellogg, Professor of Surgery, New York Polyclinic Medical School, read a paper on the Gastro-Intestinal Phase of Gall Stones, in which he discussed the symptoms of diagnosis from a medical standpoint. He was followed by Dr Ellsworth Eliot, Jr, Dean of the New York Polyclinic Medical School, who gave an informal talk on the Surgical Aspects of Gall Stones. Dr Eliot was the personal friend of many of the Rockland Society members, and his talk reminded them of their student days when, as a quiz-master, he

enlivened the dull routine of study with his explanations which were scholarly yet droll, and simple yet clear and complete. He contrasted acute appendicitis, which requires immediate operation, with acute cholelithiasis, in which recovery is the rule, and delay in operation is good practice. He also contrasted the former practice of doing a drainage operation for gall bladder infection, with the present practice of removal of the organ, and said that removal was required by the usual presence of minute foci of infection in the walls of the gall bladder.

Dr Eliot also described some of the dangers and difficulties one is likely to encounter in operations which involve the bile ducts, and said that he always approached an operation on the common duct with apprehension.

The second session of the meeting was held at 5 00 in the Fort Comfort Pier, at Piermont. The program consisted of clam chowder, prepared under the immediate supervision of Dr George A Leitner, the chronic director of this annual event.

A county medical society is bound to be prosperous when it combines an interesting scientific program with an attractive supper, as the Medical Society of the County of Rockland usually does.

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## THE SUFFOLK COUNTY MEDICAL SOCIETY

The regular semi annual meeting of the Suffolk County Medical Society was held in St Charles Hospital, Port Jefferson on June 6th, with Vice-President George H Schienck M D in the Chair. Thirty doctors were in attendance, about half of whom brought their wives. A morning business session was held at 11 30 o'clock, and a buffet lunch was served to the members and their guests at 1 P M. Dr E. C Mulford of Bridgehampton was elected to membership.

The question of establishing a county hospital for chronic cases was discussed at length and a committee that had been appointed on the subject reported that county buildings at Yaphank, that were formerly used as a Children's Home were in good repair and were well suited for a county hospital of 60 beds. The committee was authorized to conduct a canvass of the doctors by means of a questionnaire in order to obtain a census of chronic cases that would be proper subjects for treatment in the proposed hospital. When the

census is completed the committee plans to request the Board of Supervisors to establish a hospital that will best meet the needs of the county.

The afternoon was devoted to a scientific session. Dr H C. Fett, Chief of the Brooklyn Branch Clinic, the principal feeder of the hospital, gave a paper on Tuberculosis of the Joints. Dr F C Child Jr, surgeon to the hospital, presented cases illustrating standard treatments of joint tuberculosis and the results attained. Dr Child has a wealth of clinical material at his disposal, for St Charles Hospital has about 400 beds for orthopedic cases in children. The Hospital is conducted by the nursing order of Sisters of Wisdom, and is a model for organization and efficiency. The children are instructed in calisthenics and music as well as in the essentials of education. The Sisters maintain a home-like atmosphere in their treatment of the children, the little girls, for example, were dressed in white and each had a bright ribbon in her hair.

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## WAYNE COUNTY MEDICAL SOCIETY

The meeting of the Wayne County Medical Society was held at Newark on April 1, 1924.

The meeting was called to order by President Sanford at 12 05 P M.

Members present: Drs Young, Donnelly, Smith, Nevin, York, Kelley, Sanford, M E Carmer, Winchell, Sheldon, Johnson.

Dr Fletcher J Towler, Lyons, was elected to membership.

Dr Nevin reported attending a hearing in Albany before a committee of the legislature on the 'Amendment to the Medical Practice Act.'

There was some discussion about a bill in the legislature giving the Educational Department the power to appoint Eye, Ear, Nose and Throat Specialists to examine school children.

### SCIENTIFIC PROGRAM

X-ray Diagnosis of Gall Bladder Lesions by Dr C. Harvey Jewett. Only a small percentage of cases give direct evidence by X-ray of Gall Bladder lesions.

Indirect signs.—In Gall-Bladder adhesions the pylorus is often swung to the right and fixed in position.

A concave deformity on pyloric antrum is characteristic. In Gall-Bladder adhesions the

duodenal caput is displaced and fixed to the right and upward. The descending limb of the duodenum angulated sharply to the right, apparently running along under surface of the liver, is evidence of adhesions to the hepatic flexure of the colon. Graham and Cole has reported in A M A Journal, that calcium tetra-brom-phenol phthalein injected intravenously is secreted in the bile. This substance casts shadows to the X-ray, thus to a certain extent shadows can be obtained of Gall-Bladder and bile ducts.

Carcinoma of the Lung, by Dr Floyd R Wright. Two cases were reported. The cardinal symptoms are, Pain, Dyspnea, Cough, Sputum, Fever, and Plural Effusion.

Tumor mass, tuberculosis, and plural effusion are all shown up by X-ray, therefore not difficult to diagnose by X-ray.

Sometimes sputum contains tumor masses, if this can be identified microscopically as shreds of tissue and tumor cells, then this gives a positive diagnosis.

Chronic Duodenal Ileus by Drs John A Lichty and Walter S Thomas.

Ptosis of the intestines pulling the superior mesenteric artery down across the duodenum causing a partial obstruction of the duodenum, is a common cause of this condition.



# BOOK REVIEWS

**APPLIED PATHOLOGY IN DISEASES OF THE NOSE, THROAT AND EAR.** By JOSEPH C. BECK, M.D., F.A.C.S., Associate Professor Laryngology, Rhinology, and Otology, University of Illinois College of Medicine, Chief of Staff, Otolaryngology, North Chicago Hospital. 268 Original Illustrations. 4 color plates. C. V. Mosby Co., St. Louis, 1923.

*Applied Pathology of the Nose, Throat and Ear* is not a text book, but a volume in which the author considers the pathological changes, gross and microscopical, and as he states in the foreword, applies "the pathological entities to etiology, symptoms, diagnosis, and prognosis, thereby arriving at a rational basis for treatment."

Only those diseases that have come under the direct observation of the author are described, this, however, includes practically all the usual diseases, only the rare ones being omitted.

The book contains very little etiology and has nothing on the subject of surgical treatments, but other treatments are well and thoroughly described.

The illustrations, most of them original photographs or microphotographs, are numerous and unusually good. They add much to the value of the work.

The book will be a valuable addition to the library of the ear, nose and throat specialist.

JOHN W. DURKEE.

**CLINICAL AND OPERATIVE GYNECOLOGY.** By J. M. MUNRO KERR. Quarto of 832 pages, illustrated. London, Henry Frowde and Hodder & Stoughton, 1922. Cloth, \$15.00 (Oxford Medical Publications).

This is a book of unusual merit. The author, a well-known teacher, and a clinician of vast experience, has succeeded admirably in giving us a book on gynecology that is thorough, complete, and authoritative. Every subject is treated in a clear and comprehensive manner, and the description frequently is supplemented by the citation of an actual case, which gives the reader a perfect clinical picture of the condition under discussion.

The chapter on the endocrines is very interesting and instructive. The author endeavors to convey in a few clear and terse remarks the present concept of the influence of the internal secretions on the reproductive organs. Only positive and well-established principles are emphasized, warning that we must guard against premature and unjustifiable generalization.

The operative part of the book consists of brief descriptions of the usual gynecological operations. These are accompanied by excellent sketches indicating the more important steps in the various operative procedures. The experienced surgeon will find many useful hints here and there, but the general reader may gain considerable information as to what particular type of operation is indicated in any given case.

HERMAN SHANN

**ANESTHETICS AND THEIR ADMINISTRATION.** By the late SIR FREDERIC W. HEWITT, M.V.O., M.A., M.D. Fifth Edition, edited by Henry Robinson, M.A., M.D. Octavo. 576 pages, illustrated. London, Henry Frowde and Hodder & Stoughton, 1922. Cloth, \$9.00.

Since the first edition of Hewitt's book appeared over thirty years ago, it has been accepted as a standard for anesthetic procedure, especially from the English viewpoint. The old master has gone, but his successor, who

has edited the book, has followed his outline closely with the modifications made necessary by advancing knowledge. The undercurrent running through it is the experience gained in the recent war. Chloroform, formerly the mainstay of our English cousins, seems to have dropped into the position of second choice, and ether takes first place by the open drop method with numerous favorable reference to the intratracheal method of administration. Local anesthesia is given a wider field, but nitrous oxide does not seem to have reached the popularity that it has in this country. The physiology of anesthesia is discussed in a skillful, scientific chapter, which covers all the latest theories of the anesthesia problem.

G. W. TONG

**PRINCIPLES OF DIAGNOSIS AND TREATMENT IN HEART AFFECTIONS.** By SIR JAMES MACKENZIE, M.D., and JAMES ORR, M.D., Ch.B. Second Edition. Octavo. 247 pages, illustrated. London, Henry Frowde and Hodder & Stoughton, 1923. Cloth, \$2.50.

The second edition of Mackenzie's little book which is brought up to date by his associates, Dr. Orr, should further widen the influence of that sagacious commentator and critic. The purpose of the volume is to popularize simple methods for the accurate recognition of normal and abnormal cardiac states, and rational methods for meeting them. Great stress is laid on the importance of complete history taking, based on a knowledge of what to expect, and why. The book has already achieved its purpose to a remarkable degree. Perhaps the reviser might have more successfully expressed the spirit of the times—at least as it is evident in this country—if he had brought out more sharply the distinction in cardiac affections as based on the underlying etiological factor. Much in prognosis and treatment is based on this distinction.

T. H.

**INDUSTRIAL HEALTH,** edited by GEORGE M. KOBER, M.D., LL.D., Washington, D.C., and EMERY R. HAYHURST, A.M., M.D., Ph.D., Columbus, Ohio. 33 contributors, illustrations, reference tables and appendix. P. Blakiston's Son Co., Philadelphia, Pa., 1924.

The entire book covers over one thousand pages and is a very detailed consideration of the industrial health field. It will be very largely used by the industrial physician for reference purposes.

Dr. Kober and Dr. Hayhurst are two of the early pioneers in this work and their experience and reputation have enabled them to secure a group of 33 contributors whose knowledge on special phases of this subject are set forth in this volume.

Part 1 discusses the general principles of maintaining health in industry. The chapters devoted to the discussion of these principles are so closely related to the principles of administration considered later in Part 5 that these two sections might well have been combined into one part.

Part 2 considers the hygiene of various types of industries. Here one is able to contrast the many types of environmental conditions to which the worker is exposed.

The effect of the environment upon the worker is taken up in the next two parts. Part 3 discusses the specific occupational diseases with a hygienic description of the industries in which they occur. The systemic occupational diseases receive consideration in Part 4.

A. E. SHIPLEY



# NEW YORK STATE JOURNAL of MEDICINE

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## OPERATION IN DIFFICULT HERNIAS, WITH SPECIAL REFERENCE TO FASCIAL TRANSPLANT AND LOCAL ANESTHESIA.\*

By MARTIN B TINKER, M.D., and H B SUTTON, MD

ITHACA N Y

THE fundamental principles underlying permanent operative cure of inguinal hernia are (1) High ligation of the sac, (2) Primary wound healing, and (3) Adequate reinforcement of the defective abdominal wall.

As Seelig<sup>1</sup> states, high ligation of the sac and primary wound healing are largely under the control of the surgeon and should for this reason be negligible factors in recurrence. Repair of the defective abdominal wall is a difficult and unsatisfactory procedure in many cases of direct hernia where the muscles and fascia and conjoined tendon are poorly developed, weakened, or atrophied by stretching and pressure. The large number of technical modifications of the original Halsted-Bassini operation aimed at a repair of these structures is sufficient proof that no one procedure is satisfactory. This operation, which has been widely accepted as the best, depends for cure upon the union of the transverse and internal oblique muscles and the conjoined tendon to Poupart's ligament. It is a curious fact that although this operation has been extensively used for thirty years, until recently no one has investigated the principle upon which its success depends, namely, fascia-muscle healing. And this in spite of the fact that it has always been known that the operation has not been uniformly successful. Seelig<sup>1</sup> with thorough search of the literature, found no study of this problem. He, Gallie, Harrison, Oudard and Jean, and others, during operations on recurrent hernias have never found the transversalis and internal oblique muscle or conjoined tendon firmly united to Poupart's ligament. Harrison<sup>2</sup> states that suture of these structures does not result in a permanent closure. Oudard and Jean<sup>3</sup> conclude that the Bassini operation should be abandoned and Seward Erdman<sup>4</sup>, after study of carefully followed cases, states that for a direct hernia the Bassini operation yields a percentage of recur-

rences far from ideal which urges one to seek for some other operative procedure which will prove more satisfactory. His statistics inspire confidence because of the efficiency of the follow-up system employed. This system has as its most important feature actual examination of the patient. Not only has the patient been examined by the operator at frequent intervals, but by other members of the staff. Several doubtful cases were examined as many as a dozen times.

Erdman's statements as regards recurrence seem most trustworthy. Earlier statistics which depended largely or in part on letters from patients must be regarded as untrustworthy. The large number of drafted men in the late war who, without knowing it, carried hernia, proves conclusively that the patient cannot be relied upon to make a diagnosis of hernia, and the same is certainly true of recurrence. The patient's own impressions cannot be accepted as convincing.

Erdman studied 978 operative cases. 665 oblique hernias gave a total of 3% recurrences. 313 direct hernias gave a total of 16.61% recurrences. The Johns Hopkins<sup>5</sup> (47 cases re-examined) series gave indirect hernia 29.7% recurrence. A typical repair done only for direct hernia in four cases gave 50% recurrence.

A second recurrence, after operating on an already recurrent hernia, occurred in 15% of 20 cases in the oblique and 28.1% of 32 cases in the direct variety.

Division of the epigastric vessels with a repair of the direct-indirect, or saddle bag hernia gave 21% of relapses in 23 cases.

Above the age of 50, 70 oblique hernias gave 2.85% recurrence, 49 indirect, 24.4%. Patients over 60 showed 10% recurrence in ten cases of the oblique, and 42.8% in seven cases of the direct type.

These figures we think approach the truth as regards recurrence. The modern follow-up which depends on clinical observation by an experienced

\* Read at the Annual Meeting of the Medical Society of the State of New York at Rochester April 23 1924



surgeon must be regarded as producing more truthful statistics than the older methods. It is a question of clinical observations versus patients' impressions.

In studying fascia-muscle wound healing Seelig<sup>1</sup> performed four groups of experiments on dogs. In the first group he sewed muscle to fascia, imitating the Bassini operation. Different sutures (continuous, interrupted) and different suture materials (catgut and silk) were used. In the second group with the same procedure, infection was encouraged. In the third group, the muscle was sutured to the fascia after being traumatized. And in the fourth, fascia was sutured to fascia.

In the first two groups in every instance he found the muscle widely separated from the fascia to which it had been sutured. In the infected group there were sometimes streaks of heavy scar tissue bridging the space between fascia and muscle, but in no instance was there a heavy sheet of scar tissue uniting the two. When the muscle was traumatized, there was an attempt at union in every instance, but this was complete in only one case. In the last group the union of fascia to fascia in every instance was perfect and strong.

From these experiments Seelig concludes that no union can be expected between the internal oblique and transverse muscle and Poupart's ligament in the Bassini operation unless the muscle is traumatized and when that is done the union is not strong enough to withstand the inevitable tension. He points out that muscle and connective tissue junctions are found normally only in the muscle tendon system and in the sheath of the rectus where the unions are very strong. It is impossible to duplicate this natural type of union by surgery. Since fascia sutured to fascia gives strong union, Seelig considers these structures the material which must be relied upon in the repair of difficult hernias. Although both are fascial tissues, the conjoined tendon cannot be made to unite to Poupart's ligament because of the impossibility of approximation without tension. He favors the aponeuratic imbrication, so-called Andrews operation and relies on strong union between Poupart's ligament and the flap of the external oblique. This method he has used two years, but does not give results further than to state that he has had unqualified success.

Other operators, Pitzman<sup>5</sup>, Harrison<sup>2</sup>, and Slattery<sup>6</sup> rely largely on the transversalis fascia. It seems to us obvious that the transversalis fascia cannot have strength enough to justify its use as the main, or only, insurance against recurrence, especially in those cases where it is most needed, in the direct hernias in older people. In these cases it has been repeatedly observed that this fascia, as are the other structures in the

region of the hernia, is naturally weak or thin, or made so by stretching and atrophy.

An entirely different method of using fascia was suggested by McArthur<sup>8</sup> in 1901 and 1904. Strips a quarter of an inch wide are split from the edge of the aponeurosis of the external oblique which has been opened in the usual way. These strips are left attached below on either side of the external ring. McArthur originally suggested using these strips as living sutures, doing the Andrews or Bassini or any other operation. He now advocates<sup>7</sup> lacing them across the lower half of the canal as one would lace a shoe, either with or without transplanting the cord. This gives a very strong reinforcement to the lower half of the inguinal canal when the sutures are laced across from the conjoined tendon to Poupart's ligament. In a recent personal communication he stated that he had used this method in 100 consecutive cases with the Andrews technic and without recurrence. Transplantation of the cord he abandoned twenty years ago. We have been using this method for only nine months, but the closure has seemed entirely adequate. This procedure we have carried out regardless of the type of hernia, to reinforce the lower, inner half of the canal which is the point through which recurrences usually come. We regard it as additional insurance against recurrence in those cases in which we would ordinarily expect a cure.

In cases regarded as difficult, where all the tissues of the abdominal wall are weak and atrophic and the conjoined tendon is deficient, fascia lata has been used for a number of years. Freeman<sup>9</sup> has used fascial patches with success for ten years, Law<sup>10</sup> and Harrison<sup>2</sup> have employed fascia with success. Recently a new method of use has been devised by Gallie<sup>11</sup> and LeMesurier. By experimental work they established the following facts: (1) that autoplasmic sutures live practically unchanged as does the ordinary fascial transplant, (2) that these sutures do not stretch nor contract, (3) that their tensile strength remains constant. The principle differs from that of other methods in that they do not draw the conjoined tendon and Poupart's ligament together with the hope of securing edge to edge apposition and union. By lacing fascial sutures into the space between the conjoined tendon and Poupart's ligament, they close the deficiency of Hesselbach's triangle in direct hernia with strong new material and not by drawing together its weakened and atrophic boundaries under tension.

Two surgeons operating together, fascial strips a quarter of an inch wide and ten inches long are taken from the fascia lata of the thigh and threaded on special needles by one surgeon while the hernia is being exposed by the other. The sac is excised as usual, special care being taken to clear the conjoined tendon and the rectus sheath at their insertion into the pubic bone and also the



point of attachment of Poupart's ligament. It is upon the basket-like weaving that they depend for strength in closing the defect. As the anchorage in the aponeurosis and the ligament is absolutely dependable and there is no fear in regard to the suture material itself, cure may be expected.

The details dealing with preparation of the sutures, their anchoring, lock stitches, etc., can be found in Gallie's original article.<sup>12</sup>

Gallie has used this method in over 100 cases. He has followed all, has reported only those more than two years past operation, and has had no recurrences to date, in which connection it is interesting to note that Erdman found that 98.6% of all recurrences in oblique hernia took place within two years of the operation, and that 100% of the direct hernia recurrences took place within that time. Gallie considers the method of greatest usefulness in bad ventral hernias. Here also he does not attempt approximation of edges if there is tension, but laces in the manner described until the defect is filled. Our first use of this method was with a large ventral hernia which had twice recurred following Caesarian section. The original incision was from the pubis nearly to the ensiform, with only skin bridging most of its extent. In spite of inexperience it remained closed at examination a few weeks ago. Gallie's most difficult case presented a deficiency in the abdominal wall produced by a shell fragment which measured 7 x 5 inches. This condition had been pronounced incurable by several good surgeons, but the man is working today and is three years past his operation without recurrence. He considers a patch of fascia lata uncertain because success depends on the thin scar tissue which forms between the patch and the tissue in the vicinity of the defect, and gives experimental evidence to support this view.

The disadvantages of McArthur's procedure are firstly, that the fascia of the external oblique is sometimes weak and uncertain, secondly that sufficient material is not always at hand to close large gaps (only two sutures five or six inches long are generally used), and thirdly, that taking the strips makes wider the defect in the aponeurosis.

The objections to Gallie's procedure are the additional wound with possibility of infection and lessened strength of the fascia lata. With modern technique, infections should be almost unknown and the wound in the fascia lata has never caused disability even when left open, as it sometimes has been after the removal of much fascia. The results seem to justify the risk in these difficult hernias.

Local anesthesia should be the method of choice in most radical cures and should not be reserved for those in extremis. The advantages to the surgeon are (1) a clearer field for careful identification of tissues which is so essential

to permanent cure. practically all general anesthesia increases oozing by raising blood pressure and by reducing carbon dioxide output, and the field is more or less obscured, (2) the surgeon has ample time for the extensive repair required in large incisional hernias and many difficult recurrent hernias. All prolonged general anesthetics are more or less depressing and the effect on feeble patients, advanced in years, and especially if there is organic disease, cannot be left out of account. Unfortunately many of our patients with hernias which cannot be held by a truss, or where there is extreme discomfort, and the irreducible and strangulated cases come in these classes.

In addition to the considerations of greater safety to the patient, the gentle handling which is necessary for successful local anesthesia insures rapid and firm healing and the avoidance of injury to nerves, also necessary in successful local anesthesia, make certain of no atrophy or trophic changes of the tissues in the area of repair.

To all patients it offers well known advantages, but to the hernia patient it offers more than mere absence of disagreeable post-anesthetic effects. When we consider the positions devised and the effort made to obtain approximation without suture line tension, it seems strange that more have not adopted a method of anesthesia which almost always does away with post-operative vomiting. This great strain on the operative area because of the violent contraction of the abdominal muscles and tremendous increase in intra-abdominal pressure comes at a time when it is most apt to do damage immediately after operation. Admitted that this violence could ever make sutures break or cut through or tear tissue, the conclusion that the routine use of local anesthesia would decrease recurrences becomes inevitable.

#### CONCLUSIONS

1 The Bassini operation with its modifications, such as transplanting the rectus muscle or sheath gives a percentage of recurrence far too high, particularly in direct hernias, recurrent hernias, and oblique hernias in old people. In these cases this procedure should be abandoned.

2 In cases where the fascial structures at the hernial site are good, the procedure of Andrews or some overlapping method may give better results, but McArthur's autoplasmic sutures laced across the posterior wall of the lower half of the inguinal canal seem best.

3 In bad direct hernias and oblique hernias all recurrent hernias and ventral hernias, Gallie's procedure gives the most promise.

4 The routine use of local anesthesia by eliminating post-operative vomiting and retching will undoubtedly reduce the number of recurrences.



5 All these methods must be studied by the modern follow-up to ascertain their true value

#### REFERENCES

- 1 Seelig, M G and Chouke, K S A Fundamental Factor in the Recurrence of Inguinal Hernia. *Trans Amer Surg Assn*, Vol XLI, 1923, pp 315-324
- 2 Harrison, P W Inguinal Hernia, *Arch Surg*, May, 1922, p 680
- 3 Oudard and Jean Quoted from Seelig (1)
- 4 Erdman, Seward Inguinal Hernia in the Male, *Ann Surg* LXXVII, No 2, p 171
- 5 Pitzman, Marsh A Fundamentally New Technique for Inguinal Herniotomy, *Ann Surg*, November, 1921, p 610
- 6 Slattery, R. V Radical Cure of Inguinal Hernia, *Irish Jour Med Sci*, Nov, 1922, Ser 5, p 389 (abstracted in *Internat Surv of Surg*, Jan, 1923, p 74)

- 7 McArthur, L L *Trans Amer Surg Assn*, XLI, 1923, p 352
- 8 McArthur, L L Autoplastic Sutures in Hernia and Other Diastases Final Report. *Jour Amer M A*, Oct, 1904, XLIII, No 15
- 9 Freeman, Leonard *Trans Amer Surg Assn*, XLI, 1923, p 352
- 10 Law, A A. *Trans Amer Surg Assn*, XLI, 1923, p 349
- 11 Gallie, W E and Le Mesurier, A. B *Trans Amer Surg Assn*, XLI, 1923, pp 331-348 Living Sutures in the Treatment of Hernia, *Jour Canadian Med Assn*, July, 1923
- 12 Watson, L F Hernia, Mosby & Co, 1924
- 13 Taylor, A S The Results of Operation for Inguinal Hernia Performed in the Johns Hopkins Hospital from Jan 1, 1899, to Jan 1, 1918 *Archives of Surg*, Sept, 1920, Vol. I, pp 382-406 (Quoted from Erdman, 4)

### DIAGNOSIS OF BONE TUMORS\*

By JAMES MORLEY HITZROT, M.D.,

NEW YORK CITY

THE diagnosis of bone tumors is as yet in the realm of the probabilities largely because the evidence given in the individual tumors is not sufficiently clear to permit of proper classification or interpretation and also because all the changes which occur in bone under varying pathological conditions are not yet clearly understood

As Ewing has stated in his recent review of the subject it will be necessary to possess a uniform nomenclature, a more definite knowledge of the origin and causation of the various tumors and a much wider knowledge of the embryology, physiology and pathology of the individual types, before a definite diagnosis can be made

In the nomenclature I believe it is quite essential that the loose use of the term sarcoma as referred to bone tumors should be corrected As a term it should be strictly confined to those forms of bone tumor which are malignant in character just as the term carcinoma is confined to the malignant forms of epithelial tumors

No satisfactory classification of bone tumors exists at present The clinical classification of Benign tumors, Malignant tumors, Doubtful tumors, is only of value as a preliminary step to the determination of what the tumor growth actually is, that is it is only suitable for a preliminary diagnosis

The X-ray classifications, while more elaborate, also demonstrate only certain preliminary facts a little more clearly The trained X-ray observer, who has studied the clinical aspect of the tumor and, later, if histological sections are available, studies

these also in connection with his X-ray findings, may be able to give us a better classification for clinical purposes than now exists In the end a classification based upon the morbid anatomy and the pathological histology of the tumor will be the most satisfactory

#### NOMENCLATURE OF BONE TUMORS

The registry for bone tumors of the American College of Surgeons gives the following classification

- 1 Metastatic tumors
- 2 Periosteal fibrosarcoma
- 3 Osteogenic tumors
  - 1 Benign
    - a Exostosis
    - b Osteoma
    - c Chondroma
    - d Fibroma
  - 2 Malignant (Osteogenic Sarcoma)
    - A Anatomic types
      - Medullary and sub-periosteal
      - Periosteal
      - Sclerosing
      - Telangiectatic
    - B Undifferentiated Sarcoma
- 4 Inflammatory conditions that may simulate tumors
  - 1 Osteoperiostitis
    - a Traumatic
    - b Syphilitic
    - c Infectious
  - 2 Osteitis fibrosa cystica
- 5 Giant cell tumor
- 6 Angioma
  - 1 Benign
  - 2 Malignant (angio-sarcoma)
- 7 Ewing's tumor (probably Endothelioma)
- 8 Myeloma

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, April 23, 1924



The methods at present in use to determine the probable character of the tumor are

- 1 Clinical history and examination
- 2 X-ray examination
- 3 Pathological diagnosis
- 4 Therapeutic test by radiation
- 5 Clinical test by time

(1) The clinical history, examination, etc.

Age Bone cysts occur most commonly before the twentieth year, and are rare after that age (Bloodgood)

The giant cell tumor predominates between twenty and thirty, but may occur at a very early age or as late as seventy (Bloodgood)

There is no common age of onset for the periosteal and central sarcoma, but as a rule they occur more frequently in young individuals

The myeloma are as a rule confined to adult life, and are rare in young individuals

Method of onset Pain is the most common factor as a symptom of onset In the benign tumors the onset is insidious, pain is variable and not a constant factor In the malignant tumor the onset is more definite as to time, the pain more marked and more persistent and occupies a larger amount of the patient's story Occasionally the onset may be sudden and resemble an acute infection, with fever, sweats and an increased leucocyte count and run an acute course

Duration Benign—Long period—patient dates period of trouble in months and years

Malignant—Short period—patient dates period of trouble in weeks or a few months

Character of growth Benign—Slow—Swelling gradual over a relatively long period of time. No period of rapid swelling as a rule. Swelling may precede pain

Malignant—Sudden appearance of swelling, which increases more or less rapidly in size Pain increases with the swelling

Disability In the benign tumors disability is relatively slight. Some lameness and interference with joint function is common, which is increased by use, but subsides after rest

In the malignant tumors disability is slight at first but increases fairly rapidly There is distinct lameness and pain, which is increased by use No distinct disappearance of disability after rest occurs Monarticular joint pain (mis-called rheumatism) increased by use and not disappearing on rest is strongly suggestive of an underlying bone lesion

Spontaneous Fracture Spontaneous fracture is common in bone cysts in the shaft of a long bone Bloodgood considers spontaneous fracture as pathognomonic of bone cyst in the shaft of the long bone in a young individual, without previous bone symptoms as a result of injury, not sufficient to break the normal bone.

Spontaneous fracture is less common in the other benign tumors In malignant tumors spontaneous fracture usually occurs after other symptoms have persisted for a varying period, i. e., it is a late complication and indicates destruction of the cortex and invasion of the soft parts

Skin Glossiness of the skin, enlargement of the superficial vessels pulsation, etc., are late symptoms in the malignant varieties

Urine examination In multiple central tumors, or in doubtful solitary central tumors, the urine should be examined repeatedly for Bence Jones' proteid This may be absent in the early stages, but when found is diagnostic of a multiple, malignant tumor either myeloma or metastatic malignant tumor (carcinoma)

Blood examination Every patient with a bone tumor should have a Wassermann reaction If this is doubtful or positive the therapeutic test by salvarsan and the iodides should be done Irregular forms of syphilis of the bones can be more surely and safely determined in this way than by other methods Bloodgood advises a Wassermann for all cases of periosteal bone lesions with a single dose of salvarsan as a therapeutic test A complete blood count is advisable A polymorpho nuclear leucocytosis occurs in the rapidly growing forms of sarcoma, with a temperature above normal, but is never as marked nor as characteristic as that of an acute osteomyelitic process

Physical examination, Palpation of the bone involved may help in certain types. If the bone is symmetrically enlarged and hard the probabilities are that it is a chronic periostitis and not a bone tumor

Constitutional changes Loss of weight and strength, anemia and cough are terminal symptoms in the malignant varieties and should be eliminated from all statements referable to diagnosis

(2) The use of the X-ray for diagnosis Pain in the course of a long bone should be investigated by the X-ray This is as imperative as is the investigation of a bone injury by the X-ray That we are as yet not able to absolutely differentiate all the changes discovered by the X-ray, especially in the bone tumors, and to separate them into their proper categories is not essential Greater experience with greater facility will eventually result in such differentiation My own belief is that as we go we will grow to distinguish details which at present we are not able to properly differentiate. Certain tumors of bones, such as the osteoma, chondroma, periosteal myxoma, periosteal sarcoma, etc., can be readily recognized in the X-ray

The facts which may be determined by the



X-ray are (1) The location of the bone process, whether it is periosteal, cortical, or medullary (2) The changes which have occurred or are taking place in the bone, i e, bone production, bone destruction, bone atrophy, sclerosis, and erosion, and the character of the tissue which replaces the destroyed bone In centrally placed processes expansion of the cortex or its destruction by invasion can be noted, that is whether the growth is invasive or non-invasive in character (3) The number and distribution of the processes may be noted, that is whether it is a solitary process in a single bone or whether it involves multiple bones, whether it involves the diaphysis, the epiphysis, etc

Nichols from the Cleveland Clinic makes such a differentiation from the X-ray and places the various tumors under titles which indicate the X-ray findings for the given tumor

The changes determinable by the X-ray in conditions at present classified under the tumors of bone, which are helpful, are (1) Tumors which thin out the cortex as they expand, produce no evidence of bone proliferation and assume a cylindrical shape with sharply defined margins, are benign (2) Tumors which invade the medulla and cortex in all directions which are irregular in shape, in density and in outline, which rapidly break through the cortex and invade the surrounding tissue, which produce no bone proliferation, which do not invade the cartilage at least at an early stage, are malignant (3) Periosteal sarcoma show a characteristic new bone formation in radiating striæ laid down at right angles to the shaft of the bone The cortex has an eroded moth-eaten appearance The width of the bone is increased in a spindle-shaped manner, which blends with the shaft in a definite zone The outline of the tumor mass is ill defined, although apparently definitely separated from the surrounding soft parts, which are denser than normal (compression of soft parts with fibrosis) (4) Multiple tumors located at or near the epiphyseal lines are benign tumors (multiple chondromata) Multiple central tumors may be forms of osteitis fibrosa, multiple myeloma or multiple metastatic tumors and rarer conditions, such as parasitic cysts, chloromata, etc

X-ray of the chest Every case of doubtful bone tumor should have an X-ray examination of the chest for metastasis to the lungs The presence of such metastasis will have a very definite effect upon the opinion as to the diagnosis of the local tumor and its treatment

(3) Pathological diagnosis The diagnosis of the character of any tumor must in the end

be made from the histological study of the tumor proper As in the histological examination of other tumor tissue not all areas may show the same character nor give an accurate picture of the lesion in question and diagnosis made from small sections removed from the tumor and submitted to a hasty pathological diagnosis may lead to grave errors

The removal of tumor tissue for diagnosis The question of removing tumor tissue for diagnosis is at present under discussion Ewing considers the danger of the removal of such tissue in doubtful or malignant tumors as not worth the risk and thinks the diagnosis made from such bits of tissue are as apt to be wrong as right He also considers it possible to make the diagnosis with sufficient accuracy from the history and X-ray examination and considers a histological diagnosis unnecessary When tissue for histological examination is removed the removal should be made with the actual cautery to prevent dissemination of the growth

It is possible to separate the tumors into groups by clinical methods, such as, undoubtedly benign, undoubtedly malignant and doubtful tumors For the first two histological investigation is unnecessary except to substantiate the clinical opinion and for purposes of classification and analysis, and when made should result from the treatment and not be used as a basis for treatment—that is, the tumor tissue is obtained after the institution of treatment and not as a means of diagnosis In the doubtful cases considerable difference of opinion as to the advisability of operative investigation with the removal of the tissue for diagnosis exists Ewing considers the local exploration as inadvisable Coley, Codman, Bloodgood, Shattock, and others consider exploratory investigation essential for a proper interpretation of the tumor and its subsequent therapy

The ordinary custom is to explore the tumor and remove the tissue by the actual cautery and to remove a sufficiently large portion to make the histological diagnosis a possibility If tumor tissue in doubtful cases is to be removed it is my opinion that the removal of the mass en bloc is the safest procedure and the tissue thus removed can be sent to the pathologist for examination This requires the early recognition of the presence and character of the tumor by careful X-ray examination made early, its removal through normal bone while confined within the bony cortex and the replacement of the removed bone (if essential for function) by a suitable bone-graft, i e, re-section of the tumor bearing bone early in the disease Later I will refer



to this proceeding again when speaking of the so called therapeutic test

(4) The therapeutic test of radiation by the X-ray and radium. It is not the purpose of this paper to discuss the therapy of bone tumors except as the therapy is an aid to the diagnosis, and such discussion of the therapy as does appear is essential to determine the relative importance of the diagnostic significance of therapy by radiation as compared to the surgical form of diagnostic therapy.

Ewing makes a strong plea based upon his experience for a preliminary treatment of a bone tumor by X-ray and radium before submitting it to any surgical procedure. He emphasizes the danger of a scar in the region of the tumor, which may break down under radiation. In his experience, the myeloma endothelioma, most forms of giant cell tumor, and some forms of medullary sarcoma, disappear under appropriate radiation, and such tumors can, by virtue of their disappearance, be recognized and classified. In the osteoma, chondroma, myxoma and the osteogenic sarcomas radiation has little effect. Ewing believes that suspicion of a bone sarcoma should not be considered sufficient evidence for an immediate operation, but that the therapeutic test by radiation should be applied to determine the effect of such radiation before resorting to operation.

In the cases classified as undoubtedly benign diagnosis can be confirmed by operative removal and operative removal will, if properly done produce a satisfactory outcome.

In the undoubtedly malignant cases all our efforts should be directed toward the determination of the presence of a bone tumor and its probable character by X-ray investigation at the earliest moment possible when the tumor is still a local process. For these early local resections en bloc by a competent surgeon with an accurate pathological diagnosis of the tumor have not yet had a sufficient trial as a therapeutic method. Multiple tumor processes like the myelomata of course, are excluded from this form of diagnostic therapy.

The tissue obtained by such resection would also if sent to the sarcoma registry result in a more definite classification and aid in the proper interpretation of the problem as resorted to the clinician.

The doubtful tumors—all of the bone tumors might by some be considered doubtful, perhaps they are, but that is not what is meant. As has been stated the X-ray and clinical evidence will separate certain tumor classes without great difficulty. There will remain, however, a variable group in which wide variation of opinion from the pathological, X-ray and clinical viewpoint will exist.

Immediate operation is never indicated in this group, and after consultation with the pathologist and roentgenologist the diagnostic procedures may be therapeutic medication (doubtful periosteal tumors), therapeutic radiation, which should show its beneficial effects rapidly, or pathological diagnosis from a portion or all of the tumor removed by proper surgical procedures, i.e., cautery excision or removal en bloc without cutting into the tumor tissue.

To meet all the diagnostic indications of bone tumors will, as has been stated above, require a much wider knowledge than is now prevalent of the numerous bone changes which occur in this particular body structure.

It is obvious from the foregoing that a proper diagnosis can only be arrived at by a proper consideration of all the evidence gained from the history, clinical examination and X-ray examination by consultation with the roentgenologist and pathologist. In many cases this must be supplemented by a pathological diagnosis made from the tumor itself. Ewing believes that the therapeutic test by radiation should be applied first. Coley, Bloodgood, Codman and others believe that a proper investigation of the tumor plus the examination of the tissue by a group of competent pathologists is a safer procedure. With this latter view I agree, but would make a strong plea for en bloc removal of the tumor bearing bone in suitable cases both for diagnosis and as a therapeutic measure.

### IMPROVING THE HEARING IN CATARRHAL DEAFNESS THROUGH STIMULATION OF THE NASAL GANGLIA AND THE TRIGEMINAL NERVES\*

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**I**N this paper I wish to call your attention to the nerve supply of the nose, and its intimacy with the nerve supply of the middle and external ears, also the improvement in hearing in individuals deaf from catarrh, following

stimulation of the nasal ganglia and the trigeminal nerves.

The sphenopalatine ganglion is situated in the maxillary fossa, close to the sphenopalatine foramen, and just beneath the maxillary branch of the fifth nerve.



Its three roots are the sensory, motor and sympathetic. The sensory root is made up of a few filaments called the sphenopalatine nerves which come from the lower margin of the maxillary branch of the trigeminal to the lower border of the ganglion.

Some fibers of this root are axones of the sympathetic ganglion cells, while a great majority are dendrites of the cells of the ganglion, which pass to a limited extent through, but mostly in front of the sphenopalatine ganglion independent of its cellular elements.

The motor root is the great superficial petrosal nerve which carries with it sensory fibers. It arises from the facial nerve, passes through the hiatus fallopi and a groove in the petrous portion of the temporal bone and then under the Gasserian ganglion to reach the cartilage occupying the middle lacerated foramen. At this point the great superficial petrosal nerve is joined by the great deep petrosal nerve which is a branch from the carotid plexus and represents the sympathetic root in the sphenopalatine ganglion.

These two petrosal nerves unite over the cartilage at the middle lacerated foramen to form the Vidian nerve, which passes through the canal of the same name and enters the sphenomaxillary fossa to join the sphenopalatine ganglion. While passing through the canal the Vidian nerve gives off a few small nasal branches, which composed of trigeminal and sympathetic fibers, supply the pharyngeal ostium of the Eustachian tube and the posterior part of the roof of the nose and the nasal septum. While in the canal the Vidian nerve receives a filament from the otic ganglion.

From the sphenopalatine ganglion we have branches running to the periosteum of the orbit and to the sphenoidal and posterior ethmoidal air cells. Branches are also sent to the mucous membrane of the nasal fossa, and all but the inferior portion of the inferior turbinate bone and adjoining portions of the middle and inferior meatus.

Sensory filaments are sent to the mucous membrane of the soft palate and motor ones to the levator palati and septum of the nose and some branches are distributed to the mucous membrane of the nasopharynx in the region of the fossa of Rosemuller.

The otic ganglion is situated on the inner side of the inferior maxillary division of the fifth nerve. Its inner surface is in contact with the tensor palati muscle and cartilage of the Eustachian tube. This ganglion has branches of connection with other nerves, namely, a sensory, from the auriculo temporal nerve, a motor from a branch of the inferior maxillary which goes to the internal pterygoid muscle, and a sympathetic from the plexus around the middle meningeal artery.

I shall here call your attention to the close relationship of the nerve supply of the nose, which I have just given, and the nerve supply of the external and middle ear which is to follow.

The sensory nerves to the external auditory canal are derived from the auriculo temporal branch of the fifth nerve and from the auricular branch of the pneumogastric. The nerve supply of the tympanic membrane is derived chiefly from the auriculo temporal branch of the trigeminal and a few small branches from the tympanic plexus and by the auricular branch of the vagus. The tensor tympani and tensor palati muscles receive their nerve supply from the same course, namely, the trigeminus through the otic ganglion. There is a great sensory and trophic nerve supply to the mucous membrane of the middle ear and it is connected directly with the sensory root of the Gasserian ganglion. The tympanic plexus in the middle ear also has direct connection with the posterior root of the fifth nerve, the sphenopalatine ganglion, and the cervical sympathetic nerves.

The tympanic plexus formed by the tympanic branch of the glosso-pharyngeal nerve in conjunction with sympathetic filaments from the network accompanying the carotid artery supply the mucous membrane of the tympanum. The tensor tympani muscle receives its supply from the trigeminus, the stapedius from the facial. The nerves of the Eustachian tube are supplied from the tympanic plexus and from the pharyngeal branches of the sphenopalatine ganglion. The tympanic nerve arises from the petrous ganglion and traverses a tiny canal in the osseous bridge between the jugular fossa and the carotid canal. Entering the tympanic cavity and receiving fibers from the carotid plexus of the sympathetic by way of the small deep petrosal, the tympanic nerve passes upward and forward in a groove on the promontory, and breaks up in this situation to form the tympanic plexus. After distributing filaments to the mucous membrane lining, the tympanic cavity and the associated air spaces, mastoid cells and Eustachian tube, its fibers reassemble and join with a filament from the geniculate ganglion, to continue as the small superficial petrosal nerve to the otic ganglion.

The communicating branch of the facial nerve to the tympanic plexus traverses a tiny canal in the temporal bone to reach the tympanic cavity, where it joins the main continuation of the tympanic plexus of the glosso-pharyngeal to form the small superficial petrosal and proceeds to the otic ganglion, which it enters as a sensory root.

From the foregoing it will be seen that practically all of the hearing mechanism outside of



the internal ear derives its nerve supply from the trigeminal, facial, glosso-pharyngeal and nasal ganglia

I have shown you the relation between the nerve supply of the nose, gasserian ganglion, external and middle ear and will now explain how deafness due to catarrh can be benefited through stimulation of the trigeminal nerve and the nasal ganglia. When the skin in the back of the neck is pinched the ciliary muscles of the pupil contract and relax, when doing a mastoid operation if one is unfortunate enough to strike the facial nerve contractions of the facial muscles take place. These two actions show the result of stimulation through the sympathetic and a motor nerve.

Politzer has also repeatedly noticed that subjective noises may also be produced, and existing sensations of hearing increased or diminished by irritation of the skin in the region of the ear which is innervated by the trigeminal nerve, such irritations may be occasioned either by stroking the skin or by shaving. In a musician who was under his observation, the sensation of certain musical tones could be produced by stroking the skin at the external auditory orifice, and by an act of swallowing.

In the middle ear a balance of the ossicles is maintained through the action of the stapedius and tensor tympani muscles. In catarrhal and adhesive processes of the middle ear this muscle balance is interfered with and impairment of hearing results. We know that the ossicles in the normal ear vibrate freely and this can only be when their balance is maintained.

On page 691 of Politzer's work is found the following: "From the fact that during strong contractions of the orbicularis palpebrae muscle, contractions of the stapedius muscle are set up, Gottstein believes that in a case of blepharospasm observed in which during the attack the patient complained of rushing noises in the ears, the latter was caused by a clonic spasm of the stapedius. Haherman performed tenotomy of the stapedius muscle in a case of subjective noises, dizziness and a feeling of tightness in the head associated with clonic spasms of the muscle, after which these symptoms disappeared. A case of deafness and tinnitus which was associated with paresis of the stapedius nerve as a part of a facial paralysis caused by a fracture of the base of the skull was cured by Matte by tenotomy of the tensor tympani muscle."

Haherman when he performed tenotomy of the stapedius restored the ossicular balance, and Matte when he did a tenotomy of the tensor tympani muscle did the same thing, thereby relieving the deafness and the head noises.

Should not these statements given here force us to stop and consider? I think they should. From the experience I have had with cases of deafness and head noises, I am led to believe that they are due to ossicular imbalance and anything which restores this balance either in whole or in part will relieve or modify these annoying symptoms. The results obtained by Haherman and Matte were the result of surgery on the middle ear.

I have had similar results, but they have been obtained through stimulation of the nasal ganglia and the trigeminal nerves, and I believe this stimulation sets up contractions of the stapedius and tensor tympani muscles which loosen the ossicles and restores, either in whole or in part, the ossicular balance. That the Gasserian ganglion exerts a trophic and secretory influence over the middle ear there can be no doubt and Lyons of Rochester, Minn., noticed that after injection of the posterior root of the Gasserian ganglion for trigeminal neuralgia an acute otitis media occurred and in a large proportion of the cases a paracentesis of the membrana tympani was necessary.

My experience confirms this for after stimulation of the nasal ganglia and trigeminal nerves I have seen drops of fluid on the drums and in those cases in which deafness was associated with a purulent discharge there was on several occasions an acute exacerbation of the discharge which in a number of cases at a later period disappeared altogether. The Eustachian tubes as a result of this stimulation are opened and patients say that the ears feel much lighter and many of them are conscious of the air rushing into the ears.

A purulent discharge in a patient which two mastoid operations failed to check subsided one month after nerve stimulation in the nose. In a few cases which had the chronic purulent discharge the stimulation in the nose so stirred up things that slight involvement of the mastoid with pain and tenderness followed, but cleared up in a few days, an operation to relieve the mastoid condition not being necessary. In any case, I believe that this stirring up of the middle ear discharge and the elimination of the discharge which it has been my good fortune to see, is the result of Gasserian ganglion influence secondary to trigeminal stimulation. As our experience grows I am sure that we are going to give more study to the ganglia in cases of impaired hearing.

Deafness of nearly every type seems to vary with the general physical condition of the patient. Good hearing depends a very great deal on muscle tone, not only in the ear but in the entire body. Many patients suffer from a greater degree of deafness than the pathology in the ear itself warrants.

*Technique*—After the patient has been exam-



ined and the case found to be that of catarrhal deafness the following treatment is carried out

The high frequency current is applied to the skin around the eyes strong enough to produce spasm of the orbicularis palpebrarum muscles, it is also applied to the skin of the face, neck and ears for a period of five minutes

Plain cotton on an applicator is caused to tickle the mucous membrane in each nostril for two minutes

The nose is then cocainized, the flakes rubbed on the mucous membrane by means of a cotton applicator which has been dipped in adrenalin solution

Then I usually remove a portion of the middle turbinate on each side so that I can get to the region of the sphenopalatine ganglion. The cotton applicator saturated with cocaine and adrenalin is caused to rub over the mucous membrane covering, over the sphenopalatine and otic ganglia for three minutes on each side of the nose

Two weeks later the patient is given some voice and reading exercises to stimulate the auditory nerve and its dormant fibers to activity. To strengthen the voice and bring it up into the head cavities I have my patients three times a day sing the vowel "E" making it decidedly nasal, also a humming exercise on the consonant "M" and in such a way that the lips can be felt vibrating. It is surprising what a beneficial effect this vowel "E" exercise has in improving a catarrh of the nose and throat, also to reduce the head noises. It lessens congestion in the nose thereby providing better ventilation and drainage. These exercises cover two-minute periods each

Following is a report of some cases

Case 1, nineteen years old, was referred to me by Dr Jauch of Brooklyn. She had been hard of hearing for over five years and had been troubled a great deal with chronic colds in the head and dropping of mucus in back of the throat. Her voice was low, hoarse and lacked resonance. Tinnitus was present in both ears and she was not able to hear conversational speech at the table, the ringing of the telephone or the door bell

#### *Before Treatment      After Treatment*

##### *Conversational Speech*

Right ear	14 in	Right ear	30 ft
Left ear	14 in	Left ear	30 ft
In front of nose	16 in	In front of nose	40 ft

##### *Whispered Speech*

Right ear	2 in	Right ear	3 ft
Left ear	2 in	Left ear	3 ft

Case 2—School girl, aged fourteen years, had been hard of hearing for about a year

She was referred to me by Dr Olga Neyman, head of the speech improvement work at the Cornell Medical School. This child had frequent colds in the head and mucus dropping in the back of the throat. Her voice was very low and husky and lacked resonance. She had been sent to a lip reading school for instruction

#### *Before Treatment      After Treatment*

##### *Conversational Speech*

Right ear	1 in	Right ear	12 ft
Left ear	8 in	Left ear	18 ft
In front of nose	5 in	In front of nose	25 ft

##### *Whispered Speech*

Right ear	Negative	Right ear	7 in
Left ear	Contact	Left ear	14 in

Case 3—Aged twenty-five years, single, whose hearing impairment had begun at the age of four following measles. Since then she had had a chronic discharge from each ear, frequent colds in the head, and mucus dropping in back of throat. Her speech was very low and difficult for one to hear. Upon examination I found a central perforation of each drum with a marked purulent discharge, also marked catarrhal condition in nasopharynx

#### *Before Treatment      After Treatment*

##### *Conversational Speech*

Right ear	27 in	Right ear	22 ft
Left ear	29 in	Left ear	22 ft
In front of nose	24 in	In front of nose	30 ft

##### *Whispered Speech*

Right ear	4 in	Right ear	40 in
Left ear	5 in	Left ear	25 in

The purulent discharge from both ears has ceased. The tinnitus has disappeared and her voice is much improved, also the catarrhal condition. This patient was obliged to remain at home previous to my care, but now she is able to go to church and the theater and enjoy the things that people of good hearing enjoy

Case 4—Physician and surgeon, forty-seven years old, hearing impairment for over thirty years, marked tinnitus and purulent discharge from right ear. He had frequent colds in head, mucus dropping in back of throat and his voice was husky with little resonance. When a medical student at the age of twenty-two, one of our leading ear men removed the malleus and incus from the left middle ear and he had been deaf in that ear for speech ever since. He had had two mastoid operations on the right ear which were unsuccessful, the discharge still continuing. He was unable to gauge the volume and pitch of his own voice



<i>Before Treatment</i>		<i>After Treatment</i>	
Conversational Speech			
Right ear	6 in	Right ear	3 ft
Left ear	Negative	Left ear	6 in
Whispered Speech			
Right ear	Contact	Right ear	2 in
Left ear	Negative	Left ear	$\frac{1}{4}$ in

He is now able to hear his own voice and consequently can gauge its volume and pitch. The purulent discharge which two mastoid operations failed to clear up has been checked. The noises in the head have disappeared and his whole general condition has very much

improved. I report this case to show what can be done for a patient who has had over twenty-five years of treatment, together with three major operations on the ears. The fact that he has regained some hearing in the left ear is most interesting.

The voice test while not scientifically accurate is, when executed properly, the most practical test we have, for, after all, what the patient wishes to hear above everything else is the human voice. I firmly believe that at least seventy-five per cent of the deafness due to catarrh can be prevented.

(Tuning forks were used only for diagnosis.)

## PSYCHOANALYSIS AND THE GENERAL PRACTITIONER \*

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SOME twenty five years ago we began to hear of a new method of treating or handling nervous patients, spoken of by the somewhat forbidding term psychoanalysis. That was a period of diverse ventures in psychotherapy. From Bernheim to DuBois there were many undertakings in this direction. In Vienna, Professor Breuer, during the 90's, employed a method of handling nervous patients, in which "reacting off" the affect was a prominent feature. Freud a younger associate, interested himself in this, and from his studies came what has since aroused wide, popular interest in psychoanalysis. Fifteen years ago Freud's method had begun to receive notice in the lay press. Since then popular interest has been so directed to it that now the layman who does not understand what one means by "complexes," by "repression," by "sublimation," etc., may be regarded as behind the times.

There was, at first, violent opposition to psychoanalysis, particularly in Germany. This has not entirely abated in Europe or America. Long experience has wisely taught the medical profession to hold liberal reservations concerning new practices, especially those which gain rapidly in popularity. Medical criticism tends to hold such practices up to a certain high level of proved achievement. Psychoanalysis has not by any means banished the prejudice which it has naturally aroused. My endeavor now is to deal with it in an expository and mildly critical way. I wish to try to observe it on a background which may help us in estimating of what service, if any, it may be to us.

It is exceedingly easy to employ a con-

troversial method of dealing with the subject or, perhaps, rather, it is difficult not to do so. It is certainly somewhat hard to gain a detached and, therefore safe point of view. We are, by natural inheritance and by training, committed to a point of view I beg to refer to. It is, perhaps, still not without significance that, previous to the last century, much faith was placed in the virtue of the alchemist's art. We are not obliged to go back many years to find examples of ardent interest in a search for an elixir of life and spring of youth. With the dawn of modern science these ingenuous expectations were by no means allayed. Can anyone read Metchnikoff's book published only about twenty years ago and not see the subtle, clinging tendrils of this ancient expectation? Metchnikoff, in this book, preached the virtue of the bacillus *Bulgaricus* to the human economy in a way most surprising for a first-rate man of science. The dawn of the naturalistic school of the latter part of the 18th Century and early 19th Century redirected, rather than obliterated, this relic of medieval expectation. The discovery of the microscope, and its application to the study of tissue 100 years ago, the revelations of physiology the discovery of bacteria as a cause of disease, the development of asepsis and of surgery, gave medical conceptions a mechanistic cast. We now have suggestive outlines of development of living matter from inorganic substances through the mediation of the colloids. We have seen studies in which egg cells have been caused to develop pathogenetically by means of physical and chemical stimuli. Our expectations have been trained almost to hark for revelations elaborating and clarifying this general conception of living matter. The vertebrate organism is conceived as a com-

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plicated colony of cells, each surrendering, in a large measure, its individuality, but still retaining its unit character. The solicitation to deal with the organism with this conception of influencing chemically the metabolism of the unit constituent cells of the several systems which compose the body is a very alluring one. We, as physicians, train ourselves to be hard headed. We wish to see the mystical and elusive eliminated or captured. We are not prepared to give much weight to the "soft stuff," which will not bear the closest laboratory scrutiny. We are trained habitually to keep on the defensive against it.

This point of view is seen to be taken in other biological sciences. Psychology in the form in which the great psychologist, Wundt, left it, was formulated in terms consistent with this point of view. The psychiatry of Kraepelin is to be, in a general way, placed in the same scientific category. The world has not seen a greater psychiatrist than Kraepelin. His psychiatry conforms to the point of view I have been endeavoring to describe, and is in its chief details diametrically opposed to the assertions of Freud. Kraepelin's point of view is that which, as practical physicians, we have every reason to share.

What then is the case for psychoanalysis? This is a long story and one not altogether simple to relate. To start at the beginning, will it be unfair to ask just how far we determine our estimate of a complicated case from the laboratory reports and from results of other methods of precision in which dependence is placed chiefly upon instruments or apparatus? There is probably no competent, well-experienced physician or surgeon who minimizes the helpfulness of the laboratory, and I venture to say, at the same time, that we rarely find a physician or surgeon of seasoned experience, who fails in his estimate of a case to give weight to that superadded factor which he recognizes as arising from the fact that he is dealing with an individual as well as with a patient. He reckons in this factor the stock the patient comes from, his general physique, personal habits, stability of temperament, dependability for co-operation, and doubtless many other features. This factor, appreciation of which is acquired increasingly with experience, is so valued by the practised physician that he is very apt to deplore what he thinks, and perhaps rightly, is a decay of training in close observation, which, he avers, is attacking the younger generation of physicians. Certainly the laboratory and instruments of precision do not tell the whole story. There is still left over that which only wise observation can supply.

We see, therefore, that we have to deal,

not only with the cell colony comprising the organism, but, in addition, with the organism as a whole, always in a movement of adjustment to its environment and to demands arising within itself. This necessity of adjustment, as a whole, creates a new level of activity with its own peculiar laws and principles. What surgeon or internist feels the same confidence in dealing with a patient who is apprehensive, doubtful, full of perplexities and worries as he does in one not so hampered. An estimate of a patient which does not take full reckoning of the bearing of such forces scarcely any of us would say is entirely sound. At this level the individual displays much less certainty and security than at the lower, more mechanical level. He seeks guidance and gets to ask for, and to be influenced by, explanations.

If it may be assumed safely that there is this factor superadded to the more basic, mechanistic conceptions according to which most of the advances in medicine have been made, it is certainly worthy of close scrutiny. One cannot, as the psychiatrist does, continually see patients only or chiefly in co-operation with the family physician without having it indelibly impressed upon him that general practitioners naïvely place a great deal of confidence in the need for dealing with this factor. They take very courageous steps in the direction of coping with it. Some of them offer explanations to patients variously in contrast with the sober, mechanistic principles of conservative medical science. Some of the more decorative explanations I can hardly believe emanate from a sedate seriousness. Again, many of the explanations to patients are apparently formulated merely to pacify and, on occasion, I suspect, they are intended to deceive the patient, but with the laudable intention of helping him. Contrasting with this rather prevalent and unfortunate type of dealing with a felt need of the patient, one not infrequently meets with explanations based upon shrewd and precisely formulated analyses by general practitioners. They are observed to arise from practitioners whom long contact with their patients has taught to know the individual within the patient, as well as the ailments from which he happens to suffer. In these practitioners we see modern examples of that admirable class of wise, old-time, family physician who was, also, counselor and friend. The point I wish to emphasize is that, throughout the medical profession, few fail, in practice at least, to recognize this personal element as an essential factor to deal with.

The psychiatrist has good opportunity to observe the reaction of patients to the way



physicians meet this need. This is very glaringly brought out often in cases of depression where the patient is sad and worried about troubles horrified in a far-fetched way. I have in mind a patient who was profoundly depressed. He felt that he had been guilty of serious derelictions of duty and, in consequence, his life was blighted. He had, he was sure, an unique ailment. While others may have been cured of apparently similar conditions, his, he insisted, was different, and it was impossible for him to get well. Being a lawyer, he elaborated this attitude in great detail. His mother and sister, coached by the family physician, entered into forceful explanations. He should, they urged, make a more decided effort to recognize the cogency of their reasonings. In fact, his failure to follow their reasoning to a settled conclusion, and so to abandon his worries, showed, they intimated a streak of perverseness, and they could, at times, scarcely restrain a tendency to be severe with him. The fact was that the patient's disorder provided him with all the reactions normally attendant when actual calamity threatens. In the presence of these reactions, the colder forces of reasoning had little chance. Yet, the family was spurred to redouble the effort to combat in their way his depressive delusions, and with the natural result, that he acquired a distrust of both family and physician. He more than ever sought to supply alleged misdeeds appropriate to account for the distressing reactions he actually experienced. He proved to be an easy patient to handle when he was accurately understood and dealt with accordingly.

Another type of disorder we are all familiar with is that of a man of 35, of good business ability, who has worked his way to the head of a concern of considerable importance. His final step in advance took him from one city where he had established pleasant social and business relations to a larger city in which he was a comparative stranger. After a few months under the new conditions he began to feel generally out of sorts. He hesitated to go away on business trips which would necessitate that he be away from home over night. He became afraid that he might fall ill suddenly, suffer dire distress, and not have the ministrations of his wife. He felt unconquerably tired. Eventually he could not distract his attention from his distress. Yet, he looked well and, on occasion when his interest was solicited, he could put through business with his old-time vigor. This apparent inconsistency was not calculated to reassure his physician, his family, and business associates of the seriousness of his condition. Consequently he was urged to work harder, to thrust

himself into situations which elicited his keenest distress for the purpose of hardening him. Naturally he became worse and, eventually, incapacitated. After slight study of him it was found that, ending some years before, he had passed through a period of several years during which he was given every reason to be more or less constantly in suspense with the possibility of a very terrifying calamity occurring to him. He weathered this successfully. It proved, however, to be a period of training in which certain very strong associations were established. For instance during that period, he observed that when he became tired his wretched apprehensiveness was much more overpowering. Now, when he became, under the new circumstances, a little stirred up or apprehensive, he was overcome by a feeling of fatigue, and vice versa, when he became fatigued, an apprehensiveness settled heavily upon him in obedience to the law which brings it about that, when we think of earthquake, we at once think of Japan or Lisbon, or that when we take occasion to recall how nearly we ran over a child in the street, the same tingling runs up and down our spine. In this particular case explanation of the reason for the recurrence of the fatigue when he became slightly apprehensive, and some retraining based upon it, has brought about an essential relief, and I would say cure were not the case of such recent occurrence. The analysis of this case, though much more detailed than is indicated here, was a very elementary one, but it sufficed.

The point I wish to make in these references is this. That explanation, which really explains, is an exceedingly important aid, especially where there are emotional disturbances. In order that the explanation be honest, and, therefore, adequate, it is necessary to understand the situation to be explained. In order to understand the situation to be explained, it is necessary to study it and analyze it. In order to analyze it, one must have had training in the technique of analysis. In making this statement I wish to avoid any suggestion of unapproachable exclusiveness. My own colleagues in general medicine continually astonish me in their discussions by the penetrating shrewdness of their estimates which show exactly this analytical skill. They have, perhaps without realizing it, been training themselves in the art of analysis. I wonder to what extent I should meet opposition if I were to offer this ability to analyze as one of the chief requisites of a first-class physician. However this may be, it can scarcely be denied that explanation, based upon an analysis which comprehends the patient's situation, is often, especially where the emotions play a conspicuous



rôle, a very valuable and, sometimes, a critically important aid in treatment

Just where a somewhat shrewd, common-sense analysis ends and psychoanalysis begins is, doubtless, a question more striking than useful. There probably is no such point of differentiation. Yet, the term psychoanalysis or psychanalysis, has, perhaps, the right to definition by those who have, in a great measure, been responsible for it. It is, in this strict sense, a method by which experiences which have been forgotten, but the emotional results of which are still operative and lead to mental and physical manifestations, often unfortunate in character, are brought to light and so robbed of their forceful character. This definition presupposes an understanding of a number of matters which need explanation. The war psychoneuroses, at one time designated as shell shock, illustrate some of these matters in question. A soldier at the front is found abruptly to have acquired a disabling defect. This might be a paralysis, a tremor, an inability to speak, or one of many manifestations of a nature disqualifying him for military service. No other physical defect is found and, under treatment, he recovers. Analysis reveals that at the front he shared a fear in common with essentially all the others. His fear, however, brought it about, and in a manner beyond his control, that he manifest a disabling defect. It was amply proved that this was not due to wilful simulation. In terms of psychoanalysis, the fear naturally produced a conflict in the soldier—a conflict which was intolerable. He was afraid. It was impossible for him to display cowardice. He endeavored to repress the fear. Then happened what is termed a dissociation. This means that a certain disruption occurred, in which the emotional stress became detached from its appropriate object and was displaced or transferred to other channels with the result that he suffered, for instance, to all effects and purposes, a paralysis of the right arm. In terms of the psychoanalysts this fear in this way was converted into a physical symptom. This process of so conveniently securing a reason for leaving the front—the zone of danger—illustrates essentially all of that which psychoanalysis aims at revealing. In this case, the study would be to lead the soldier to appreciate the manner in which his difficulty came about in such a way as to restore the affect, *i. e.*, the fear, to its proper object, and thus reveal the scapegoat character of the paralysis. During the war short-cut procedures were employed and were applicable owing to the relative simplicity of this war neurosis. In cases which develop in civil life the situations are vastly more complex. The analysis is neces-

sarily more difficult. The strict psychoanalysts of the Freudian school rely upon a technique which can hardly be considered here. It is sufficient to bring out that their object is, first, that of understanding the situation of the nervous patient, and, second, that of explanation supplemented by such retraining as may under the circumstances be necessary.

Scarcely any reasonable person would be inclined to oppose this procedure. The chief objection would seem to arise from the emphasis laid upon the references to sex interest and upon certain mechanisms postulated in the explanations and in the interpretations given, which appear on the surface to be highly mystical or forced. Secondary objections arise from the very long time required in some cases to arrive at the goal desired. Again it is objected that psychoanalysis provides the subject with conceptions which gratify his possible lewd tendencies so that it supplies him with pabulum upon which his unfortunate tendencies may thrive. Scarcely any psychiatrist has failed to have come to him cases of this sort. They very easily serve as object lessons of the failure and alleged dangerous practice of psychoanalysis. These objections should, however, in all honesty, at once be met or at least in part met by the fact that many persons attempt to employ psychoanalysis without sufficient preparation. The most skilled and authoritative of those who employ this method are, in the first place, physicians, and for the most part they have had psychiatric training. They insist that the patient utilize legitimately that which develops in the process of analysis and do not allow an accumulation of this beyond proper utilization of it. Deviation from this is, they claim, malpractice. There are persons who should not be psychoanalyzed. The skilled analyst will detect these individuals and refuse to analyze them. They claim that discredit of their practice arises from those who, by lack of training, have no right to practice psychoanalysis, and there is a rather certain impression that there are many such.

It is chiefly sought to emphasize here that psychoanalysis is in its motive explanatory with such corollaries in the direction of synthesis and retraining as circumstances dictate. Not infrequently successful results are obtained by the physician without the elaborate technique of psychoanalysis in its most refined application. The general practitioner may frequently meet the requirement of many of his nervous patients just as he may do minor surgery. So large a proportion of the general practitioner's patients are neurotic and require attention for their neuroses that the general practitioner should be in a measure equipped



to care at least for the less complicated cases. But, as a matter of fact, these are the cases which the general practitioner dislikes and is apt to get rid of them as best he may. This is a very unfortunate situation. It abandons this type of patient with a legitimate claim for aid only too often to the ministrations of the lame members of our profession, to the quack, or to the cults of laymen. Defense of society against these unfortunate agencies requires that the medical profession plan with some precision to train its coming generation to cope with at least the simpler neurotic problems and to refer the difficult cases to the skilled analyst with the same judgment which enables them to conclude what surgical cases they may safely care for themselves and what ones should be sent to the surgeon specialist.

There is a final observation to make, namely, that the explanations made should adequately explain. The neurotic patient is usually a per-

son striving and very blindly striving in the dark to attain that which may assist him. The physician's duty is to turn on the light so that his groping efforts may gain precision. Anything short of this is deceptive. At the same time, it is to be remembered that the neurotic patient, after a period of blind groping usually acquires unfortunate habits of feeling and thinking, often repellent which mere explanation will not correct. The explanation must usually be supplemented by a retraining in which the patient is gradually led to apply wisely the understanding supplied him by the physician. The more brilliant and rapid cures by explanation occur, but in my observation only with especial and favored types. The art of retraining, the gaining of a synthesis, has not, unfortunately, been emphasized commensurately with the analysis which is chiefly a preparation for this synthesis.

## DRY LABOR\*

### A STUDY OF 182 PRIVATE CASES

By GEORGE L. BRODHEAD, M.D.

NEW YORK.

THE subject of dry labor has been one of the greatest interest to me for many years.

In fact, one of my first papers was written on this subject, and was read before the obstetrical section of the Academy on April 28, 1898, twenty five years ago. My impressions at that time were quite different from the conclusions reached in this paper.

There is, and always has been, a great diversity of opinion with respect both to the course of labor in these cases, and the ultimate outcome for the mother and child. In order to study a series of cases and to consider the problem from all angles, the writer has collected 182 cases from his private work. A much larger series could have been taken from hospital services, but I have preferred to limit the study to private cases, for the reason that these patients were under my personal care, and naturally the figures presented are of greater value to me, representing as they do personal and accurate observation.

We have included in this series, patients at or near term in whom the membranes have ruptured prior to, or at the time of, the onset of labor, and we have excluded from the series all cases in which the membranes were accidentally ruptured in the attempt to insert a bougie or bag for the induction of labor, as we wished to

include and consider only cases of spontaneous rupture.

*Contracted Pelvis*—The opinion has been widely expressed that premature rupture of the membranes made one suspicious of contracted pelvis, but as a matter of fact there was no case of deformed pelvis in our series.

Malpresentation has been suspected when the membranes have ruptured early, and we will now take up this question.

There were 107 primiparae and 75 multiparae. The breech presented in three primiparae, and in one multipara. In three cases of twins, one child presented by the breech. In one multipara, there was a complex presentation of the head, foot, and umbilical cord.

If we exclude the seven breech presentations, there was only one malpresentation in the entire series, namely, the complex presentation just mentioned. Including the seven breech presentations, the vertex presented is 96.2%.

#### Age of the patients—

Youngest primipara was 19 years of age.

Oldest primipara was 44 years of age.

Youngest multipara was 21 years of age.

Oldest multipara was 44 years of age.

Average age in 106 (age known) primiparae was  $27\frac{3}{4}$  years of age.

\*Read before the obstetric section of the New York Academy of Medicine, Nov. 27, 1923, and the Medical Association of the Greater City of New York on Nov. 19, 1923.



Average age in 69 (age known) multiparæ was 30½ years of age  
Average age in 175 (age known) patients was 28.7 years of age

*Time of Rupture*—In 102 patients, the membranes ruptured at the onset of labor. In 80 cases the rupture took place before labor began. In one of the latter 80 cases, the membranes

ruptured one month before labor, while the shortest period before the onset of labor was 30 minutes, the average period being 21.6 hours. Omitting the case in which one month intervened, the average was 12.7 hours. I have prepared a list of 16 patients, in whom the membranes ruptured at least 24 hours before labor, in order to observe the results for mother and child.

Case No	Age	Parity	Hours Before Labor	Duration of Labor	Delivery	Mother	Baby
1	29 yrs	3	1 month	11½ hrs	Low forceps	Normal	Normal
2	29 yrs	2	30 hours	9 hrs -54 min	Medium forceps	Normal	Normal
3	39 yrs	1	25 hours	5¼ hrs	Low forceps	Normal	Normal
4	37 yrs	1	38 hours	17¾ hrs	Medium forceps	Normal	Normal
5	27 yrs	1	24 hours	44½ hrs	Low forceps	Normal	Normal
6	29 yrs	1	39 hours	11 hrs	Low forceps	Normal	Normal
7	31 yrs	2	4 d, 20 hours	6 hrs -10 min	Spont.	Normal	Normal
8	25 yrs	2	43 hours	10 hours	Low forceps	Normal	Normal
9	32 yrs	1	24 hours	24 hours	Low forceps	Normal	Normal
10	31 yrs	1	48 hours	19 hours	Low forceps	Normal	Normal
11	24 yrs	1	63 hours	6½ hours	Low forceps	Normal	Normal
12	25 yrs	2	48 hours	1 hr -40 min.	Spont.	Normal	Normal
13	30 yrs	1	36 hours	5 hours	Spont.	Normal	Normal
14	36 yrs	3	39 hours	5 hours	Spont.	Normal	Normal
15	34 yrs	3	24 hours	8 hours	Spont.	Normal	Normal
16	32 yrs	2	25 hours	5½ hours	Spont.	Normal	Normal

DURATION OF LABOR.

	Primiparæ	Multiparæ
Average duration, 1st stage	12 hours, 42 minutes	7 hours
Longest duration, 1st stage	45 hours, 40 minutes	29 hours
Shortest duration, 1st stage	1 hour	45 minutes
Average duration, 2d stage	1 hour	42 minutes
Longest duration, 2d stage	2 hours, 40 minutes	5 25 hours
Shortest duration, 2d stage	20 minutes	5 minutes
Average of 1st and 2d stage	13 hours, 42 minutes	7 hours, 42 minutes
Longest of 1st and 2d stage	46 hours, 10 minutes	29 hours, 50 minutes
Shortest of 1st and 2d stage	1 hour, 30 minutes	1 hour, 15 minutes

Twins—fully dilated—pains not frequent or effective.

The average duration of labor in primiparæ (13.42 hours) is apparently considerably shorter than the average for normal labor—while the average duration in multiparæ (7.42 hours) is also shorter. Many of these dry labor cases have exceptionally short, easy labors. As a matter of interest, the average duration of labor in the 8 primiparæ, in whom the membranes had ruptured at least 24 hours before labor, was 16+ hours. In the 8 multiparæ the average was 7+ hours.

*Method of Delivery*

There were in 107 primiparæ 20 spontaneous deliveries—18.7%  
In 75 multiparæ there were 56 spontaneous deliveries—74.6%

The operative deliveries were as follows

	Primiparæ	
Low Forceps	76—71%	
Breech Extraction	1—1%	
Version	1—1%	
High Forceps	1—1%	
Median Forceps	9—8.4%	
	Multiparæ	
Low Forceps	11—14.6%	
Breech Extraction	1—1.3%	
Version	2—2.6%	
Median Forceps	4—2.6%	

In other words, practically 90% of primiparæ and multiparæ were delivered spont-



taneously or with low forceps. The high per cent of low forceps operations (71) in primiparæ with dry labor is due, in our opinion, not to the dry labor, but to our efforts to shorten the duration of labor and thus spare the woman needless suffering. In our work, even in normal cases, we have performed the low forceps operation in about 75% of our primiparæ with good results for mother and child.

There was no Cæsarean section in the series. Bags were used in 10 cases, in some of which, at least, they were not indicated, in the light of our present knowledge. There were 10 cases of persistent occipito posterior position, which required the Scanzoni rotation with forceps, 8 were in primiparæ, 7 being low forceps cases, and 1 median, while 2 were in multiparæ, one being a low forceps, the other a median forceps. We do not attribute persistent occipito posterior position in any way to dry labor. As a matter of interest in each of the 10 cases, the occiput pointed to the right side—the vertex being rotated from R. O. P. to R. O. A.

There were 10 dry labors in primiparæ over 35 years of age, 7 being terminated by the low forceps operation, 3 by the median forceps operation. All of the mothers and babies were in good condition.

**Hemorrhage**—It is unfortunate that in my series I can only estimate the blood loss, but the figures which I shall give are probably fairly accurate.

In 6 primiparæ and 6 multiparæ there was a blood loss of 1 pt 16 oz.

In 9 primiparæ and 1 multiparæ there was a blood loss of 16-20 oz.

In 4 primiparæ and 6 multiparæ the loss was between 20-24 oz.

In two multiparæ there was more profuse hemorrhage, with perfect recovery.

Many of these patients were taken care of before infundin and pituitrin came into favor, and probably at the present time the blood loss would be considerably less. It is difficult to state whether the blood loss was in any way attributable to the premature rupture of the membranes, but in my opinion, there is no relationship between the two.

**Weight of Babies**—In 103 primiparæ where the weight of the infant was known the smallest baby weighed 4 8/16 lb, the largest 9 12/16 lb (three weighed 9 lb), giving an average weight in primiparæ of 7.2 lb.

In 74 multiparæ, including three sets of twins, the smallest baby was one of twins, weighing

3 lb, the largest baby weighing 10 13/16 lb (two weighed 10 lb), giving an average weight in 71 single births of 7 8/16 lb.

**Maternal Mortality and Morbidity**—There was no mortality or morbidity in the series.

**Fetal Mortality**—In 107 primiparæ two children were born dead, and one died within the first 24 hours after birth. A few details of these births will be given.

Case 1 Primiparæ, age 24, frank breech presentation—labor 5½ hrs, easy extraction of a 6½ lb infant—which was still born. Autopsy was negative.

Case 2 Primiparæ, age 29, vertex presentation, long labor, uterine inertia, finally delivered by manual dilation and version. The child weighed 7 lb and was still born.

Case 3 Primiparæ, age 21, vertex presentation, 4½ hours, labor easy, low forceps, child weighing 7 5/16 lb, slight asphyxia, lived one day, death being due apparently to atelectasis, no autopsy.

The fetal mortality then in primiparæ was 2.8%, but in the two cases with short easy labor, the premature rupture was probably not responsible in our opinion for the fetal death.

In 75 multiparæ one baby was still born. For several days before labor started, the patient had felt no fetal movements, nor was I able to detect a fetal heart.

In 182 cases, where the babies were alive at the onset of labor, the fetal mortality was 1.6%.

**Element of Pain**—Here again it is difficult to estimate the effect of premature rupture, as far as pain is concerned. Theoretically, the labor should be more painful, but judging from our experience, I am not able to state that patients with dry labor have more pain.

**Treatment**—There is no specific treatment for dry labor. Pain should be relieved in every way possible, with morphine, morphine and hyoscine, or nitrous oxide gas.

Should uterine inertia be present, with incomplete dilation of the cervix, we can aid to greater advantage by the introduction of a modified De Ribes bag than any other method.

### Conclusions

From our experience we conclude that dry labor, in the absence of abnormal conditions such as contracted pelvis, relatively large child, malpresentation, prolapse of the cord, etc., should be attended by no harmful results either to mother or child.





# DEATHS



AYLING, WILLIAM J., Syracuse, Syracuse, 1882, Fellow American Medical Association, Syracuse Academy of Medicine, Member State Society Died June 14, 1924

BOND, GEORGE F M, Yonkers; Bellevue Medical College, 1885, Fellow American Medical Association, American Psychiatric Association, New York Academy of Medicine, Member State Society, New York Neurological Association Died June 27, 1924

COAKLEY, JOHN B, Buffalo, Medical College of Virginia, 1861, Member State Society Died June 4, 1924

DIGNEN, WILLIAM E, Buffalo, University of Buffalo, 1891, Fellow American Medical Association, Member State Society, Buffalo Academy of Medicine Died July 9, 1924

GAYLORD, HARVEY RUSSELL, Buffalo, University of Pennsylvania, 1893, American Association of Pathologists and Bacteriologists, American Cancer Research, Member State Society; Buffalo Academy of Medicine Died June 22, 1924

KILLEN, JACK, Binghamton, University of Virginia, 1886, Bellevue Medical College, 1887, Member State Society, Binghamton Academy of Medicine Died July 11, 1924

LUCAS, DAVID FLETCHER, Brooklyn, College of Physicians and Surgeons of New York, 1880, Member State Society, Consulting Pediatrician Kings County Hospital Died June 16, 1924

MCCREARY, ELGIN ROSCOE, Watertown, Buffalo Medical College, 1891, Fellow American Medical Association, Member State Society, Physician Watertown Hospital Died July 2, 1924

MERENNA, GIOVANNI, Brooklyn, College of Physicians and Surgeons of New York, 1892, Member State Society, Brooklyn Pathological Society Died June 4, 1924

NAGLE, JAMES FRANKLIN, New York City, University and Bellevue Medical College, 1903, Fellow American Medical Association, Alumni Association of Bellevue Hospital, Member State Society, Assistant Attending Physician Bellevue Hospital, Attending Physician Ruptured and Crippled and St Vincent's Hospitals Died July 27, 1924

OYLER, WILLIAM H, New York City, New York University, 1882, Fellow American Med-

ical Association; Member State Society Died May, 1924

ROBINSON, ANDREW R, New York City, Bellevue Medical College, 1868, Toronto, 1869, L R C, P & S, Edinburgh, 1870, Fellow American Medical Association, New York Academy of Medicine, Member State Society, New York Pathological Society, Consulting Physician Skin and Cancer Hospital, Attending Dermatologist Polyclinic Hospital Died July 8, 1924

ROSEN, LEO, New York City, Long Island College Hospital, 1913, Fellow American Medical Association, Member State Society Died May 25, 1924

SCHMINKE, JOHN C, New York City, Long Island College Hospital, 1882, Fellow American Medical Association, Member State Society Died July 23, 1924

SCHOLLDERFER, EDMUND, Yorktown Heights, New York University, 1881, Fellow American Medical Association, Member State Society Died June 26, 1924

STERLING, JOHN H, Brooklyn, New York University, 1869, Fellow American Medical Association, Member State Society Died May 4, 1924

SWEENEY, JOHN A VINCENT, New York City, Long Island College Hospital, 1882, Fellow American Medical Association, Member State Society Died July 22, 1924

THORP, HENRY H, Southampton, College of Physicians and Surgeons of New York, 1889, Member State Society, Attending Physician Southampton Hospital Died July 4, 1924

WALKER, JEROME, Brooklyn, College of Physicians and Surgeons of New York, 1868, Member State Society, Brooklyn Pediatric Society, Consulting Physician St. John's Hospital Died June 19, 1924

WARNECKE, ANNA, Geneva, Buffalo Medical College, 1900, Fellow American Medical Association, Member State Society Died May 11, 1924

WEBSTER, HENRY GOODWIN, Brooklyn, College of Physicians and Surgeons of New York, 1895, Fellow American Medical Association, Fellow American College of Physicians, Member State Society, Physician Methodist Episcopal Hospital Died June 19, 1924



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## THE MEDICAL SURVEYS

We have been deeply gratified with the response of physicians to our requests for information in making medical surveys. While the published accounts of the surveys justify their making, we have found that the surveys have developed two by-products which promise to be of even greater value than the surveys themselves.

In the first place the survey puts a representative of the State Medical Society in direct contact with the local physicians. We have found ourselves occupying the unofficial position of

Field Secretary, and we are convinced of the great usefulness of that line of work.

In the second place the survey gives the local leaders an opportunity to become intimately acquainted with medical affairs in their own communities. Physicians have told us that the surveys have given them accurate information in local matters regarding which they had only vague impressions.

We hope the surveys will lead to closer contacts between the local physicians and the Medical Society of the State of New York.



## MEDICAL INFORMATION FOR LAYMEN.

The legislative campaign last winter and spring revealed a lamentable ignorance of medical fundamentals on the part of laymen generally. Legislators by no means belong to an ignorant class, and yet some of them were in favor of permitting ignorant cultists to practice medicine, and claimed that the cultists were often able to effect cures when skilled physicians had failed. There is great need that the people generally be educated regarding the elements of anatomy and physiology, and the scientific means by which physicians diagnose and treat diseases.

Paid advertisements are among the most efficient means of educating the people. Manufacturers and dealers recognize this fact, and are willing to spend untold millions for space in newspapers and magazines. The advertisements are largely educational and informational, and set forth the alleged qualities and attributes of the wares. The information is none the less educational in that it is often untruthful. It is certainly effective as is shown by the avidity of readers to secure the advertised wares.

Many of the medical ideas which laymen have are derived from advertisements of medical products. Hundreds of millions are spent annually in the United States to advertise products which are designed to affect bodily comfort, health, vigor, and beauty. People buy the products because they have certain theories regarding the action of the wares on the body. As the people become educated in hygiene and physiology, the advertisers drop their old arguments and take up the newer ideas. The old advertisements of patent medicines, for example, alleged that the drug would exert a selective action on impurities in the blood, and would unerringly chase the poisons from the body. But people now know better, and so the modern version of the idea is that electronic vibrations bring about harmony and adjustments. Divest an idea of its mysteriousness, and false arguments based upon it are killed. Intelligent people who are educated along most lines are prone to believe false statements regarding so-called cures, because they are *not* educated in simple physiology and hygiene. They will even try to convince their perverse medical attendants that physicians are wilfully blind to the merits of newly exploited discoveries. A few active exploiters of a new system of treatment can secure a hearing in the legislative halls because the medical men allow the logic of their claims to pass unnoticed until the erroneous movement has become too big to be neutralized by anything short of a widespread campaign of education.

The officers of the Medical Society of the State of New York recognize their responsibility in educating the people along medical lines. They

plan to conduct a bureau of publicity and education in order to reach the public. The task is new, the field is unlimited in scope and extent, and much thought and research must needs be expended in preparing for the work.

We can illustrate what we have in mind by considering some common advertisements which appear in the best magazines. These advertisements are largely educational, and purport to set forth the scientific actions of the wares. Some dentifrices, for example, are alleged to sterilize the teeth, some to neutralize acidity, and others, alkalinity, some to remove a film of mucus from the teeth and others to preserve the protecting film, some to have a selective action on certain parts of the teeth, and to some are ascribed remarkable powers of persisting in the mouth amid the flow of pints of saliva and the constant rubbing of the tongue and cheeks. A person reading these advertisements in reputable journals will gain erroneous ideas of the living actions within the mouth. The truth is that simple cleanliness explains the action of all tooth pastes. Conservative manufacturers of dentifrices avoid these unfounded claims, and stress only the cleansing qualities of their pastes.

Advertisements of toilet soaps also carry much wrong information, and are the means of perpetuating discredited ideas regarding the skin. We recall one advertisement which read: "Why take dainty care of your mouth and neglect your pores, the myriad mouths of your skin? Blank's soap does not gloss them over, or chemically dissolve their health-giving oils, yet it clears them thoroughly."

Advertisements of cold cream and other skin lubricants perpetuate the old notions that there are skin foods which penetrate the flesh and remove wrinkles by nourishing the tissues.

The pages of the women's magazines are filled with untrue information in physiology and hygiene, dressed in attractive form and color, and repeated over and over every week or month. And alongside of the misinformation there may be a column or two of real information on some food topic or hygienic measure, but the scientific article is seldom repeated or dressed attractively. Moreover, the advertisements force themselves upon every reader, while the scientific article is read by only a small group and is studied by still fewer.

We are citing these illustrations to show the immensity of the task which confronts any one who tries to educate the public in hygiene and physiology. The first essential in dealing with a pathological condition is that of making a diagnosis. We hope that the diagnosis will lead to an effective line of treatment.



## IMPRESSIONS OF A FIRST YEAR MEDICAL STUDENT

The first year in a medical school is a long one for the student, and at some time during it he forms the opinion that those in the medical profession must needs be men of profound and accurate knowledge. Very early there comes a startling realization of the exactitude and precision with which it is presumed the student will pursue his quest of knowledge, and even more appalling is the extensive profundity which is required of him. Thus neophyte's nightmare stimulates him to start his mental machuery revolving at high power, and he plods through the remainder of the year marveling at the comprehensive minds which he imagines the practicing physicians must possess. Thereafter the neophyte oscillates between intense interest in the novel disclosures revealing here and there an atom of insight into the mysteries of his future profession, and the depressing monotony of apparently unending basic stuff. A student acquires new zeal when the technique of tracheotomy is demonstrated to him on his cadaver, and thereafter the pharynx holds a temporary fascination for him, which is sadly dampened by the impending work for which he sees no practical application. Then the thought of the monotony and lack of color of the immediate phases of the work leaves him in a state of mental depression. The worst of it is the fact that he feels brain fagged rather than aggressive. This causes one to conjecture whether or not a man who is taught gross anatomy in a geographical and purely morphological manner will sense its application to surgery. Postulations on the value of anatomy that is often taught from the cold and cadaverous anatomical viewpoint, suggest the wisdom of those wide-awake instructors who stress emphatically the points of surgical interest in the course of the dissection.

Brain-fagged aspirants who lay off strychnine and caffeine between examination periods long enough to reflect, grasp with difficulty the fact that there are elements of interest and of future value in the first year's grind. But the fact that these are only secondarily recognized, and then only on profound and honest reflection, lays the system open to criticism. Imperfections center around the failure in "getting across" the continuity of the learning process as originally mapped out in the outline of the first year's work. A student who is unaccustomed to viewing the work now and then from a removed viewpoint, misses the perspective of the course and studies in a disjointed fashion, failing to link together properly his three major courses—atomy, chemistry, and physiology.

The neophyte gradually orients himself to a strange and unique situation. The applications

of gross anatomy branch and multiply like a mitral cell and eventually he perceives the significance of the interweaving and overlapping phases of the work as he advances through embryology and physiological chemistry. The latter is treated so practically that the student recognizes with a high degree of interest the associations of body food, body tissues, and finally body fluids.

Anatomy of the central nervous system with its brief insight into clinical symptomatology introduces a new phase of medicine. This is received enthusiastically on account of its novelty, and the neophyte swells with pride as he assumes the aggressive side and is a neurologist for the nonce. This work is one of the highest training courses in the first year.

Bacteriology as taught becomes a review of laboratory procedures with no chance to establish a routine. Clinical microscopy is too far advanced for the comprehension of the first-year man, and so the course simply accomplishes little more than the training of the student's mind in medical channels.

After grasping physiological chemistry, the neophyte combines it with his knowledge of gross anatomy and starts physiology with a firm foothold. Vivisection, using operative procedures, inspires self-confidence, and he feels aggressive for sure.

Uplifted by this newborn feeling, and with strengthened purpose, he is ready for—what? Vacation—and uselessness! He feels he has learned much, and is astonished at being informed that his knowledge is too meagre to be of any material use in a hospital, in fact he is of no more use than at the close of his premedical work. His newborn interest must lag until the following fall when medical schools reopen.

Why does not every medical school plan the first year's work to include something which will provide the man with a basis for aggressive and constructive summer work? The neophyte must not be abandoned and left isolated from medical matters through the summer, but must be placed on the first rung of the ladder of usefulness. If it is to the detriment of bacteriology, nothing is lost, for that must be repeated from a clinical standpoint in the second year anyway. His dissatisfied feeling of ignorance must be curbed by creating for him a small utility in the hospital wards. Minor surgical bandaging, differential blood counts, urinalysis, and some physical diagnosis could be slipped in. Then would the medical student profit in his utility, and the school in the scholarship of second year students.

D E O





# LEGAL



By GEORGE W. WHITESIDE, Esq  
Counsel, Medical Society of the State of New York

## FRACTURE OF THE STYLOID PROCESS OF THE ULNA WITH CLAIMED LOSS OF FUNCTION OF HAND AND WRIST

THE plaintiff while riding a motor cycle met with an accident sustaining a simple fracture of the radius about three and one-half inches above the wrist. The defendant applied temporary splints and removed the patient to his office, where a further examination was made, the arm manipulated and the ends of the fractured bone brought into apposition, and a cast applied to the arm. The patient was then advised to have X-rays taken of his injured arm, which X-rays showed that the fractured radius was in good position after the reduction. The plaintiff was seen by the defendant two or three times a week for about five weeks, at each of which visits the plaintiff's hands and fingers were examined and if necessary the cast stuffed with cotton so as to keep it firm. At the end of about five weeks the cast was removed and upon examination there was found to be good union and no necessity for a further cast.

The X-rays taken the day after the plaintiff sustained his injuries disclosed a fracture of the styloid process of the ulna. From examination of the X-ray there appeared to be so little displacement of the styloid process of the ulna that it was determined that the same needed no special treatment other than that which the plaintiff was already receiving.

After the removal of the cast the plaintiff called upon the defendant several times, when passive motion was given and the wrist and fingers manipulated. The patient was also instructed as to the manner of applying passive motion himself to his hand and fingers. He was further instructed to return to the defendant, as it was the defendant's intention after several weeks of passive motion to treat the arm by massage and electrical treatment so as to restore function. However, the patient never returned.

A suit was instituted against the physician who reduced the fracture, charging that the plaintiff's arm had been broken in two places and that the defendant had only treated one fracture and failed to discover or treat the fracture of the styloid process of the ulna and that by reason of the defendant's alleged negligence the plaintiff sustained a loss of function in his hand and wrist.

After the institution of the action a physical examination of the plaintiff disclosed that all reflexes were normal. The skin of the right hand was slightly darker than the left but no

swelling was found. The examiner further found that the plaintiff exerted no strength in his right hand when told to grasp the examiner's fingers. The left hand was found to be strong. An examination of the radius showed a slight upward angulation at point of fracture about three and one-half inches above the end of the radius where callus was made out. The point of fracture was somewhat tender on pressure when the hand was held with the thumb up. No tenderness was found near the styloid process of the ulna. The patient, however, complained of pain at the wrist on active motion of the hand. There was found to be good union of both the fracture of the radius and of the styloid process of the ulna. The dorsal flexion and rotation of the hand and forearm were found to be about 10 per cent of normal. Adduction and abduction of hand were about one-half that of the other hand. No callus was found on the ulna. The examining physician found that the patient had a good functional result in the injured arm.

About twenty months later a second physical examination was made of the plaintiff, which showed that the circulation of both hands was equal. The plaintiff complained that in damp and cold weather he had pain in the region of the fracture from the end of the ulna to a point at the upper end of the fracture of the radius, during which times there was no swelling but his fingers became stiff and the skin became bluish. Upon measurement the circumference of the right wrist was found to be three-eighths of an inch more than the left, at a point two inches above the wrist joint, the circumference of the right was one-quarter of an inch greater than that of the left. In supination there was found to be practically no strength in the fingers of the right hand. In pronation the strength was about one-third to one-half of that of the left. The supination of the right hand was about 15 per cent less than that of the left hand. Slight depression in radius palpated four and a half inches from the end of the radius on dorsal interior surface but no tenderness anywhere. The patient had had no medical treatment of any kind for a year a half previous but claimed that he had massaged his injured hand himself.

This action finally came on for trial and the physician appearing as an expert in behalf of the



plaintiff testified that the failure to discover and reduce the fracture of the styloid process of the ulna was the competent producing cause of the loss of function which the plaintiff had in his injured arm. Upon cross-examination this alleged expert stated that he in his practice had never treated a fracture of the styloid process of the ulna and that he relied upon his knowledge in the matter and based his answers to the questions upon his reading from Keen's "Surgery." Volumes of this work on surgery were then produced for examination by the witness and he was requested to turn to the passage in Keen's "Surgery" which was the basis of his answer.

After examination of the books for some moments he stated that he could not find such passage and was not sure in what book he had read about the fracture of the styloid process of the ulna. Further cross-examination of this physician disclosed that he had no knowledge at all of the condition upon which he was attempting to testify and he was disqualified as an expert and his testimony disregarded. At the close of the plaintiff's case, upon motion on behalf of the defendant, the complaint was dismissed on the ground that the plaintiff had failed to make out his cause of action.

### ALLEGED NEGLIGENT ATTENDANCE OF MOTHER AND CHILD AT CHILDBIRTH

A PHYSICIAN of wide experience in obstetrical cases was called on the 3rd of March to attend a woman in labor. He delivered her of a male child, the mother suffering considerable pain, the physician administered a small quantity of chloroform. After the delivery the physician remained with the patient for about an hour, rendering to her and to the newborn child the necessary after-care. He continued to call upon the patient once or twice a day for eight days following the birth, when he was discharged from further care of the patient by the husband. On about the fifth day after the birth the mother was running a temperature of about 102 degrees and there were prescribed for her salol, coffee and citrate, the administration of which reduced the temperature to about 100 degrees. When discharged from further care of the patient, both the mother and the child were favorably progressing.

Some months later, when the physician asked for payment of his bill, his request was answered with three actions of alleged malpractice, one in behalf of the mother, in which it was charged that through the negligence of the physician at the time of delivery the mother had sustained a deep lateral tear of the cervix running up into the broad ligament which became infected also causing lower abdominal peritonitis and a tubo-

ovarian abscess. The husband by his action, sought to recover damages for the loss of his wife's services and medical and nursing expenses. On behalf of the newborn child the physician was charged with negligently failing to properly tie the umbilical cord, causing the loss of a large quantity of the child's blood with resultant anemia.

The services and treatment of the physician were proper in every respect, the cervical tear of the mother was caused at the birth of her first child, and the puerperal sepsis with which the patient was subsequently affected was not due to any act of the physician.

A physical examination of the mother made two months after the birth showed that while she was suffering from the septic condition there was nothing that showed that such condition was caused by the attending physician.

A physical examination of the baby made at the same time showed a child practically normal in size and weight except that it was slightly anemic.

The plaintiff's attorney failed to prosecute the actions to trial when he was unsuccessful in an attempt to procure a settlement of the same, and the complaints against the physician were eventually dismissed for lack of prosecution by the plaintiffs, thus favorably terminating these actions in favor of the defendant.





# State Department of Health



## REGULATIONS FOR CAMP SANITATION.

Chapter V of the Sanitary Code of New York State has been so amended as to include regulations for the control of all camps which ten or more persons occupy. The regulations provide that a permit for any such camp must be obtained from the local health officer who is required to inspect and pass upon the location and sanitation of the camp. The chapter further provides detailed regulations for the disposal of sewage and other wastes, for water supply, and for the control of cases of communicable disease in camps.

## DEPARTMENT INSPECTS SUMMER CAMPS

The Division of Sanitation has undertaken the inspection of summer camps throughout the State. With the limited personnel available it is obviously impossible to cover all camps in the State, but an endeavor is being made to investigate sanitary conditions in all of those conducted by the Y M C A, Y W C A, Boy Scouts, and Girl Scouts. By this means it is hoped to reach a large number of interested persons, thereby stimulating in them a desire for better health conditions in camps. Most of the faults found have arisen largely through ignorance of what good sanitation demands.

## PARATYPHOID FEVER FROM CERTIFIED DAIRY

Fifty cases of diarrhea, most of which were in babies, recently occurred in New Rochelle. Upon investigation it was found that the outbreak was one of paratyphoid, and subsequently the source was determined to be a carrier on a certified dairy.

## TYPHOID FEVER FROM PALISADES PARK.

Recently some eighty odd cases of typhoid fever occurred in New York City, mostly among children. Upon investigation it was found that the infection in all cases had taken place in the southern portion of Palisades Park. The State Commissioner of Health made a personal survey of conditions in the Park and found that the Park Commissioners were taking every possible precaution to make conditions sanitary. He found that the water supplies of stationary camps are of excellent quality, and are filtered and chlorinated, unsafe water supplies are conspicuously posted as such. In spite of these safeguards many persons, especially children, drink of unsafe water supplies, and some are

made ill. The epidemic under discussion was caused by the pollution of the waters of a brook near Englewood, N. J.

Acting under the provisions of an Act of the 1923 Legislature, the State Commissioner of Health has formally assumed jurisdiction over the sanitation of that section of Palisades Park lying within the boundaries of New York State, and has assigned an epidemiologist of the Department as resident sanitary officer. The latter will inspect all sources of water supply and other conditions pertaining to the sanitation of the Park.

## DEATH RATES FROM CANCER IN LARGER CITIES OF NEW YORK STATE.

Death rates from cancer for 1921 adjusted for residence, age and sex were recently compiled by the U. S. Bureau of Census. Comparison of the crude and adjusted rates for the larger cities of New York State are interesting. These are shown in the following table.

	Crude Rate	Adjusted Rate
New York City	97.7	105*
Rochester	114.7	99.8
Albany	149.5	94.0
Buffalo	102.6	93.7
Syracuse	107.6	86.4

\* Approximate rate computed from rate for boroughs

## 1923 DEATH RATE SLIGHTLY HIGHER THAN 1922.

The Division of Vital Statistics announces that the death rate for New York State for 1923 was 13.1. This is slightly higher than for the previous year when it was 13.0 per 1,000 population.

For the State exclusive of New York City the increase is still greater—14.8 for 1923 as compared with 14.4 for 1922. However, the 1923 mortality rate for this area is one full point lower than was the average for the five-year period 1917-1921, the average annual rate for the latter period was 15.8. This means a saving of 4,710 lives during 1923.

The increase in the figures for 1923 over 1922 is due to the increased mortality rates in cancer, organic heart disease, nephritis, automobile accidents and the acute respiratory diseases. On the other hand, there were decreases in 1923 in the death rates for typhoid fever, scarlet fever, diphtheria, diarrhea under two years of age, and infant mortality. These decreases, however, were not sufficient to offset the increases in the former group.





# MEDICAL SURVEY



## Number Two

### MEDICINE IN UTICA, NEW YORK

**EDITOR'S NOTE**—This is the second of a series of articles which will describe the practice of medicine in various parts of New York State. The first article was on Rochester, and appeared on page 771 of the JOURNAL for July, 1924.

For the information contained in the present article we are deeply grateful to the officials of all the hospitals and institutions which have a direct relation to medicine. One of the joys of the Editor is the friendliness of the medical workers in all branches of medicine. We are especially indebted to the following medical friends whom we will name alphabetically in order that each may be "First Among Equals" in co-operation with the Editor: Dr. Halsey J. Ball, District State Health Officer for the section including Oneida County.

Dr. T. Wood Clarke, Medical Director of the Baby Welfare Committee.

Dr. R. H. Hutchings, Superintendent, and Dr. C. O. Cheney, Assistant Superintendent, of the Utica State Hospital.

Dr. G. M. Lewis, President of the Medical Society of the County of Oneida.

Dr. H. H. Shaw, Health Officer of the City of Utica.

If any items of this article are inaccurate, the fault lies solely in the inability of the Editor to record the rich fund of information that was freely given by these medical leaders.

Utica is located in Oneida County, N. Y. and is the medical center for the whole county. The United States Census of 1920 credits the city with 94,156 population, but the census of the city shows that the present population is now 105,631. The city of Rome, which is also located in Oneida County, had a population of 26,341 in 1920 and the rest of the county had 62,337 population in 1920, or a total of 182,833 for the whole county. The 1920 census gives the urban population as 123,535, and the rural, or places under 2,500 population, as 59,298. The rural population of the county is 47.4 per square mile. The area of Oneida County is 1,250 square miles.

The number of physicians practicing in the city of Utica is 154, according to the 1923 Medical Directory of the Medical Society of the State of New York. This gives a proportion of one physician to every 700 inhabitants. Rome has 29 physicians or one to every 900 inhabitants, and the rest of the county has 45 physicians, or

one to every 1,300 inhabitants. There are 228 physicians in the whole county of Oneida, or one to every 800 population.

The unequal distribution of physicians in Oneida County, and their undue proportion in the cities, might be taken to show a need for more physicians in the rural sections of the county. But we could find no evidence of such a lack of physicians. The physicians in the rural sections seemed to be as prosperous as those in the cities. The rural physicians have their full quota of membership in the County Medical Society, and attend the meetings as faithfully as their city brethren. The President of the Society is a rural practitioner, and the car which he drove was as classy and speedy as any at the County Society meeting which we attended.

The rural physicians of the northern part of the county are hampered by snow-blocked roads in the winter, but the President of the County Society has proved the practicability of a combination of Ford car and caterpillar tractor which enables him to ride over any amount of snow. (See this JOURNAL, March 21, 1924, page 425.) It would seem that medical service can be obtained readily in any part of Oneida County.

**Medical Societies** The dominating organization of Utica and of Oneida County is the Medical Society of the County. This Society has 185 members, or 90 per cent of the practicing physicians of the county. It holds four meetings annually, and fulfills the duties of a local academy of medicine. It recognizes the value of the specialists. There is a recognition of the need for more specialists in the county. The County Society has discussed the question of a medical library and of a medical building. It has undoubtedly both ideals in its future. It would seem that the County Medical Society is a profit. The dues of the Society are \$2.00 annually, and it offers an opportunity of opportunity.

A meeting of which we attended on the part of the comradeship of physicians of the County Medical Society.



which shall control all phases of medical practice in its territory

The place of group medical societies in Utica is largely taken by the staffs of its five hospitals, each of which holds monthly staff meetings. These staff meetings conform to the plan and standards of the American College of Surgeons. All fatal cases are reported, and any case may be brought up for discussion. The staff meetings have proved satisfactory, and are potent factors in promoting a high standard of medical work.

The homeopathic physicians of Utica have a medical society of their own, with about twenty members. The homeopaths conduct their own hospital, which conforms to the standards of the American College of Surgeons. It is an open hospital, admitting the patients of other physicians. The homeopaths a generation ago were popular in Utica, as they were in Rochester and other cities in Central New York. They had business ability and organizing power, and took advantage of their opportunities to establish strong hospitals whose standards were those of the other hospitals of the cities.

Another medical society of Utica is The Medical Club. It is thirty-three years old, and its membership is limited to twenty. It holds monthly meetings which are both scientific and social in their nature.

**Laboratories** Each of the five hospitals of the city of Utica maintains a laboratory. The pioneer laboratory was established at the Utica State Hospital in 1868, by Dr. Edward Hun of Albany, and has been in continuous operation since. The first laboratory in a general hospital of Utica was established in the St. Elizabeth Hospital in memory of Dr. Wallace Clarke. All the hospitals are now prepared to do pathological, bacteriological, and chemical tests for all ordinary conditions.

The routine examinations of specimens for public health purposes required by the Public Health Law and Sanitary Code are made at the G. Alder Blumer Laboratory of the Utica State Hospital, which contracts for this work with the city of Utica and the New Hartford consolidated health district. The county medical society has passed a resolution petitioning the county board of supervisors to contract for the entire county exclusive of Utica and Rome.

The State Hospital Laboratory is equipped with a seated amphitheater in which autopsies are done. It is prepared to cut and stain pathological specimens, and has an apparatus for making photo-micrographs. The resources of the Utica State Hospital are at the disposal of the doctors of Oneida County, and are extensively used by the general practitioners. The Director of the Laboratory, Dr. C. L. Rus-

sell, is always ready to assist the physicians in their laboratory and pathological problems.

**Hospitals** Utica has five hospitals for general medical and surgical cases, as follows:

St. Elizabeth's	Beds, 100
St. Luke's	" 120
Faxton	" 150
Homeopathic	" 60
General (city)	" 65
General, contagious	" 60

555.

In addition, Rome has a general hospital, with 30 beds. Oneida County also has a county hospital consisting of two divisions,—one division for general chronic cases, with 92 beds, and a tuberculosis division with 88 beds.

The total number of hospital beds available for the people of Oneida County is 765, or four beds for each one thousand of population. This ratio is about that of Rochester, N. Y., and is the lowest which will fill the needs of a community, according to the standards of the New York State Board of Charities.

The usefulness of the County Hospital is impaired by its location on the grounds of the County Alms House. This should be considered in providing for the care of the sick poor at public expense.

The maintenance of five laboratories by the hospitals is somewhat criticized on the ground of expense of duplication of effort. Still, there does not seem to be a practical way of conducting a union laboratory. Each hospital needs laboratory facilities immediately available, and the cost of its support is a necessary charge upon the maintenance of the hospital.

Each of the five general hospitals of Utica, and also the Utica State Hospital, conducts a training school for nurses. A trial was made of the plan to have the class-room work of the schools done in one center, and by one staff of instructors, but some of the hospitals found the plan unsatisfactory on account of the difficulty of co-ordinating the class-room work with the ward teaching. For example, the opportune time for teaching a subject would not be the same in the several hospitals. Since the best teaching is that founded on clinical material, a fixed class-room course for all five hospitals did not prove to be practical. Accordingly two of the hospitals withdrew at the end of the year, but the Central Training School was carried on last year by the Homeopathic, the Faxton, and the Utica State Hospitals, and it has been determined to continue this arrangement. The Central School is housed in the building of the Utica High School, and the facilities of the school are available in the instruction of nurses.

The General Hospital of Utica is the only one that maintains an ambulance service for respond-



ing to public calls. Its service seems to be satisfactory, and sufficient for the needs of the city.

A convalescent home for crippled children, with a capacity of 12 beds, is conducted by the Rotary Club of Utica. The Club also supports five beds in St. Elizabeth Hospital for acute operative cases.

*The Utica Dispensary.* The needs of walking patients of the City of Utica are met by the Utica Dispensary. This is conducted by a special organization and occupies an entire building. It is divided into fourteen divisions, and has twenty-five physicians and nine nurses on its staff. It performs a much needed service, and its work is popular among the physicians of Utica.

*Baby Welfare Committee.* The Baby Welfare Committee of Utica is an incorporated body that was organized in 1912. It conducts four centers at which mothers may bring their babies for consultation and advice. The work is corrective, preventive, and educational, and includes prenatal and pre school activities. The Committee works in close harmony with the hospitals, and the Utica Dispensary. The excellent results of its activities are indicated by the drop in the infant mortality rate for Utica from 158 in each 1,000 births in 1912, to 81 in 1923. The 1923 infant mortality for the whole county was 77, while the rate was 81 for the whole state outside of New York City. The success of the work of the Committee is due largely to Dr. T. Wood Clarke, Medical Director. The funds of the committee are derived in part from the community chest, and in part from the city treasury.

*The Utica State Hospital.* The Utica State Hospital for Mental Disorders, with its 1,900 inmates is a large factor in the medical activities of Utica and its vicinity. It was founded in 1843, and was the first hospital in New York State to be established for the insane. Dr. R. H. Hutchings, the Superintendent, and Dr. C. O. Cheney, Assistant Superintendent, take an active interest in general medical work in Oneida and adjacent counties. The Biological Laboratory of the institution is also the biological laboratory for the Health Bureau of the City of Utica and town and village of New Hartford.

A striking feature of the Utica State Hospital is that during the past two years about 20 per cent of cases admitted to the hospital came of their own accord largely as the result of the mental clinics which have been conducted regularly by the hospital staff in several cities of Central New York. The first mental clinic held regularly at a New York State Hospital for community advice and treatment was instituted in 1909 by Dr. Hutchings while he was stationed at the St. Lawrence State Hospital in Ogdensburg, and he has been active in promoting the clinics ever since. The clinics have been a great

factor in educating physicians in practical mental disease work and in the detection of mental disorders while they are in a curable stage. The success of Drs. Hutchings and Cheney in this newer line of work is due largely to their friendly association with their medical brethren. They have also been active in promoting the teaching of social workers and college classes regarding the nature of mental hygiene work. They have indicated clearly the lines of work which must be followed in order to create an educated public sentiment regarding the proper attitude of the people toward those who suffer with mental disorders.

*Bureau of Health.* Utica conducts its official work in public health by means of a Health Bureau in the Department of Public Safety, and, like Rochester, calls its medical head The Health Officer, and operates under the Sanitary Code of the State of New York. The Health Officer is Dr. Hugh H. Shaw, who has retained his office without question during three political changes in the city administration. The physicians of the city co-operate well with the Health Officer, and up-to-date work is done by the Health Bureau. The physicians of the city are giving a large number of toxin antitoxin injections for the prevention of diphtheria. The routine examination of specimens is done by the laboratory of the Utica State Hospital with which the city has a contract under the State law. This service extends to milk examinations, Wassermann tests, and all the other routine examinations usually made by health departments.

The medical examinations of the school children of Utica are made by the City Department of Education which employs five nurses and four doctors.

*Anti Tuberculosis Work.* The health bureau of Utica conducts regular clinics for the examination of suspected cases and contacts. The remainder of the county is covered by the official county nurse, and the Oneida County Council on Tuberculosis and Public Health of the S. C. A. A., which derives its funds from the sale of Christmas seals and the city of Rome community chest. This agency also contracts with the Metropolitan Life Insurance Company and the Utica Gas and Electric Company for visiting nursing service. The county, exclusive of Utica and Rome, is about equally divided in area and population between the county tuberculosis nurse and the council. The city of Rome has its own unit under the supervision of the executive secretary of the council.

The responsibility for various lines of work seems to be divided, and the situation offers many opportunities for friction. Still the anti-tuberculosis work seems to be carried on efficiently by the physicians, for almost exactly 6 per cent of the deaths that occur in Oneida



County are ascribed to pulmonary tuberculosis, —which is slightly below the percentage of six and seven-tenths of the State outside of New York City, but is above the five and a half per cent of Monroe County where the work is more centralized and unified

A summer tuberculosis camp called Camp Healthmore is permanently located on a farm overlooking the Mohawk Valley between Utica and Rome. It is owned and operated by an incorporated organization and has a capacity at present for about 40 adults and children who have incipient tuberculosis. It is an important factor in the anti-tuberculosis work of Utica and should be developed to serve the whole county

*Public Health Nursing* It was difficult to obtain accurate figures for public health nursing for Utica and for the rest of Oneida County. A full quota of public health nurses are employed, and they were uniformly faithful and efficient. However, their fields of work often overlapped, and it was said by one prominent doctor of Utica that every nurse in the city frequently goes to the same house on the same day.

The following list of the nurses in the city of Utica was obtained from the headquarters of one of the public health activities of the city

School	4 nurses
Visiting	2 nurses
Baby Welfare	7 nurses
Tuberculosis	2 nurses
Rotary Club in orthopedics	1 nurse
Polio work	1 nurse
Venereal disease	1 nurse
Contagious disease	3 nurses
Metropolitan Life Insurance Co	2 nurses
Red Cross	1 nurse

*Red Cross* The Red Cross organization of Utica is carrying on several lines of work quietly and efficiently. It conducts work in occupational therapy in all the hospitals and in the homes of the paralyzed. It employs a teacher who instructs about 40 volunteer workers, who in turn do the detailed work of carrying the instruction to the patients. The principal kinds of work done are basketry, weaving, needlehook mat-making, and needle point on canvas for upholstery. Many afflicted with paralysis, polio, and rheumatism acquire a renewed interest in life when they find they can produce something that brings a substantial amount of money.

The Red Cross has an active production committee that makes surgical gowns and other supplies for the hospitals. This committee also supplies material to the Junior Red Cross classes in the schools, and the material is used as the supplies for the sewing classes of the Domestic Science departments of the schools.

A small group of Red Cross women make books in Braille type for use of the blind.

The Red Cross conducts classes in first aid for various groups in the city. One instructor taught practical life saving to all the policemen with such success that within three weeks a policeman went into a gas-filled house and rescued seven unconscious persons and resuscitated them. This incident led to the appropriation of money by the city for the purpose of teaching first aid to the policemen and firemen.

The Red Cross also has a complete Disaster Relief organization under the command of Major Doolittle, a reserve officer in the U S Army, and Capt Hale, a medical reserve officer. This organization maintains a skeleton organization of ten teams, each consisting of four physicians, who are ready to respond for service at any great disaster. It maintains a list of business houses where beds, blankets, linen, and other hospital supplies may be obtained at a moment's notice. A committee of truck drivers are ready to respond for transportation, and a large amount of supplies in cases is held in the Utica Savings Bank ready for instant use. The Disaster Relief organization is a unique institution in Utica, and is worthy of imitation in other cities of New York State.

*Industrial Medicine* Utica has extensive cotton knitting mills and other industries, many of which have medical departments with physicians and nurses. Many establishments have industrial insurance with the Utica Mutual Insurance Company, and this Company has leased two wards with their accompanying offices and treatment rooms at the Faxon Hospital. This work is active and through it many patients who would otherwise have remained crippled have had their working ability restored. The service is open to policy holders from any part of New York State.

*Community Chest* Utica has raised money for its philanthropic institutions by means of a Community Chest for two years. Last year's chest fell below the normal, largely because of the adoption of the slogan, "Give a day's pay." While this resulted in a larger number of givers, yet the aggregate amount was less than formerly, because many liberal givers estimated their income for a day, and contributed that sum, thinking that it was the amount that was expected from them.

*Impressions* The medical men of Utica left a most happy impression upon the Editor after his three strenuous days' visit to the city, including a half day at the County Medical Society. This article is too brief to include historical references. The record of recent advances and achievements is a sure indication that the physicians of Utica City and Oneida County provide efficient service along all lines of medicine.





## NEWS NOTES



### CHIROPRACTIC UP TO DATE

It is necessary that physicians should know the claims that are made by chiropractors in order to meet the arguments that are put forth by the cultists. Almost the worst argument that a physician can offer against chiropractic is that of saying that the system is bunk and that it is not worth investigating. Such negative arguments as these impress no one. On the other hand a physician who understands the arguments of the chiropractors can meet them convincingly, and can talk concrete facts as well as abstract generalities.

The newest development in the chiropractic system seems to be an instrument which will indicate the site of a chiropractic lesion, and the success of the chiro in removing the condition. The fundamental theory of the chiro is that all sickness is caused by pressure on the nerves at the points where they leave the spinal column, and that "adjustments" of the bones of the back will enlarge the openings, relieve the pressure on the nerves, and permit the nerve impulses to flow freely. The original theory attributed the cause of the pathological conditions to abnormal positions of the vertebrae. The next development of the theory was that of abnormalities of the bony canals through which the nerves pass, and finally has come the refinement that there may be "cord pressures" as well as "spinal nerve pressures." Obviously the chiro is in need of some ready means of making a differential diagnosis between the various kinds of pressures, and that is supplied by a newly invented instrument called the *neurocalometer*. This new instrument measures the action or function of the nerves, just as a *spinograph* made by the X-ray indicates the anatomy, or size and shape of the holes of exit of the nerves. The *neurocalometer* and the X ray machine will enable a chiro to appear to make a visible demonstration of the condition of the nerves which he treats.

The Palmer School of Chiropractic has put out a four-page circular closely printed in small type, describing the *neurocalometer*. The circular reads:

'It will select the exact point of the impingement, and determine on which side of the median line that the impingement is the greatest, and it will give you the exact degree of that impingement. It will pick the same spot invariably any number of times on a given patient, unless some intervening change or a correction of that subluxation has been made. It will prove to even the most skeptical that the impingement (and

its by-product, which is heat) has been reduced to zero as the result of a proper and correct adjustment, thus establishing a normal transmission of mental impulse.'

The short reference to heat indicates the probable nature of the *neurocalometer*. The *Journal of the American Medical Association*, July 12, 1924, page 125, says:

"The *neurocalometer* appears to be essentially a thermopile, or possibly two thermopiles, one on each arm of the instrument. The two arms are apparently separated sufficiently to allow them to 'straddle' the vertebral column. From the thermopile run wires which carry the weak electric current (always generated when a thermopile is subjected to difference in temperature) to a galvanometer. When the pointer stands at zero, it indicates a perfectly normal spinal column, when it swings to the right or left, it is registering a 'subluxation'."

It is an easy matter to change the surface temperature of the skin over the spinal column by manipulation. The heat of the chiro's hand will warm the skin, as also will the increased blood flow induced by the massage and rubbing. A clever chiro could readily make the galvanometer needle move in any direction he chooses.

The author of the circular inserts an appearance of truthfulness by enumerating the following things which the *neurocalometer* will not do:

- 1 "Analyze the blood on a blotter
- 2 "Give electronic reactions of syphilis from the blood of a chicken
- 3 "Give a reaction of cancer of the uterus from a male patient.
- 4 "Nor can it tell the sex of the unborn by a drop of blood of the mother
- 5 "Diagnose tuberculosis through hand writing
- 6 "Act as a substitute for sincerity of purpose, honesty of intent, nor substitute honor to the grafter."

The *neurocalometer* is not sold, but is rented for ten years for the sum of \$2,200, payable \$1,000 in cash and \$10 a month for ten years. The one who rents the machine must agree "to not break or tamper with seals, nor permit anyone else to do so, and to make no less than \$10 charge for each case that pays for adjustments."

The circular also says:

"The holder thereof may advertise it, providing that advertising is honest, truthful, states the possible, and is friendly and considerate of the



man who has been unable to have a neurocalometer as yet"

"Students who matriculate and enroll in any school (other than the P S C ) on or after Sep-

tember 1, 1924, will not be eligible to purchase a neurocalometer lease"

The whole tone of the circular is one of sordid money-getting

F O

## DO CHIROPRACTORS PRACTICE MEDICINE?

The following article appeared in *The Chiropractic Telegram*, the official publication of The New York School of Chiropractic, 360 West 125th Street, New York City, Vol 1, No 7, May, 1924

"Judge Vanderzee is said to enjoy the respect and confidence of his community as a man of character and solid judgment. We do not doubt it. But when he said at the hearing on the Nicoll bill that he regarded the practice of chiropractic as being the practice of medicine, he slipped, and our chances of success slipped with him. His remark doubtless became him as an honest man, but it did not become him as our legal adviser and representative, and his candor reflects that the statement was probably gratuitous and unnecessary. If, however, candor and the situation compelled him to make that damag-

ing admission, candor compels us to say that in the future we should have a legal representative who does not believe that chiropractic is the practice of medicine, whose opinion precisely conforms to the opinion that has been expressed by more than one court in the State of New York"

Judge Vanderzee was the high-priced lawyer for the chiropractors and represented them in Albany during the last session of the Legislature. His remarks to which the article refers were made in the course of the official hearings on the Practice of Medicine Act, and the Chiropractic Bill before the Senate Public Health Committee and the Assembly Ways and Means Committee on March 26, 1924. An account of these hearings was printed on page 502 of the April 4, 1924, issue of this JOURNAL

F O

## SUGGESTIONS FROM AN EX-CHIROPRACTOR

Doctors often get unduly "het up" when they hear the subject of chiropractic mentioned. How long has the medical profession served the public? For years. You get used to your wife, your child, your horse, or your automobile, and you take them as a matter of course. So does the public take the medical profession. The people well know that the doctors stand there to wait upon them when they are ill. We doctors do not think of money when the call comes. We just start. The public,—they know that, even as you and I do. The people may be enticed by some daughter of joy, or some false god, for a time, but when they feel the cold hand of real, honest-to-goodness sickness, do they send for the chiro? They do not, but they return home like the prodigal son. Human flesh is prone to err. Even such monuments of learning and virtue as you and me,—we are not immune. Our clutch may slip, and we may go into the ditch.

The chiro,—he knows that he and his tribe are upstarts, and that is not all,—he knows that the medics know that they are. But the thing that he hates us for is that he thinks we are so much smoother than he is. He knows that he is a pretender, and he assumes that we are. But

the thing that gets him is that he thinks we are so much smoother than he is.

The chiro can understand why we do not attempt to refute his so-called arguments. He knows that he is an upstart. But the thing that he does not understand is the indifference of the doctors. He wants us to get up and talk. Suppose you begin to talk about the prospects of an open winter. He is right on the job. He knows nothing about the weather that is to come, any more than the physicians do, but it gives him a chance to talk, and that is what he wants. If you leave him alone, he is dead, and, too, he is peeved. I say unto you that the chiro cannot understand the indifference of the doctors to him and his "science"—and they call it that with bated breath.

Suppose someone comes into your office and tells you about some fool thing that a chiro has said about the medical profession. You know very well that it is not so, but you get peeved just as much as you would if I told you that your neighbor had said you were a chicken thief. The public knows that you don't steal chickens, but you rush into print, or hire some fool to get up and tell how honest you are. Then what am



I going to do? I will chuckle. I have you on the defensive I have got you to come out and fight

We had better leave the chiros alone We do not need to defend ourselves

Every little while some state legislature passes some law against the chiros That gives them something to fight, and right off they are pleased The great American Public are fond of seeing a fight, and they are in favor of the under dog They expect something in the line of a miracle. They expect the yellow dog to get up and trim the pit bull They expect the chiro to trim the medic. We know that he won't trim the doctor, but you start a fight and it not only gets the sympathy of the public, but it advertises the chiro

If we hire some silver-tongued orator to get up and tell what we are, it would be like having us announce from the housetop that we are not

chicken thieves We do not have to defend the obvious Are we to enter the arena and defend ourselves against scurrilous calumnies? It is easy to appeal to the emotions, and any one can incite the multitude But after the people have had their feelings stirred, they go home and sleep, and in the dull, cold morning they cannot call on the flame to warm them, and cannot see what got them so excited the night before Then reason holds sway and the people seek their doctor-friends as before

The thought I have been trying to get across is this Let the chiros alone, and they will condemn themselves Fight them, of course, when they ask the legislature to legalize their cult, and bring suits against them for gross fraud against individuals But as for the rest of the time, *ignore them*

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## THE MEDICAL SOCIETY OF THE COUNTY OF ONEIDA.

The Medical Society of the County of Oneida held its quarterly meeting at the Three Rivers, Newport N. Y., on Tuesday afternoon, July 8, 1924, with sixty members present. After the transaction of the routine business, Dr. S. Dana Hubbard, Director Bureau of Public Health Education of the Department of Health of New York City, spoke on "The Administration of the Harrison Law in New York City" This control was exercised by the Federal authorities, aided by the City Department of Health in co-operation with the police. Investigations at the outset showed that the addicts were obtaining their drugs by means of prescriptions given by about fifty-five physicians. These doctors were gradually detected and put out of business.

The actual treatment of the addicts was done in a clinic at first, but later they were segregated on North Brother's Island. Dr. Hubbard told of the great difficulty of preventing the smuggling of narcotics to the patients under treatment. The denarcotization of the addicts was simple and easy, but the probability was that they were weak minded and would succumb to temptation in the future, like users of alcohol. The real element in the prevention of drug ad-

diction is the prohibition of the importation of an excess of the drugs into the United States. Thus and the problem of its sale are police problems, and therefore ninety nine per cent of the problem of drug addiction is a problem for policemen rather than physicians.

Dr. Frank Overton, executive editor of the NEW YORK STATE JOURNAL OF MEDICINE, spoke of the relations of the members of the county medical societies to the Medical Society of the State of New York, and of the need of their getting acquainted with the officers of the State Society. He said his visit was friendly and unofficial, and was made for the purpose of getting acquainted with the members of the County Society and of writing a series of articles on medicine in various parts of New York State. He also offered the STATE JOURNAL OF MEDICINE as the organ of publicity for the Medical Society of the County of Oneida.

The meeting was followed by a social supper in which the evidences of good cheer increased after each course of the menu.

A combination of a scientific session with a social banquet constitutes an ideal program for a medical society meeting. F. O.

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## OTSEGO COUNTY MEDICAL SOCIETY

Semi annual meeting of the Otsego County Medical Society was held at Cooperstown on June 10 1924

An unusual feature of the meeting was the

fact that two of the members completed fifty years of membership in the society. Dr. Sylvester Gibbons Pomeroy of West Oneonta and Dr. John Walter Swanson of Springfield



Center Another fact of rare occurrence was that both had practiced their profession in the same place where they began fifty years ago By a vote of the society both were placed on the roll as life members and exempt from further dues Dr Pomeroy was unable to be present on account of sickness in his home Dr Swanson and his wife were present at the dinner Mrs Swanson was presented with a bunch of carnations A similar bunch was sent to the home of Dr

Pomeroy Both men are still in practice

Suitable resolutions were adopted on the death of Dr Bennett W Dewar, of Coopers-town

An address, illustrated by lantern slides, was given by Dr Frederic W Bancroft, of New York City, on Fractures, and the methods of repair

A committee was appointed to arrange for the reception of the Sixth District Branch to be held in Oneonta in October

### MEDICAL SOCIETY OF THE COUNTY OF SARATOGA.

The semi-annual meeting of the Medical Society of the County of Saratoga postponed on account of the illness of its president, was held at Newman's Lake House, Saratoga Lake, July 16, 1924, at 1 30 P M

Following luncheon, the following program was presented

Eulogy to Dr Webster, T E Bullard, Schuylerville

Eulogy to Dr Garbutt, W C Crombie, Mechanicville

Tumors of the Breast, Lewi Donhauser, Albany

The application of Dr Lyman Thayer having been passed by the Board of Censors was presented for action Moved and seconded that he be declared elected Carried

Moved and seconded, that Drs P M Bolton, of Stillwater, and A O Roberts, of Round Lake, be admitted to the Society pending the action of the Board of Censors Carried

Dr Towne presented the following resolution

Resolved, That the President and Secretary be allowed, in the name of the Society, to send a floral tribute to any deceased member, that the President appoint a committee to draft suitable resolutions to be sent to the family of the deceased, that a proper representation of the Society attend the funeral of a deceased member

Dr King moved that the rules be unanimously suspended, and the above resolutions adopted Carried

Moved and seconded that a copy of the Eulogy to Dr Webster be sent to his family Carried

Moved and seconded that a copy of the

Eulogy to Dr Garbutt be sent to Miss Maud Garbutt Carried

Moved and seconded that a vote of thanks be extended to Dr Lewi Donhauser for his very instructive paper Carried

Moved and seconded that the Community House at Ballston Spa, be sent twenty-five dollars for use in holding meetings last winter Carried

The chair then entertained any expression as to whether Mr B D Esmond, Assemblyman from this district, should be extended the privilege of speaker

Motion made and seconded that Mr B D Esmond and Harold Lensmore each be allowed ten minutes Carried

Following the discussion by Messrs B D Esmond and Densmore, it was moved and seconded that the chair appoint a Committee on Publicity and that the legislative committee be included in said Committee Carried

Moved and seconded that the funds remaining in treasury be turned over to the Committee on Publicity appointed by the chair Carried

Moved and seconded that any expense incurred by the Committee on Publicity in excess of the money already in the treasury should be raised by assessing each member pro rata Carried

The Chair appointed the following Committee on Publicity

W J Maby, A W Johnson, G S Towne, H L Loop, W S MacDonald, E Zeh, T E Bullard and R B Caspree

Moved and seconded that the Medical Society of the County of Saratoga be placed on record as endorsing Harold Densmore as candidate for Assembly Carried



## REQUEST FOR A. M. A. JOURNALS

A number of physicians and surgeons in Jugoslavia have expressed a desire to receive copies of American medical magazines, notably the publications of the Medical Societies of New York as well as the American Medical Association, and the magazine on Surgery Gynecology and Obstetrics

If any doctors do not have these magazines bound to keep permanently I will be very grateful if, when they are finished with them, they will send them to me, at 100 Central Park South, to be forwarded to doctors in the Kingdom of Serbs, Croats and Slovenes

ROSALIE S. MORTON, M.D.

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## POST-GRADUATE CLINIC TOUR TO CANADA

Inter-State Post-Graduate Clinic Tour to Canada, British Isles, and Paris in 1925 is now being arranged under the supervision of the Managing-Director's office of the Tri State District Medical Association. The time for leaving will be about the middle of May

The tour will consume, approximately two months time and the total cost from Chicago and back to Chicago again will be less than \$1,000. This will include all clinic arrangements and admissions and all traveling expenses, except meals on Pullmans in America and tips on the ocean steamer. First-class hotels will be used everywhere and the ocean passage will be on the largest and finest of the new one-cabin ships.

Clinics are being arranged in Dublin, Belfast, Liverpool, Manchester, Leeds, Edinburgh, Glasgow, New Castle, London and Paris and other points of clinical interest. The clinics will be

conducted by the leading clinicians of these cities. The opportunity will be given subsequently, to visit the clinic centers in other parts of Europe.

This tour is open to members of the profession who are in good standing in their State or provincial Societies and their families and friends.

Sight seeing programs will be arranged practically every day abroad, including the most scenic part of the countries visited, without extra cost.

On account of the great demand for reservations applications should be made as early as possible to Dr. William B. Peck, Managing-Director, Freeport, Illinois. Preference in the assignment of hotel and steamship accommodations will follow in the order in which the applications are received.

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## AMERICAN ELECTROTHERAPEUTIC ASSOCIATION

The American Electrotherapeutic Association will hold its 34th Annual Meeting September 9th to 12th at the Hotel Pennsylvania, New York City. Papers and demonstrations regarding all phases of physical therapeutics will

be presented. All legally licensed physicians are welcome. For detailed program address the Secretary, Dr. Richard Kovacs, 223 East 68th Street, New York City.

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## UNITED STATES PUBLIC HEALTH SERVICE

Examinations of candidates for entrance into the Regular Corps of the U. S. Public Health Service will be held at the following named places on the dates specified:

At Washington, D. C.	September 15, 1924
At Chicago, Illinois	September 15, 1924
At San Francisco, Cal.	September 15, 1924
At New Orleans, La.	September 15, 1924

Candidates must be not less than twenty-three nor more than thirty-two years of age, and they must have been graduated in medicine at some reputable medical college, and

have had one year's hospital experience or two years professional practice. They must pass satisfactorily oral, written and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to H. S. Cumming, Surgeon General, U. S. Public Health Service, Washington, D. C.



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# BOOK REVIEWS



**OPERATIVE SURGERY** Covering the Operative Technique Involved in the Operations of General and Special Surgery. By WARREN STONE BICKHAM, M.D., F.A.C.S. (In six volumes, totaling approximately 5400 pages with 6378 illustrations.) Vol. 3 containing 1001 pages with 1249 illustrations. Phila and London, W. B. Saunders Co., 1924. Cloth, \$10 per volume. Sold by subscription only.

The fourth volume of this set is devoted to operations upon the chest and abdomen. Here are to be found descriptions of operations upon the pericardium, heart, larger vessels, thoracic portion of the esophagus and other intra-thoracic structures. The author deals with trans-thoracic operations upon the diaphragm and continuous structures. Then follow operations upon the abdominal wall and for hernia. The remaining one-half of the book takes up in logical sequence operations upon the peritoneum and the abdominal contents including the omentum and mesentery, the stomach, the pancreas, the spleen, the liver, gallbladder and ducts and the intestines.

The author sets forth in clear, concise language descriptions of these operations. He first gives a general description—preparation and position, the landmarks, the incision and then a systematic detailed description of the operation. Comments then follow. The text is beautifully illustrated with very numerous half-tone drawings, photographs and diagrams. In each case one finds a display of sound surgical judgment and the best that can be offered in present day surgical methods. This work is an invaluable contribution and a great addition to the surgery of today. ROYALE H. FOWLER.

**HISTORY OF THE GREAT WAR BASED ON OFFICIAL DOCUMENTS—MEDICAL SERVICES** GENERAL HISTORY VOL. III. By MAJOR GENERAL SIR W. G. MACDONALD K.C.M.G., C.B., LL.D. Octavo of 556 pages with illustrations and maps. London His Majesty's Stationery Office, Imperial House, Kingsway, W. C. 2, 1924. Cloth, 21 shillings net.

This third volume of the Medical Services is written in the same thorough, detailed manner as the two preceding volumes. This volume gives the medical services during the operations on the western front in 1916, 1917, 1918, the services in Italy and in Egypt and Palestine. One can readily see how much more complicated the care of soldiers in all sections of the world becomes as the troops are scattered. This volume is complete, and in connection with the other two emphasizes the necessity of medical organization in relation with the Army. H. M. M.

**A TEXT BOOK OF PHARMACOLOGY AND THERAPEUTICS OR THE ACTION OF DRUGS IN HEALTH AND DISEASE.** By ARTHUR R. CUSHNY, M.A., M.D., LL.D. Eighth Edition thoroughly revised. Octavo of 707 pages with 73 illustrations. Phila. and New York, Lea & Febiger, 1924. Cloth, \$6.00.

Dr. Cushny's statements regarding pharmacologic actions are, nowadays generally accepted as the "last word." If you see it in Cushny, it is so, or as nearly so as is possible to state facts in the rapidly evolving science of pharmacology.

The present eighth edition has been almost rewritten and presents the latest ideas on drug action in an authoritative manner that characterizes all of Dr. Cushny's writings.

The status of this book is so well established that the simple statement that this edition is a revision of its predecessors should suffice to commend it.

M. F. DEL.

**GOITRE, A CONTRIBUTION TO THE STUDY OF THE PATHOLOGY AND TREATMENT OF THE DISEASES OF THE THYROID GLAND.** By I. DE QUERVAIN, Professor of Clinical Surgery in the University of Berne. Translated from the French by J. SNOWMAN M.D., M.R.C.P. With 118 illustrations and a Bibliographical Appendix. William Wood & Co., New York, 1924. Price \$6.00.

In a small volume of two hundred and forty seven pages the author has condensed the most important facts upon the subject of goitre. As stated in the introduction the elementary considerations, together with the theories and unsubstantiated statements of this complicated disease, have been purposely omitted. The book contains much of importance and represents the crystallized experiences and thoughts of a master of the subject who has spent many years of intensive work on the physiology, pathology, diagnosis and surgical treatment of goitre. The more important facts with regard to the surgical anatomy and physiology of the thyroid gland are briefly and clearly stated. The chapter on pathological anatomy of goitre is particularly clear and abundantly illustrated with excellent photographs of both the microscopic and gross structure of the various forms of goitre. The discussion of diagnosis and operative treatment of goitre shows the wide experience of the author and the well established conclusions which he draws. The well known points of dispute among surgeons and medical men generally with regard to the treatment of hyperthyroidism and particularly exophthalmic goitre, are considered from a very sane point of view. There is an interesting chapter on the surgery of thyroid deficiency. The book is abundantly illustrated throughout with most helpful plates. The text is clear, concise, interesting and very readable. As the author states, the book is not for the beginner, but primarily for the surgeon who has some familiarity with the subject. The book can be highly recommended for any one interested in the subject of goitre.

EMIL GORTSCH

**LOCAL ANESTHESIA ITS SCIENTIFIC BASIS AND PRACTICAL USE.** By PROF. DR. HEINRICH BRAUN. Second American from the Sixth Revised German Edition translated and edited by MALCOLM L. HARRIS, M.D. Octavo of 411 pages with 231 illustrations. Phila. and New York, Lea & Febiger, 1924. Cloth \$5.00.

The first part of the work covers the historical and theoretical considerations of the subject mentioning all the different agents which have been used during the development of local anesthesia (most of which have now only an historic interest) the second part discusses the practical application of these methods to the surgery of special parts of the body.

The book includes local anesthesia as it is commonly understood, i.e., injection in the vicinity of the operative field, and also the preparation for more extensive operations where the solutions are introduced at a distance, as in regional and conduction anesthesia. Sacral anesthesia appears to be in great favor with the author to judge by the amount of space he devotes to it and his favorable tone of comment.

The author's attitude is fair in outlining the limitations, causes of poor results and possible dangers. He does not make the mistake of advocating the method in all operations to the exclusion of other forms of anesthesia.

G. W. TONG.





# PRUNES



*Contributions Solicited*

## A Homely Parable

Once upon a time an old farmer called his three sons unto him and said unto them "Yet a little while and you will have no father. Now, I have a splendid farm upon which one man can thrive, but as there are three of you, I am sore perplexed as to which of you shall have it. Here are two dollars for each of you, and to him that makes the wisest purchase shall the farm be given."

And it came to pass that on the morrow eve the three sons stood before the father and the oldest said "I pondered long how I should spend my dollars wisely, and at last I bought a pair of strong shoes."

"Well done," said the fond father. "The way through life is rugged and hard and I love you for the preparation you have made for the journey."

And the middle son said "I, too, pondered long and deeply that I might not purchase anything trivial or foolish, and I thought that the cap which I wear is worn and ragged and so I bought me a hat with a wide brim."

"Well done," spoke the proud parent. "Your hat will comfort you when the sun's heat beats fiercely on your aching head. I rejoice, you, too, are wise."

And then up spoke the youngest son. "My father, I did not ponder at all, for I do not covet the farm. My one thought was to keep you with us as long as possible, and so I bought these two boxes of gland extract as a present for you, and may they keep you in health and strength for many years to come."

And the old man wept tears of joy, and embraced his last born son, and said "Though I should have a farm as large as Texas, with a windmill on it, when I die, it shall be yours." And the older brothers moved sadly away—the one brushing the flies from himself with his hat, and the other kicking himself with his new shoes.

*Moral*—It pays to please the old man.

## Le Misérable

Wearily he trudged the city streets, gazing forlornly before him, an expression of unspeakable dejection upon his disconsolate face. Pale and wrinkled were his cheeks, and his lusterless eyes bespoke futility, for it had been many hours that he had tramped the pavements, and fatigue had woven its insidious web about him.

Hopelessly he dragged one foot after the other. At the end of the block he halted, and gazed in the direction of the shop that occupied the corner—a little delicatessen shop. Slowly he approached it. What a longing leaped into his eyes! What an agonized craving! What a look of desire! His mouth began to water, his fingers twitched convulsively, his knees fairly trembled. For in the window there were dainties of every conceivable type and description—salads stuffed with truffles and embellished with tasty sauces, sliced, gaping hams, salted demizens of the deep, huge cheeses, artfully bedecked, preserved and pickled fruit, deviled and potted meats, hors d'œuvres of countless varieties. A veritable feast! And for a moment it seemed that the poor fellow would smash the plate glass and seize what he could lay his hands on. But he merely shook his head, and staggered off upon his dreary course.

Soon he found himself in a section of the city devoted largely to the most elaborate type of private residence, and directly in front of such an abode he came to a stop. Then he fumbled in his waistcoat pocket, produced a key which he applied to the great griled door, and

quietly entered. Within, a group of liveried footmen appeared, two of whom divested him of hat and coat, while another escorted him to a charmingly decorated elevator in the rear of the building. On the third floor he entered a small, heavily carpeted room, paneled in stained oak, and sank into a deep chair.

"Yes, Leeds," he told the manservant, "the same diet, as usual. The doctor's ordered one more week of it. And he's making me walk twenty miles a day. Says he can get me down to under two hundred by the end of the month."

And Leeds bowed gravely and disappeared through a pair of heavy velvet portieres—*Life, C G S*

## Bill Therewith

"Are there any marks on the baby?" asked the anxious father.

The doctor looked the new arrival over carefully and replied, "Yes, he's marked C O D"—*Colorado Medicine*

Mother and small daughter walking on boulevard see young lady with unbuckled galoshes flapping in the breeze. Little daughter says, "Mamma, is that one of those bootleggers that papa talks about?"

George—"Pete introduced a new note into the soup solo today."

Georgian—"How come?"

"He strangled"—*Notre Dame Juggler*

A Milwaukee grade school's examination papers exhibit the following "whcezes":

"Tennyson wrote In Memorandum"

"Gender shows whether a man is masculine, feminine, or neuter"

"Louis XVI was gelatined during the French revolution"

"In India a man out of a cask may not marry a woman out of another cask"

"Gravitation is that which if there were none we should all fly away"

"A cuckoo never lays its own eggs"

From the *Journal* of the A M E

"In Caloifornia, where all the farms are ranches, a distressed autoist approached a country house with the inquiry, 'Have you a monkey wrench?'"

"Naw," replied the Portuguese tenant, 'dis is a cow ranch'."

At the grave of the departed the old darky pastor stood, hat in hand. Looking into the abyss he delivered himself of the funeral oration.

"Samuel Johnson," he says sorrowfully, "you is gone. An' we hopes you is gone where we 'specks you amt'"

## Neglected Mother

Gladys—"I am afraid you aren't as pretty as nurse" Mamma—"What makes you think that?"

Gladys—"We've been walking in the park a whole hour, and not a single policeman has said, 'Hullo, baby, how's nurse?'"—*Pearson's Weekly (London)*



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## CLINICAL DEDUCTIONS FOLLOWING A STUDY OF BONE REPAIR \*†

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EVERY day sees the advance in importance of "Industrial Surgery." Economic loss through incompetence or carelessness in the treatment of fractures is more and more evident. Too often we practice what I heard a surgeon tritely remark in a discussion of a fracture, "When I have nothing to do, I put it up, when I have something to do, I put it off."

"Studies of Bone Repair" may help us to understand many of the processes involved, and we should from this knowledge base a more rational method of treatment. Experimental work in medicine is of little importance unless it has some direct, practical application in our therapy of disease.

Before attempting to state what we know of bone repair, it is advisable to admit how little we as yet understand. Our knowledge has really only skimmed the surface.

We do not know, for instance, by what process the architecture of cancellous bone is altered in certain orthopedic conditions. I recently saw a hip ankylosed in adduction, the X-ray pictures revealed an entire change of the arrangement of the cancellous bone. How did this change occur? If a tooth be removed, there is a change in the jaw. The prepared skeleton we have seen in dissecting rooms should not be our conception of living bones.

Bone is a living tissue that is subject to stresses and strains and to which it progressively undergoes adaptation.

Moreover, adventitious bone occurs in tissues not intimately a part of the skeleton. We find it in lymph nodes, arteries, ovaries in fact in almost any connective tissue structure of the body, and we are at a loss to explain its occurrence.

Experimentally bone has been produced in animals by ligating the vessels of the kidney. Microscopic sections of this kidney from one

to two months later show areas of true bone and calcification occurring in the parenchyma. Neuhoff, working in the laboratory of Surgical Research at The College of Physicians and Surgeons, New York found bone almost universally in fascia lata transplants that he had made to fill a defect in the bladder.

As extraskeletal bone has the same microscopic and chemical characteristics of skeletal bone, we must produce a theory of bone formation, broad enough in its scope to include embryonic bone formation, repair of bone following injury and infection, and adventitious bone.

A study of embryonic bone formation and of adult bone shows that it is a connective tissue structure with the essential characteristic that it has its extracellular structure impregnated with calcium salts. Let us now see what occurs when a bone is broken and attempt to draw deductions from our observations of the process of repair.

1 *Description of gross changes in a fracture*—Fractures of long bones are caused either by direct or indirect violence. A fracture by direct violence has such a force exerted that muscles, nerves and vessels must likewise be traumatized. A fracture due to indirect violence must similarly injure the soft tissues by means of the fractured ends of the bone. We, therefore, consider a fracture not only a broken bone but an association of injuries to muscles, vessels and nerves, and in the region of a joint, possibly joint injuries. The immediate post-traumatic reaction must be intense. Hemorrhage occurs throughout muscle bundles and tends to follow fascial planes. The ecchymosis so frequently seen is often due to hemorrhage seeping through various planes and extending to the skin. Between the fractured ends there is extensive hemorrhage. If the periosteum is not torn, this may be limited by it but in fractures wherein displacement occurs, the periosteum is usually torn and extensive hemorrhage extends from the bone ends. Edema, a

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\* From the Laboratories of the Department of Surgery, Columbia University College of Physicians and Surgeons.



natural sequence of local chemical irritation as in hemorrhage and laceration of lymphatics then also occurs. Clinically, we often see the tremendous swelling of a limb a short time after injury. If a fracture is explored four or five days after injury there is a beginning organization of the blood clot. At about ten days one finds a thick gluey-like material—the early callus—which joins the bone ends and injects adjacent muscle bundles. This callus has a peculiar consistency. If a rabbit's bone is broken and not treated so that the ends overlap, we have found on cutting down on the bone at the end of seven days and excising the surrounding muscles that the ends can be freely moved in a lateral direction, but it is almost impossible to draw these ends so that the overriding is obliterated. We have here then only the factors of the gluey callus because the muscles have been excised and muscle spasm has been eradicated. This experiment shows us why so often it is impossible with the patient under an anesthetic to reduce the existing deformity. A steady traction exerted over a considerable period of time will overcome this.

If, in the above experiment, this callus is cut into and scraped with a knife one feels distinctly gritty particles. This is the beginning ossification of the connective tissue. In about a month one finds on exposing the fracture that the signs of hemorrhage into the muscles have largely disappeared. The exuberant callus has been absorbed and around the fracture ends one finds an ovoid firm mass which cuts with difficulty, and in favorable cases, only slight motion can be detected between fracture ends. As repair progresses, the callus assumes more the natural shape of the bones and union occurs.

*2 Microscopic changes in fracture*—Immediately following fracture, blood clot is seen between the fractured ends. At about five days there has been contraction of the fibrin and early granulation tissue is seen growing in from the periphery of the clot. Even at this stage one can see areas of denser staining in certain areas of the granulation tissue which is apparently beginning deposition of calcium salts on the intercellular stroma. At about ten days, connective tissue is well organized and there are numerous new blood vessels. In the perivascular areas one can see very definite osteoid tissue. At this stage there is quite a definite arrangement of blood vessels, areolar tissue and osteoid tissue. The arrangement is somewhat like the lobules of the liver, one finds blood vessels, surrounding them, an area of areolar tissue and at the periphery of this, osteoid tissue. No specific cell can be identified. There is a gradual transition in the appearance of the cells from connective tissue to osteoid tissue to bone. Figs 4 and 6



FIG 4 Seventeen day callous following fracture. Shows deposition of calcium salts on the avascular zones in early connective tissue.



FIG 6 High power view of Fig 5. A—End of fractured shaft showing atrophy at end with absence of bone nuclei. B—New bone formation in the connective tissue. C—Areolar connective tissue with new formed blood vessels.



Where the periosteum has been torn the same arrangement of osteoid tissue can be seen extending out into the muscles. Occasionally one sees areas of hyalin or fibro cartilage. Exactly what is the significance of the cartilage is difficult to state. The theory has been advanced that where there is false motion, cartilage forms in the early process of repair. Here again one finds transitiona of connective tissue cells, cartilage cells and bone cells. At the periphery of the mass it is difficult to tell where a connective tissue cell ends and cartilage cells begin, or where cartilage cells end and bone cells begin. Figs 1, 2 and 3



FIG 1. Early bone formation following fracture. A—Cartilage. B—New bone. C—Connective tissue. Gradual transitions are observed from connective tissue to cartilage, from connective tissue to bone, and from cartilage to bone. No distinctive cell seen.

Marked changes are noted in the ends of the fractured bones. The nuclei are absent in many of the bone lacunae and there are numerous large apices in the ends of the bone which are apparently due to absorption of both matrix and cells. This atrophy of the bone ends is quite a noticeable factor, and one that has not been sufficiently emphasized. Sections taken at later periods show the lobula arrangement described in early callus but the osteoid is increased at the expense of the areolar tissue. This continues until a definite Haversian canal system appears. Calcium is apparently re-absorbed from the excessive exuberant callus seen in the early sections and scar tissue results

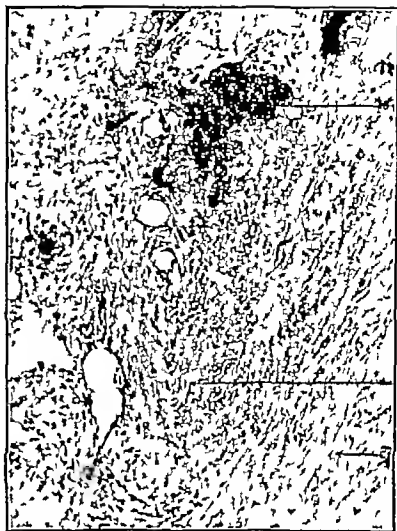


FIG 2. Curettings removed from fracture of humerus in human twelve days after injury. A—Fibro-cartilage. B—Early bone. C—Connective tissue.



FIG 3. Ossification occurring in the mud of muscle fibers twelve days following a fracture of the humerus in an adult. A—Ossification occurring in cartilage. B—Early bone. C—Connective tissue. D—Degenerating muscle fibers.



Sections taken several months after injury show the re-establishment of the medullary canal and definite cortical bone, which is, however, of less density and contains more spaces for connective tissue than the normal cortical bone Fig 5

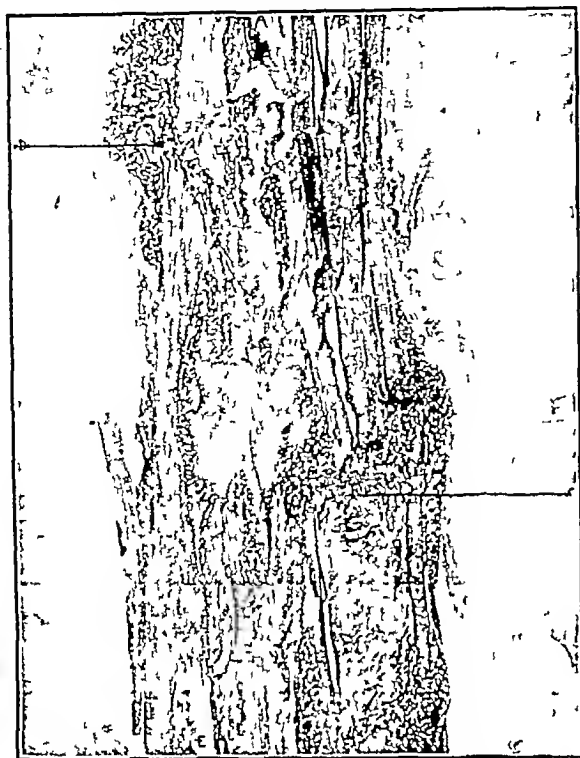


FIG 5 Comminuted fracture of radius and ulna in rabbit fourteen days after injury A—Interosseus membrane B—Medullary canal of radius with cortex on either side C—New bone forming in connecting tissue following hemorrhage around the fractured ends and across the medullary canal D—Detached bone fragments surrounded by new bone formation E—Medullary canal of ulna

The tendency of the Haversian canals at the zone of the fracture is to run at right angles to the cortex rather than parallel to it as in the normal This is presumably due to the fact that the new blood vessels growing into the original granulation tissue were derived from the surrounding soft tissues and grew in this direction The re-alignment of the vessels of the cortex probably does not take place until after a year Where areas of periosteum have been stripped, a fibrous tissue membrane surrounds the bone, but it differs from the normal periosteum in that it has not the areolar tissue in the immediate proximity of the cortex

In cases where there has been marked comminution of the bone, it is a well known clinical observation that there is a much greater output of callus than in a linear fracture

3 *Physico-chemical theories of bone repair*—Howland and Kramer found that the serum in tissue fluids of normal infants contain

phosphate in a nearly saturated solution A slight reduction of the acidity of the tissue fluid at a point in which the cartilage is in close contact with the circulation from the bone marrow reduces the solubility of these salts resulting in their precipitation As a result of the foregoing work and also from the study of calcium phosphate concentration in the serum of rachitic infants, Tisdall and Harris tried to find if the same fundamental principals applied with the deposition of calcium salts in the treatment of fractures They found that in children from 4 months to 9 years there was 5.4 mg of phosphorous to 100 cc of blood serum and that in adults from 20 to 44 years, there were 3.8 mg of phos to 100 cc of serum—a decrease of 1.6 mm Studying adults with fractures, they found that the calcium content remains about the same but that the phosphate is increased from 3.8 mg to 5.3 mg This returns to normal at about 8 weeks after fracture In two cases of non-union both the calcium and phosphorous were only slightly increased

When a bone is broken a certain amount of tissue is damaged and more or less blood is extravasated, coagulated and autolysed It has been shown experimentally that these substances can take calcium from the broken ends of the bone so that the soft tissues about a fracture are richer in calcium than normal tissues It has also been shown that the phosphate content of the blood during the process of repair is greater than at other times

These calcium, phosphate and carbonate ions are free in the acid medium, that is, they are in solution With the growth of granulation tissue and the formation of the hyaline matrix of the newly formed trabeculae, these ions enter the trabeculae and become concentrated there It must then be supposed that the hydrogen ion concentration within the trabeculae is lowered, that is, it becomes more alkaline When this reaches a certain point below that of blood plasma, ionization occurs and triple calcium phosphate and calcium carbonate are precipitated as insoluble salts

We may assume from the above study of a fractured bone that the individual cell, the so-called osteoblast, has very little to do with bone production Calcium salts are apparently deposited on the extracellular elements of connective tissue through some physico-chemical process The fibroblast then becomes a bone cell The periosteum with its areolar tissue and numerous small blood vessels is undoubtedly the best structure for bone formation, but it is not the only structure that may form bone as our study of extraskelatal bone shows

It is an interesting observation that as far as we know, the processes of calcification and ossification are physico-chemically similar



The only difference is that in the case of ossification, we are dealing with precipitation of these salts about living cells and with a free circulation in the immediate vicinity, while with calcification there are no living cells and there is no active circulation in the calcified zone.

4 From the gross, microscopic and physico-chemical findings we may summarize the process of repair of fracture as follows

a Immediate result of fracture is a hemorrhage which may extend into muscles, fascia and skin

b Organization of the blood clot occurs by ingrowth of connective tissue

c Calcium salts, calcium phosphate and calcium carbonate are deposited on the connective tissue stroma in the perivascular areas. These salts are carried in the blood system partly by colloids and partly by carbon dioxide. The change of the hydrogen ion concentration in the vicinity of a fracture with a decrease in the acidity apparently causes their precipitation

d The supply of calcium salts apparently comes from two sources, (1) from the circulating blood and (2) from the fractured ends of the bone by a process of demineralization and atrophy

#### Discussion

In our treatment of fractures, in addition to the purely mechanical replacement of fracture, we must attempt to influence body metabolism and to aid the repair of the soft tissues injured at the time of fracture.

*Clinical deductions*—1 A fracture should be replaced immediately after injury. The delay awaiting the development of X-ray plates before reducing a fracture is often dangerous. The hemorrhage and resulting edema interfere markedly with attempts at replacement. In our physical examination of a patient with fracture, gentleness should be our first thought. Whenever we elicit crepitus, we increase hem-

orrhage and thus interferes with reduction. Moreover numerous attempts at reduction are apt to interfere with eventual union, as too much tissue destruction with the acid products resulting therefrom, delay the deposition of calcium salts.

2 Great care should be used in the application of retentive apparatus. Splints applied too tightly traumatize the soft parts and may cause muscle nerve and vessel injuries. If the circulation is interfered with by too much external pressure the ingrowth of granulation tissue is hindered and ossification will be delayed. On the other hand if our retentive apparatus allows too great mobility of the fragments granulation tissue will be constantly injured and ossification interfered with. In the treatment of every fracture the first few days are the most important for success.

3 We should all pay more attention to the general hygiene of the patient. Sunlight and diet have been shown to be big factors in influencing the calcium and phosphate content of the blood. In certain cases of delayed union, yellow phosphorous, cod liver oil and calcium lactate have apparently aided osteogenesis.

4 Early active motion and massage by stimulating blood supply aid definitely the production of callus. Late adhesions of muscle, fibrosis of muscle and adhesions in joints following fractures are avoided.

5 Fractures in children differ essentially from those in adults in that anatomical displacements of fractured ends often unite without resultant deformity. In children, bone is much more pliable than in adults and fractures occur when bone growth is active. The studies of late results show that often where there has been over-riding of one to two inches X-rays taken one or two years later show no shortening and it is often impossible to see the line of fracture. If we bear these facts in mind many unnecessary open operations on children will be avoided.

## THE IMPORTANCE OF EARLY DIFFERENTIAL DIAGNOSIS OF THE INTRACRANIAL COMPLICATIONS OF MIDDLE EAR INFLAMMATION\*

By THOMAS H. HALSTED, MD., F.A.C.S.,

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THE cases which have occasioned greatest prolonged anxiety to the writer in his experience in oto laryngology have been those in which there has been uncertainty in the differential diagnosis of the brain complications of middle ear suppuration. The responsibility of the otologist in arriving at a decision as to

whether to invade the brain surgically or postpone action until a positive diagnosis can be made creates an anxious situation that is not exceeded in any other department of medicine and surgery. To remove the bone, expose the dura and inspect its outer surface is a safe procedure. To incise the dura and enter the subarachnoid or penetrate through the meninges into the brain substance itself is a pro-

\*Read at the Annual Meeting of the Medical Society of the State of New York in Rochester April 23, 1924.



cedure fraught with maximum risks, especially if done in the presence of infection. To wait for positive evidence of endocranial disease, its nature and its localization, may create such delay that when the operation is made, it is done too late to save the patient's life. To go in too soon, may precipitate a fatal ending in what might otherwise have terminated favorably for the patient, had the surgeon waited longer.

To open the lateral sinus through an infected mastoid cavity when an infected sinus, or thrombus does not exist, may and usually does, produce the very diseased condition it was hoped to cure. To explore the cerebellum for an abscess, which autopsy shows was present instead in the temporo-sphenoidal lobe and might easily have been reached and drained had the diagnosis been correctly made, is to the patient a fatality, to the operator a tragedy. To mistake a serous or protective meningitis for a general suppurative meningitis and in consequence abandon the patient as hopeless, or omit removing all possible focus of infection, is equally appalling. To hesitate, delay and postpone doing the thing that needs doing promptly is as unfortunate as to rashly rush in and operate before clear and definite indications point the way. Watchful waiting is often the only safe procedure, but the waiting must be watchful, not pusillanimous, and when the time comes action should be immediate.

The responsibility for the care and management of a patient threatened with a brain complication of middle ear suppuration should be with the otologist, not with the family physician, the neurologist or the ophthalmologist. There is no class of case, however where co-operation among trained observers in their own field is so helpful and necessary in arriving at a diagnosis as in these brain complications, and their assistance must be available and made use of continually. The ophthalmic examination of the fundus and the ocular muscles should be made by one qualified to report what is present and his findings must be recorded, not once, but repeatedly, and their significance made clear. The assistance of the neurologist may be needed in localizing a brain abscess and in the differential diagnosis, while the pathologist must determine the condition of the blood, and the cerebro spinal fluid after lumbar puncture, while the roentgenologist can add such proof that he cannot be dispensed with. These men constitute a team with the otologist as the captain, and he it is, who must evaluate the positive and the negative findings of each, reach a conclusion after discussion and assume responsibility for such conclusion and resultant action or inaction.

The base of the skull is to a great extent

formed by the roof of the accessory sinuses of the nose (excepting the maxillary), the roofs or tegmen of the tympanic cavity, the mastoid, and the petrous portion of the temporal bone, which latter frequently contains air cells, continuous with those of the mastoid. Their orifices are easily closed or dammed by the swollen mucous membrane of an acute pyogenic infection, shutting the products of the inflammatory process within their bony cavities, and if not quickly relieved through opening spontaneously or by surgical intervention, the invasion deeper of the infective micro-organism may be in the direction of the brain. In the great majority of cases, drainage, of course, does occur into the nasal passages, or into the external auditory canal, and the threat of intracranial invasion subsides. In a certain proportion, however, the infection continues intracranially not through the general circulatory system, as a rule, but by direct continuity through localized necrosis of the bony wall separating these cavities from the brain covering, or along the sheaths of the blood and lymph vessels which traverse the bone or through a retrograde thrombophlebitis, or to the labyrinth and directly from the latter through the internal auditory canal to the inner surface of the cranium in the cerebellar region. Important factors which favor extension inwardly of sinus and middle ear suppuration are the character and the virulence of the micro-organisms causing the external disease.

The peculiarity or abnormality of the anatomical construction of the orifices or a thinness or congenital dehiscence of the tegmen tympani or antri, lend their assistance to the intracranial invasion. The lowered general resistance of the patient, from the effects perhaps of the acute extracranial disease, is a factor to be considered.

Statistics of autopsy findings, and clinical experience as well, show that the middle ear, mastoid and the labyrinth secondarily, afford the portals of entrance of endocranial invasion altogether more frequently than the nasal accessory sinuses, probably because the long, narrow eustachian tube, the narrow aditus ad antrum, the smallness and multiplicity of the mastoid cells all offer a much greater impediment to drainage than do the orifices of the nasal sinuses.

Confining our consideration to middle ear suppuration as the causative factor in these brain complications, it can be said with assurance that the brain, and especially its coverings, are much more commonly affected and infected than is generally supposed. It is said by Hagerer that one in every 200 of infected middle ears develops some form of intracranial



inflammation, circumscribed or general, protective or destructive

Could we but see the dura mater above the tegmen tympani in those cases of acute suppurative otitis media, with great redness and bulging of the drumhead, and severe earache, high temperature, headache, in children with or without vomiting and delirium, we would see a swollen, probably edematous, duramater which would promptly subside on opening the drumhead and draining the infected tympanic cavity, the dura returning to normal leaving no trace of its previously swollen and edematous condition. Without doubt this is a very common occurrence, as common perhaps as is an edematous uvula, which we do see, as the earliest condition and indication in a peritonsillar infection long before suppuration has occurred in the quinsy which is comparatively remote from the edematous and non infected uvula

The brain is extremely sensitive to any approach or intrusion by a micro-organism as might be expected when the character of its structure and its high functions are considered. Protected by a thick scalp, a hard skull, tough dura and meningeal coverings, and enclosed finally by cavities containing the cerebro spinal fluid, circulating around it in all directions its delicate and highly organized structure is well guarded against traumatism. It is equally well guarded against pyogenic infection by means of its extraordinarily efficient and highly developed protective system, existing largely in the cerebro-spinal fluid and its circulatory system, being designed to destroy and quickly remove any invading micro-organisms and their inflammatory products by its large phagocytes and scavenger system. There is no organ or structure within the body so capable, by itself, of protecting itself against infection, either before or after the entrance of pyogenic organisms as the brain. In consequence, when the middle ear or mastoid becomes infected, the brain immediately takes cognizance, and sets about to protect itself against the host of micro-organisms lying so near a vulnerable portal of entrance as this, by setting up a wall of protection in the contiguous dura, a localized protective serous pachymeningitis being the result. It is the first bulwark thrown up to meet and keep out the possible or threatened invasion

Without question a localized pachymeningitis, serous sterile protective is a common intracranial condition, one in which there is a structural physical change in the dura, redness, swelling, oedema and fibrinous exudate, possibly ecchymosis and even minute hemorrhages and all without any so-called cerebral symptoms. The swelling, however, may be

sufficient to cause headache, nausea, vomiting, dizziness, and if it does, the significance is that the brain is calling for surgical aid to evacuate the pus and drain away from the mastoid the infection and its products nearby and if this is not soon done the sterile pachymeningitis will become itself infected, with a localized suppurative pachymeningitis or extradural abscess resulting. Nature may wall this off. The extra dural abscess may drain through the necrosed bone into the tympanic cavity or mastoid. Such an abscess may heal following mastoidectomy, or it may become chronic, draining for years into the tympanic cavity, the only local symptoms being a chronic otorrhoea. There might be general symptoms of toxæmia, perhaps identical with those due to a tonsillar infection or to an apical dental abscess, but there may be no intracranial or cerebral symptoms beyond perhaps a dull localized headache with attacks of dizziness. If examined, lumbar puncture and fundus findings would be negative. The neurologist would discover nothing. The X-ray might possibly show a fuzzy condition of bony margin at the site of the defect. The fact is that an extra dural abscess is generally discovered, quite unsuspected, in doing the mastoid operation. Its location being either above the tegmen tympani and antri, or posteriorly around the lateral sinus. It may happen that the lesion, the pachymeningitis, is over the posterior surface of the petrous portion of the bone where the sixth nerve is adjacent to the ophthalmic division of the trigeminal, causing a paralysis of the abducens together with neuralgic pain referred to the parietal and temporal region of the same side and accompanied with otorrhoea, these three symptoms constituting Gradenigo's Syndrome. The infection extended to this region from the middle ear through pneumatic cells which often exist in the petrous portion of the temporal bone. The localization in this case is quite definite. The circumscribed pachymeningitis, serous or infected may go no further, but if the dura is invaded to its under or meningeal surface, again nature attempts to guard against a general meningeal infection by causing a general serous meningitis non-infective in character.

A fibrinous exudate is formed walling off that area or section of the subarachnoid space, shutting off the rest of the subarachnoid so preventing a general infection of the whole cerebro-spinal fluid system. This localized meningitis, however, may later act as a bridge or pathway along which pyogenic organisms may force their way to the cortex and into the brain substance, producing an abscess. When the localized serous meningitis occurs there may be no definite signs of its having occurred,



though a lumbar puncture would be expected to show some increase in the globulin and cell count with absence of bacteria, the lower the cell count, probably the less the extent of the localized meningitis. With the onset and development of a general serous meningitis, symptoms are so pronounced that they may be those of a suppurative meningitis with, however, the important and significant absence of microorganisms in the cerebro-spinal fluid. There may be the same degree of temperature and rapid pulse and other general signs of suppuration because of the associated suppurative mastoiditis, the great amount of increased serous exudate in the meninges might cause as severe pressure brain symptoms as if there was infection of the meninges, but there would be again an absence of bacteria in the spinal fluid. The fluid would be turbid, there would be a great increase in the globulin and cells, the latter going even as high as 3,000 to 9,000 per cubic millimeter in a severe case and it would be under high pressure.

The early differential diagnosis of a general serous and a suppurative meningitis is of tremendous importance because the chief hope of preventing the fatal suppurative meningitis lies in removing, surgically, the adjacent infection, wherever that may be, and this must be done without delay. Nature is doing her part to avoid a suppurative meningitis by throwing out a protective meningitis, the increased leucocytes with high percentage of polynuclears, the very severity of the cerebral pressure symptoms, are all evidence that a great struggle within the brain coverings is going on between the defensive system of the brain and the onslaughts of the myriads of micro-organisms entrenched in an adjacent area. The surgeon is being called on vehemently for assistance, and to be effective he must attack wherever these micro-organisms are known to be, the tympanic cavity, the mastoid, perhaps beyond to the extradural abscess, may be the labyrinth, often the lateral sinus, or he may have to go through the meninges into the abscess which has formed within the brain substance itself, and is now attacking from the rear.

Serous meningitis offers a hopeful prognosis because of the possibility of surgical eradication of the adjacent infection, the prognosis depending largely on making a correct diagnosis of this localization.

Suppurative meningitis is, of all the intracranial complications, the one most to be dreaded, because, regardless of surgical or other agencies directed to the adjacent infected areas, or to the drainage of the cerebro-spinal system where the infection now is, the end is almost uniformly fatal. Eagleton, who has analyzed all the reported recoveries from sup-

purative meningitis, finds in the literature less than forty cases recovered, following all kinds of treatment in which there was positive evidence of this disease. Of 125 authentic cases of otitic suppurative meningitis reported by Berggren and Mygind, it was shown that the pathway of infection from the middle ear was in 30 per cent of cases through the labyrinth, in 27 per cent through sinus phlebitis, in 13.5 per cent through a pachymeningitis (with or without brain abscess), through bony changes in the tegmen, 8.8 per cent, while 20 per cent could not be traced. In other words, 80 per cent of cases ending in a fatal suppurative meningitis might have been attacked surgically and many of them saved through timely operation directed to the labyrinth, the lateral sinus, brain abscess, and the mastoid, but to be successful the surgical interference should be before the cerebro-spinal fluid was invaded by the microorganisms. Of course, in many fulminating cases of exceeding virulent infection and perhaps poor resistance, the patient is overwhelmed, almost before the diagnosis is made. Every otologist has met with cases in which not more than 36 to 72 hours intervened between the initial earache and death from meningitis. Fortunately these are exceptional, though cases in which less than a week covers the whole history of the attack, are not uncommon.

Notwithstanding, the almost hopeless prognosis, as shown by his own thorough investigation, Eagleton describes a means of attack, through drainage and irrigation of the cerebro-spinal circulatory system that resulted in three recoveries among thirteen cases in which he employed it. He seems to propose the most rational method of reaching this, otherwise, fatal terminal complication of middle ear and intracranial infection.

Brain abscess of otitic origin is usually the result of direct extension from an adjacent infection in the mastoid, the pathway being through the tegmen, the dura, the circumscribed meningitis to the brain cortex and through it into the brain substance, in the temporo-sphenoidal lobe, or posteriorly from the labyrinth by way of the internal auditory canal or the lateral sinus to the cerebellum or the cerebrum. A metastatic abscess may result from the infection of a thrombus in the lateral sinus being carried to any part of the brain, metastatic abscess of otitic origin being, however, comparatively quite infrequent.

Brain abscess occurs in adults several times as often as in children, it follows chronic middle ear suppuration six or seven times as frequently as acute, and is found in the temporo-sphenoidal lobe twice as often as in the cerebellum. These are important facts to remem-



ber in the differential diagnosis of the intracranial lesion when there is uncertainty as to the fact of an abscess, and the site of its localization

Local signs may be entirely wanting, while the general symptoms may be present in sufficient force to warrant a diagnosis of abscess within the brain somewhere. When the infection reaches the brain substance immediately an effort is made to wall it off and confine it to a limited area, encapsulating it. During the early acute period the patient is likely to succumb, but if he survives, the abscess becomes encapsulated, the time required for this process averaging about 17 days.

The symptoms of brain abscess are those, in the beginning, of intracranial suppuration plus those of intracerebral pressure, the pressure symptoms usually coming on later than those of suppuration, to these may be added focal symptoms due to destruction or pressure of the brain tissue involved. It is the absence of the latter that makes localization so difficult, often impossible, in which event it is most important to know from what area in the middle or internal ear the infection entered the cranium, whether through the tegmen beneath the temporo-sphenoidal lobe, or from the posterior surface to the dura about the lateral sinus or the labyrinth and internal auditory canal adjacent to the cerebellum. Once the probable route through the bone can be decided, then the site of the brain abscess can be determined with reasonable probability, sufficient to warrant exploration of the brain in the temporo-sphenoidal lobe or the cerebellum as the case may be. On the other hand if definite and specific focal signs are present, pointing to the temporo-sphenoidal lobe, or to the cerebellum or indeed to any other region, than these facts should take precedence over the supposed route of intracranial invasion in diagnosing the site of the abscess. When the question arises in any given case as to the diagnosis of brain abscess, Lagleton asks himself (1) Is cerebral suppuration possible, (2) If possible, is it probable, then if it is both possible and probable, is cerebral compression present? If so, then, the important question is where is it localized? And this is answered by deciding upon the site of invasion which will at least point the way to the location of the abscess. But the focal signs, if definite and specific, would outweigh any other consideration. There may have been every evidence of a labyrinthitis having existed prior to the development of a brain abscess, vomiting, vertigo, nystagmus, stiff neck, Kernig, may have been prominent symptoms throughout, and lacking definite focal symptoms, one would expect the abscess would be in the cerebellum, but

simultaneous aphasia occur and be the only positive focal symptom, to be discovered, the abscess should be looked for in the temporo-sphenoidal lobe of the left side.

Brain abscess secondary to acute otitis presents a different picture in its symptomatic development than that following a chronic suppurative otitis. In the first class of case, six or seven times less frequent than the second, there are the earlier signs of mastoiditis, localized meningitis, general serous meningitis, followed by the symptoms of a developing abscess in the brain substance, while in the second and more usual cases, and following upon a history of old otorrhea, the symptoms of the developing brain abscess are more insidious, less stormy in the beginning, come out of a comparatively clear sky, and for that reason are more clear cut. As we know, the abscess often develops so slowly, and so inconspicuously that only at autopsy is its presence first known or even suspected.

Infection of the lateral sinus, resulting in a thrombophlebitis is an endocranial complication of great frequency particularly in acute mastoid suppuration, occurring perhaps as often following a mastoidectomy as before it. There may be general systemic infection of a thrombophlebitis of the mastoid veins without any involvement of the lateral sinus or jugular. The jugular may be infected directly from the floor of the tympanic cavity, without involvement of the lateral sinus. The micro-organisms may reach the inner wall of the sinus, penetrating it, or through a thrombosis of the mastoid vein or venules extending into the sinus. During the mastoid operation, infection may occur through trauma, an infected spicule piercing, perhaps minutely, the wall, symptoms developing in four or five days. While the onset of the symptoms of sinus infection began, as a rule, with a sharp elevation of temperature, preceded by a chill or chilliness, there are many cases in which the temperature is very little elevated and there may be absence of chills and chilliness. While the typical temperature is that of a septicæmia there are many variations, the temperature being in many that of a low grade infection, 99° to 100° or 101°. Tobey reports a series of cases in which there is absence of fever, and he suggests a clinical classification into three types, (1) septic explosive type an acute infection, (2) typhoidal type, a low grade infection, (3) latent type, with intermittent mild symptoms of septic absorption, lasting for weeks, and ending finally in a fatal suppurative meningitis.

Unless there be an accompanying perisinus abscess, or other intracranial complication, such as meningitis in the early stages, and before the thrombus obstructs circulation, the symptoms may be those of thrombophlebitis in any part of the venous system, the blood findings those of



a local thrombosis and blood stream infection. With obstruction, partial or complete, with thrombus extension into the torcular or petrosal sinuses or down into the internal jugular, local signs, and those of cerebral irritation are added. Ordinarily the diagnosis of sinus thrombophlebitis is the least difficult of any of the endocranial complications of otitis, and fortunately an early diagnosis offers a larger percentage of recovery, through operation, than any of the other brain complications involving the meninges and brain substance. On three occasions the writer was prepared to operate for lateral sinus thrombus, when positive evidence of erysipelas fortunately appeared in time to prevent opening the sinus, the patients all recovering.

Lumbar puncture, as a diagnostic, prognostic and therapeutic agency, is not employed as frequently and perhaps as early as it might be. While it is a safe procedure ordinarily, yet it must be employed with discrimination especially when cerebellar abscess or tumor is suspected. Perhaps also in cases in which sinus thrombosis, with blood stream infection, is present, because of a danger of the cerebro-spinal fluid itself becoming infected.

While an increase in globulin and cell count of the spinal fluid, without micro-organisms, means usually a serous meningitis, and with organisms a septic meningitis, yet in the early stages of the latter, organisms may not be found, the septic meningitis being circumscribed, repeated daily examinations may be required to show the presence of bacteria. While it may be extremely difficult, it is of the utmost importance to differentiate between serous meningitis, circumscribed and diffuse suppurative meningitis, and this may be done chiefly through the spinal fluid findings.

In the brain abscess the fluid may be clear but is usually cloudy, sterile, and under some pressure, if bacteria be present there is an accompanying meningitis. Sinus thrombosis, uncomplicated by a circumscribed meningitis, gives a clear, sterile, cerebro-spinal fluid without increase in cell count.

In suspected thrombophlebitis blood culture determines sinus infection if the result of the culture is positive, but if negative it is not evidence of there being no thrombus. The presence of streptococcus hemolyticus in the blood, while rendering the prognosis more grave, does not by any means preclude recovery following operation.

The X-ray is of great value in connection with mastoid disease, and for this purpose is invaluable, and should be a routine procedure. Evidence of perisinusitis and thrombosis of the lateral sinus or of a probable extradural abscess may be occasionally, though exceptionally, shown

in a Roentgenogram, while the site of an abscess itself in the brain, may be discovered with certainty, of course, in only a very small percentage of cases. Like so many other factors in diagnosing brain lesions a Roentgenogram when positive may be invaluable, when negative it may be disregarded in the diagnosis.

Regarding the ocular findings in the various intracranial inflammations perhaps the most important fact to remember is that the fundus may show nothing whatever, regardless of the brain lesion, its size or its extent. Optic neuritis and papilledema are the two fundus lesions that may be expected. In an examination of the fundus of all cases of brain complications of otitic origin, occurring during a period of fifteen years in the Municipal Hospital of Copenhagen, it was found that optic neuritis may be absent in all kinds of intracranial complications but may also be present in all forms except the extradural lesions. Of eighty-six cases in which but one complication existed, optic neuritis occurred in twenty-two, that is, one in four, while of fifty-seven cases in which two or more complications co-existed there were twenty cases, about one in three. It occurred twice as frequently in acute cases as in chronic. In uncomplicated thrombophlebitis, it is very rare.

If, however, there is clinical suspicion of thrombophlebitis and optic neuritis is present, the diagnosis of sinus thrombosis can be regarded as certain. Suker, in a recent discussion, gave five points with which to evaluate the fundus findings in any intracranial complication: (1) absence of findings does not indicate absence of lesions, (2) the changes do not indicate the character or the location of the lesion, (3) the changes have no bearing on the prognosis as to life, (4) fundus changes in the absence of cerebral complications are of great diagnostic value in suspected intracranial complications, (5) fundus changes may appear in any type of intracranial disease. Briefly, negative fundus findings are of no significance in diagnosis, positive findings are of the greatest value, especially as to the question of endocranial invasion.

Oculo-motor disturbances, strabismus, diplopia, nystagmus are of great value, especially in differential diagnosis and in localization of the lesion. Examination by the oculist of the visual fields may furnish the only positive evidence of abscess in the temporo-sphenoidal lobe.

In conclusion, it has not been the purpose in this paper to attempt to indicate the clinical signs, symptoms, the laboratory findings that may be present in any one of the intracranial complications of otitis. There are no pathognomonic signs that are present in every case of extradural abscess, of temporo-sphenoidal or cerebellar abscess, of lateral sinus thrombosis, of serous or of suppurative meningitis that may



not also be present in other of these affections. The majority of these cases, sooner or later, if not early interrupted in their progress by recovery or by death, develop one or more or all of the other complications, so that any individual case before its termination may show a multitude of meningeal and cerebral symptoms. The purpose of the writer has been to urge that the otologist be keenly alive to the earliest suggestion of intracranial invasion, and to the necessity of watching every symptom and having the nurse trained to record every symptom no matter how trivial as it appears, endeavoring to value its significance, co-operating freely and continually with the ophthalmologist, the neurologist and the laboratory, always thinking in terms of diagnosis, and being ready at any moment to operate upon that part where localization is centered.

The important thing is to visualize, if possible, the pathological process going on within the cranial cavity from day to day, limit its progress by thorough eradication of the focus of infection, first in the tympanic cavity, then in the mastoid, following it up when necessary as the case may be by labyrinthotomy, by ligating the jugular and opening the lateral sinus, by entering the cerebrum or the cerebellum in the search for the abscess in these regions, an individual case frequently requiring three or four of these various operations in the progressive fight with the invading organisms. But there should be reason for each move and the move should be in the direction of promptly assisting the remarkably efficient, protective and defensive agencies of the brain structure itself, not waiting until the end result, diffuse suppurative meningitis has supervened.

## SAFETY FACTORS IN THYROID SURGERY\*

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THYROID surgery is hazardous surgery and should not be undertaken lightly. In Halstead's "Operative Story of Goitre," Gross is quoted as saying this about the thyroid surgeon of fifty years ago: "Every step he takes will be environed with difficulty, every stroke of his knife will be followed by a torrent of blood, and lucky will it be for him if his victim live long enough to enable him to finish his horrible butchery. Thus, whether we view this operation in relation to the difficulties which must necessarily attend resection of the thyroid, or with reference to the severity of the subsequent inflammation, it is equally deserving of rebuke and condemnation. No honest and sensible surgeon, it seems to me would ever engage in it."

Fortunately there is today a tremendous improvement over this horrible picture of fifty years ago and this has come about by a better understanding of the dangers of thyroid surgery and adoption of means to overcome these dangers. In the large goitre clinics the mortality has been reduced to almost a negligible figure, but among the rank and file of surgeons the mortality is still very high. To reduce this mortality, there must be more careful preparation of patients, more rigid attention to details, and a determination in each case to leave no stone unturned and take advantage of every possible aid that may help to bring about a successful outcome, for very often the margin of safety is very small and the slightest error in judgment or technique

may mean death to the patient. As Charles Mayo<sup>1</sup> says, "It is a lack of appreciation of surgical responsibility to say that elaborate preparation in serious cases is unnecessary or useless when the mortality is so low following these methods. Even if the preparation is unnecessary in some cases it is justified by the general results and will do much to encourage careful examinations, painstaking care, gentleness, and attention to detail in the operation."

In every step of our treatment of these cases, our guiding principle should be *Safety First*. If we are not sure that our patient can stand a greater operative procedure, a lesser one should be done first or further preparation of the patient should be instituted.

Let us consider first for what conditions thyroid surgery is indicated. It is not within the scope of this paper to give a classification of goitres or to give in detail the signs and tests by which we determine into which class a particular case belongs. Nor will we enter into a discussion of the differential diagnosis between Neurasthenia and Exophthalmic Goitre, except to say in passing that it is very important though frequently difficult, to distinguish one from the other. The best single test that we have to differentiate these cases is the Basal Metabolism rate. Of the value of this test in determining the condition of the patient I will speak later. I will also pass over a description of those cases of goitre where operation is contraindicated, as, e.g., in most cases of Adolescent Goitre.

\*Read before the Surgical Section of the Buffalo Academy of Medicine, January 2, 1934.



Thyroid surgery, then, is done for one or several of the following conditions

- 1 Unsightliness
- 2 Pressure symptoms, including pressure on the trachea, on the oesophagus, and on the recurrent laryngeal nerves
- 3 Malignancy
- 4 Potentially toxic conditions
- 5 Toxic conditions

A word about the medical treatment of these conditions. It is pretty well conceded that medical treatment alone does not cure these conditions and only delays the necessary surgical treatment. I am not, of course, referring to the prophylactic and curative treatment of adolescent goitre with iodine. But medical treatment is very necessary and important in conjunction with the surgical treatment.

As to X-ray treatment, that, too, does not compare with surgery in its results. The objections to its use in hyperthyroidism are given by Crile as follows:

The dose is always a guess

Relapses are common

Delay in unsuccessful cases means serious damage to heart, liver and nervous system

Operation later is more difficult

The treatment of the first four conditions mentioned above may be considered together, namely

Unsightliness

Pressure symptoms

Malignancy

Potentially toxic conditions

We will take up the surgical treatment of this non-toxic group and then consider the last group, the cases with toxic symptoms, and discuss the factors of safety peculiar to these much more hazardous cases.

The preoperative treatment of the non-toxic group does not differ materially from that of surgical conditions in general. A careful history and physical examination, including a urine examination, are essential as they are in all surgical cases. Where an introthoracic goitre is suspected, an X-ray examination should also be made. One must be careful not to include a toxic case in this class. Here again the metabolic rate is of great value and for this reason this test ought to be done in every case before operation on the thyroid is done.

The choice of anesthetic is not particularly important in this group. Ether, gas, or local anesthesia may be used. Where pressure on the trachea is marked, local anesthesia is the safest and should be used. In fact, local anesthesia is the safest anesthetic in all these cases, chiefly because irritation of the recurrent laryngeal

nerve can immediately be detected by the patient's voice and because post-operative pneumonia, vomiting and thyrotoxicosis are greatly diminished. It should be preceded by morphine, the average dose being  $\frac{1}{4}$  grain with  $\frac{1}{150}$  Atropine 2 hours before and  $\frac{1}{6}$  grain with another  $\frac{1}{150}$  Atropine 1 hour before operation.

The operation that is most generally done for these cases at the present time is a bilateral subtotal lobectomy, leaving a small part of each lobe behind, namely the posterointernal part, which lies over the recurrent nerve and parathyroid glands. Total intracapsular lobectomy on one side only or with partial lobectomy on the other side is also practised a great deal. No routine method will fit all cases and we should be prepared to use other methods, but for the majority of cases bilateral subtotal lobectomy seems to be the operation of choice and from the standpoint of safety and symmetry is the most desirable. It is not quite as easy as total lobectomy, takes a little longer, but its greater safety makes it the best operation.

Before describing the technique of the operation, I should like briefly to review the important points in the anatomy of the thyroid, a knowledge of which is indispensable for doing a safe operation.

The thyroid gland embraces the trachea, as it were, one lobe being on each side of the trachea and the isthmus passing in front of it. It is attached to the trachea by connective tissue. The lobes usually project back far enough to also lie in contact with the oesophagus directly posterior to the trachea. The recurrent laryngeal nerve comes up from below, lying in the cleft between the trachea and oesophagus, thus lying in contact with the postero-internal border of the lobe. On the outer side of each lobe lies the carotid sheath, containing the common carotid artery, internal jugular vein and pneumogastric nerve. Lying over the gland in front are the ribbon muscles of the neck. Lying on the ribbon muscles are the anterior jugular veins and more laterally, the external jugular veins. These are covered, in turn, by the platysma muscle and skin and subcutaneous tissue. The upper part of each lobe is called the superior pole and it is here that the superior thyroid artery enters and the vein leaves, accompanied by sympathetic nerves. The artery comes down from the external carotid just above the bifurcation of the common carotid artery. It gives off several branches on the way and soon after reaching the gland, divides into several terminal branches. The vein accompanies the artery. These vessels help to anchor the gland by fixing its superior pole.

The inferior thyroid artery arises from the thyroid axis, passes behind the carotid sheath and



before entering the lower pole, usually divides into two branches. One of these gives off the parathyroidal arteries. These branches may lie in front or behind the recurrent laryngeal nerve and sometimes the nerve passes between them. The inferior thyroid veins empty into the left innominate vein.

Passing from the middle of the lateral border of the gland directly outward into the internal jugular vein is the middle thyroid vein, usually of considerable size. In a small number of cases the thyroidea ima artery enters the isthmus of the gland below, coming directly from the arch of the aorta.

These vessels and its attachment to the trachea anchor the thyroid gland and must be divided before the cuture gland is free.

The thyroid gland itself is surrounded by a very thin adherent peritoneum-like structure called the true capsule. Attached to it posteriorly are the parathyroids, usually two on each side, one close to the trachea a little above the middle and the other more lateral below the middle.

Outside of the true capsule lies the false capsule, which is a fascia just beneath the ribbon muscles and sometimes adherent to them. For practical purposes we can speak of a musculo-fascial plane as the false capsule. Between the two capsules is a space, called the surgical space filled with areolar tissue, which must be reached in order to get a good line of cleavage in enucleating the gland.

*Operation.*—As already indicated, there are many types of operation done, but we believe in the great majority of cases a bilateral subtotal thyroidectomy is the operation of choice. And here again there are many variations in the technique but I will describe the technique we have practiced in recent years and point out why we believe the technique used in the various steps to be the safest. Our technique follows pretty closely that described by Lahey\* of Boston.

A low collar incision is made and the upper flap dissected upward. No lower flap is dissected, because it is not necessary and only invites the formation of a pool of secretions after operation. The anterior edges of the sterno-mastoids are dissected free from the underlying ribbon muscles. This makes it possible to retract the sterno-mastoid and with them the carotid sheath, so that the ribbon muscles can be clamped and turned back more easily and with no danger of catching the internal jugular vein.

The musculo fascial plane is next divided longitudinally down to the true capsule of the gland, separated from the gland, clamps applied, the muscles divided transversely, and turned upward and downward. This step gives the best

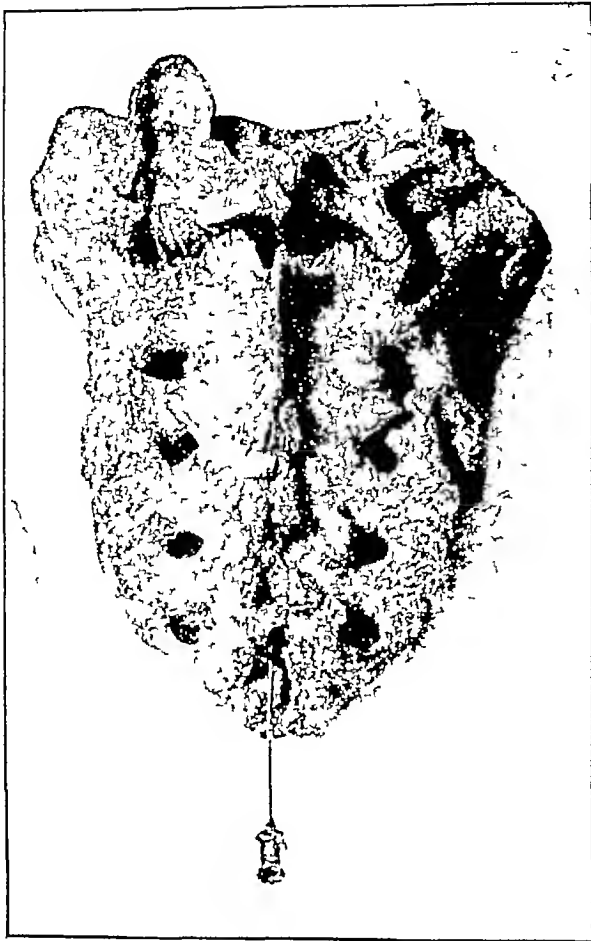
possible exposure and thereby contributes greatly to the safety of the operation. Many surgeons still omit this step and hold the muscles back with retractors until the gland is delivered, but if deep hemorrhage occurs during the delivery, its control is much more difficult and damage to the recurrent nerve much more liable. Therefore, we believe division of these muscles should be the routine procedure in all cases except where it is obviously unnecessary, as in an adenoma of the isthmus only.

Ligation and division of the superior pole constitutes the next step. Here we have found Lahey's method most useful. The upper pole lies between the carotid sheath on the outer side and the trachea on the inner side. By raising the upper pole with a special double hook, retracting the carotid sheath on one side with a special retractor and bluntly separating the pole at its tracheal attachment, a spiral shaped ligature carrier can easily and safely be carried around the pole, which will include not only the superior thyroid artery, but also the vein and sympathetic nerves. The pole is tied with linen, chrome-gut, or pyoktanin cat-gut, the last being strong, absorbable, and not elastic. In tying the knot, the pull on the pole must be relaxed to allow the ligature to sink in. The pole is divided about  $\frac{3}{4}$  inch below the ligature to prevent slipping of the knot. Should serious bleeding occur from a retracted superior artery, we must be prepared to ligate it higher up near its origin from the external carotid, sometimes finding it necessary to divide the omohyoid. Here a knowledge of the anatomy, not only of the immediate surroundings of the thyroid, but also of the regions beyond, is very useful.

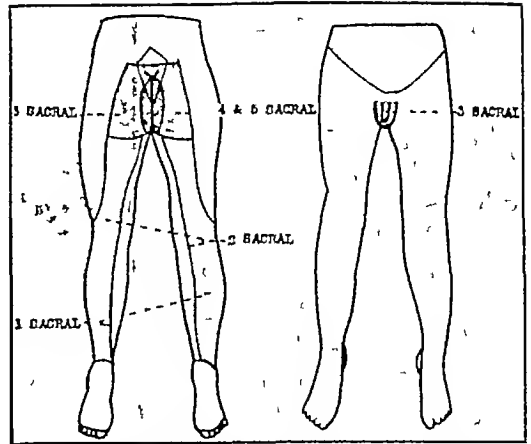
Division of the superior pole mobilizes that part of the gland and it is now attached only by the inferior thyroid vessels and its attachment to the trachea. By traction with one or two double hooks, the lobe is next delivered out of its bed and inverted. In this way the veins, especially the middle thyroid, can be seen, clamped and divided, before they have a chance to bleed. To deliver the lobe by introducing the finger under it, sweeping it around, and pushing it up is very dangerous, as in this way the deep veins are liable to be torn with resultant hemorrhage that is very difficult to control. With the lobe inverted part of the posterior surface comes into view and the parathyroids can occasionally be seen. After the veins are divided, the posterior capsule is pushed down out of harm's way.

We now draw an imaginary line where we decide to divide the gland leaving enough posteriorly to cover the parathyroids and recurrent nerve but not so much as to be unsightly or cause subsequent hyperthyroidism. A series of hemostats are then thrust into the lobe along





(1) Posterior surface of sacrum showing needle in hiatus sacralis

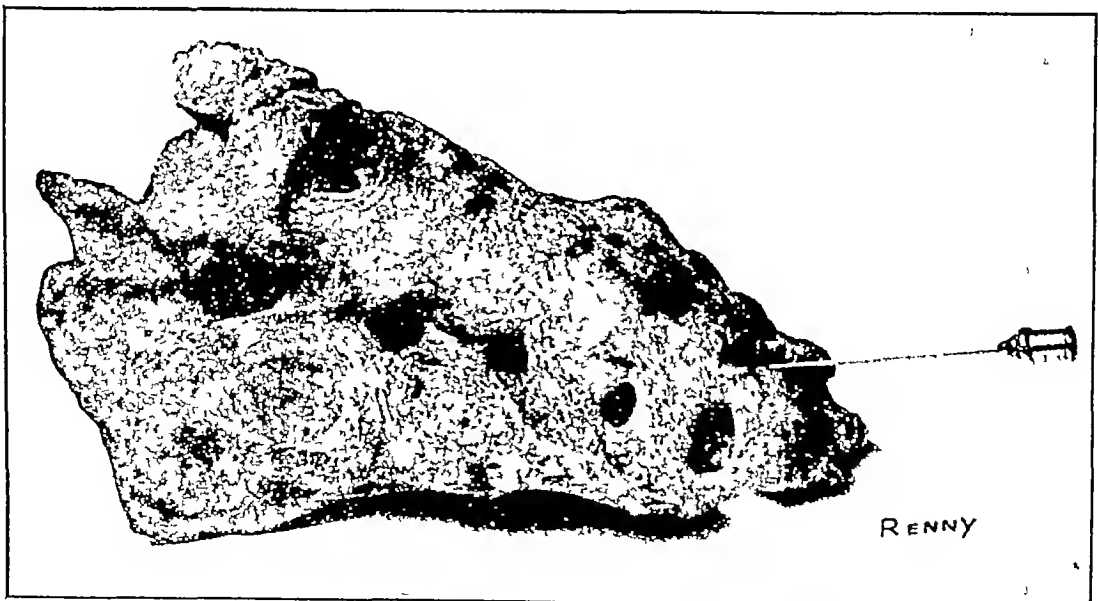


(3) A diagram showing distribution of the sacral nerves

I employ a solution of novocain about 1¼%, 1% is often strong enough. Some operators employ as high as 2%. Adrenalin is not necessary, but I have used it in the majority of cases, having employed novocain tablets or ampoules which contained it.

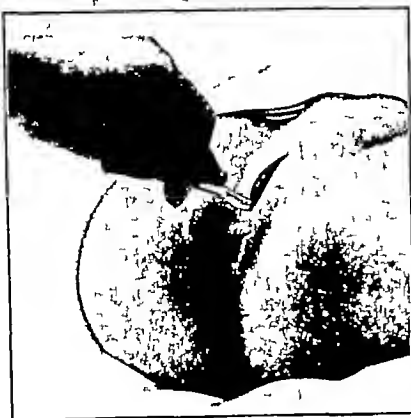
Anesthesia should be complete within the region of the anus within ten to twenty minutes, and other areas of this region within a variable period, ranging from ten to thirty minutes. The anesthesia lasts several hours, so it is better to wait long enough rather than to begin too soon.

As far as we have been able to judge, sacral anesthesia presents practically no disadvantages. We have had no complications nor accidents from its use. There are no bad after effects and the



(2) Lateral view of sacrum showing needle entering canal





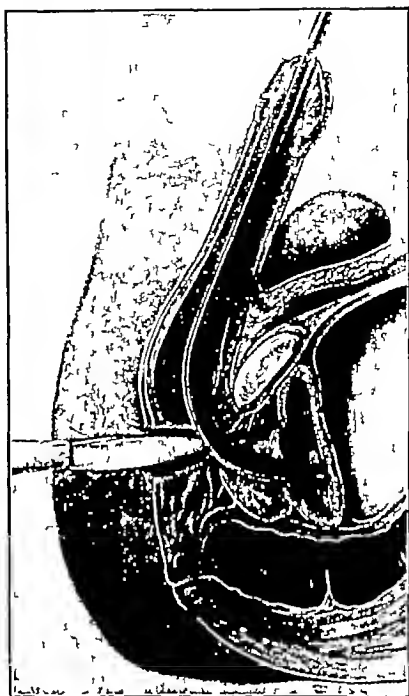
(4) Showing simple median incision in perineum. There is no dissection and but a single sweep of the knife.

analgesia lasts a long time. The first hours of the patient after the operation, are rendered comfortable. There seems to be no disturbance of renal function. Of course, there is no pulmonary irritation and there must be a minimum risk of pneumonia and other pulmonary complications. In a typical case, the patient is able to eat his meal after the operation has been performed, and he is able to be up and to walk about the day after the operation, in other words, he is not made sick by the anesthesia.

*Prostatectomy*—I happen to have been rather a pioneer in this branch of genito urinary surgery. I wrote my first paper on the subject in 1899, and about that time, I developed a technique of my own which I have had very little reason to modify. In other words, I am performing the operation today with the same principles and with essentially the same technique that I used in the beginning.

When I entered the field there was a good deal of confusion of ideas on the subject. Supra pubic and a modified supra pubic and perineal method combined were in vogue. Halstead, in discussing the subject said, that prostatectomy would never become an accepted surgical procedure. He visualized it as a holocaust of blood and destruction, but about this time, I was able to report my first twenty-four operations without having had a death.

My method of operation, I cannot lay claim to having originated, entirely. I feel that each one of us who has worked in this field has been indebted to his co-workers and predecessors. No man has discovered or invented prostatectomy.

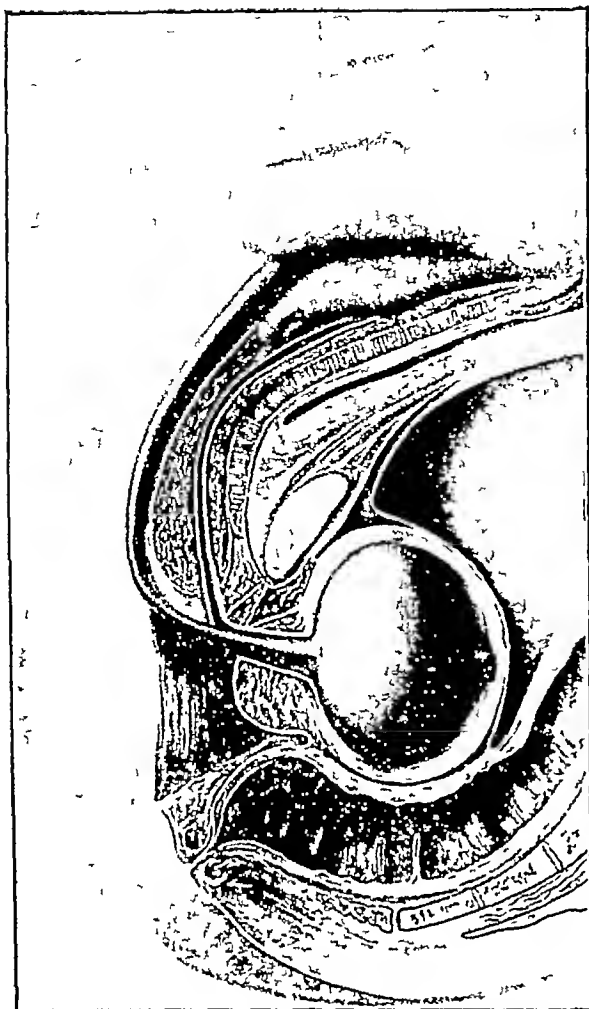


(5) Knife entering the lithotomy staff and dividing the membranous urethra.

The method I employ, I believe, is the simplest of all. It consists of a median perineal urethrotomy, with ample exposure of the prostatic apex, of opening the prostatic sheath or the deep fascia on either side of the urethra, and of enucleation of the prostatic lobes through these two lateral incisions. When performed successfully and satisfactorily, there will have been no mutilation of the bladder. The bladder is not opened, and there is no mutilation of the external sphincter, except a clean cut longitudinal incision through the membranous urethra. There is practically no dissection the exposure being made through a simple median incision and the rectum with its overlying tissues being pushed back and away from the operation field by blunt dissection. There should never be risk of injury to the rectum. Undoubtedly the chance of wounding the rectum which is attendant upon the dissecting operations has made some surgeons prefer the supra pubic method.

The operation is done under the aid of vision





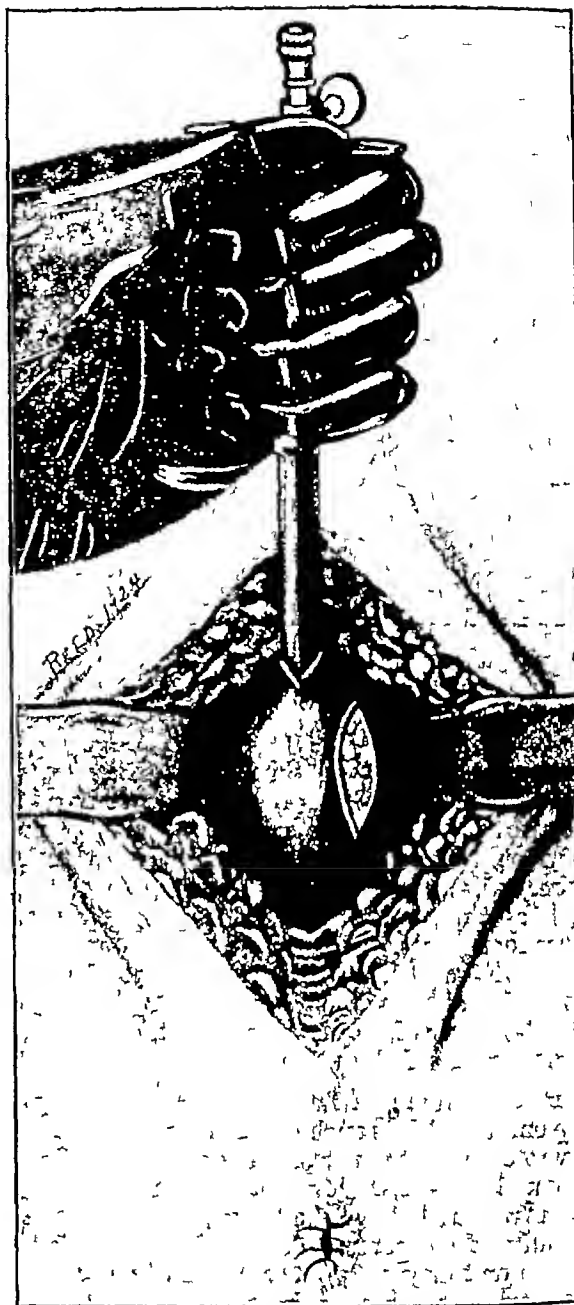
(6) Showing Syms' rubber tractor within the bladder, pulling prostate toward the surface (I am now using Youngs' tractor instead of my own)

I have had moving pictures taken which show plainly every stage of the operation. The prostate is situated so that it can be plainly seen after the sheath has been opened, and one has double security in operating by sight as well as by touch.

The bugbear hemorrhage is not a feature of this operation. If one makes his enucleation from within the prostatic sheath, removing the smooth glistening lobes which can be plainly seen, one will not be lacerating the large venous plexus which surrounds the prostate and which is the cause of troublesome hemorrhage in other methods of operating, and in faulty application of this method.

Pulmonary embolus is not a complication to be dreaded as in the supra-pubic method.

The operation can be performed with deliberation and precision within from five to ten minutes. I completed one operation in one minute, actual time.



(7) Showing Youngs' tractor in situ. Incision in sheath of prostate is shown, ready for enucleation.

After the operation there will have been a minimum of mutilation. The patient's bladder should hold water while he is on the table. I have had patients hold their urine six or more hours on the first day after the operation. The patient should be able to sit up and walk about in from 24 to 48 hours. I have had patients return to their homes, dressed and dry and able to travel about within five days. One patient, acting as a guide, brought a number of other patients from Lebanon Hospital to the Surgical Society, one week from the day of his operation. He was able to hold his urine four or five hours,



and to empty his bladder. In other words, he had fully restored bladder function.

To sum up, this method of operation appeals to me as having the following advantages:

(1) Perineal prostatectomy shows a mortality far lower than does supra pubic prostatectomy.

(2) The median incision, with exposure by blunt dissection, is free from risk of wounding the rectum.

(3) The exposure of the prostate is ample and satisfactory.

(4) The operation can be performed with the aid of vision and is not limited to the sense of touch.

(5) Convalescence is brief and usually comfortable.

(6) Bladder function may be unimpaired by the operation. It should be fully restored within a few days. This can never happen with supra-pubic prostatectomy.

(7) Hemorrhage is not a complication to be dreaded. It is one of the bugbears of supra pubic prostatectomy.

(8) Sacral anesthesia does away with the one great danger of this class of surgery.

(9) *Median perineal prostatectomy, under sacral anesthesia, is the safest procedure we have at our command.*

## GOLF HAZARDS AFTER FIFTY

By CLARENCE W. LIEB, A.M., M.D.

NEW YORK CITY

**S**UDDEN death while playing golf is not an unusual tragedy. No statistics as to the number and exact causes of such deaths are available. During the past two years the writer has collected data on twenty-seven cases. On careful analysis of these it was found that in practically every instance organic conditions were the direct cause and playing golf merely contributory. In other words, if these individuals had undergone careful physical inventories periodically and either given up the game on first evidence of serious organic handicap or had played within the limits of their strength and years, many of them would be alive today.

One interesting case was that of a man high in public life who dropped dead on one of the metropolitan courses last spring. His blood pressure a week preceding death had been a little above normal and his heart slightly enlarged, his symptoms contra indicating all forms of violent exercise. His physician advised, among other things, that he avoid golf, but at the patient's remonstrance, compromised and outlined for him a method of playing and a list of rules which would result in the minimum of exertion. On that fatal day each of these rules had been ignored. Had he followed the professional advice given him it is probable that this wonderful man would now be alive.

Golf is an unique game in that it is a common denominator to the people of all nations, whatever their color, creed or politics. It is a game in which men and women, old and young, can play competitively. There can be little doubt but that its tremendous vogue in this country today has improved our vital statistics to a great extent not only by the stimulus which this game has given to out-of-door exercise and play but

because the golf courses of the country are conserving for the public vast tracts of land many of which heretofore have been waste places—unsightly, unsanitary breeding places for mosquitoes and disease. So, naturally, the writer has no brief against the sport but merely wishes to call attention to certain phases of the game which perhaps have been overlooked both by the medical profession and laymen.

Some one has said that "we begin dying from the moment we are born" and perhaps he was right, for the rate of dying certainly rises in proportion to our years and after fifty we are all dying rapidly. Careful physical examinations of people who have passed the meridian of life show, almost without exception, signs or symptoms indicating physical decay. Hence the need of careful discrimination in exercise. For the same reason that one's diet should be readjusted for every decade after forty, so should one's kind and manner of exercise be modified to meet the physical limitations which Nature imposes. Many men make the grave mistake—and "grave" is used advisedly—of ignoring Nature's inexorable laws. They eat and drink, and work and play with the strenuous enthusiasm and immoderation of youth, reformation being a hazy, far-off thing until some vital function is disturbed.

There are two general types of golfers in whom medical experts are interested. These are, the neurological (those with high strung intensive, petulant natures) and the cardiological type (those with circulatory abnormalities such as a weak heart, elevated blood pressure, hardened arteries or faulty kidneys).

If a vote were taken among neurologists as to whether or not golf is beneficial to nervous peo-



ple the majority would say it is, provided it does not make the patient more nervous

Owing to the many subjective annoyances while playing golf and to the fact that golf courses are bordered, dotted and decorated with hazards, golf architects vieing with each other in devising all manner of annoyances for the golfer, the game does make most nervous persons more nervous. The writer has asked hundreds of nervous individuals regarding their reaction to golf and most of them maintain that it upsets their nervous equilibrium

There are few human reactions more pathetic to witness than that of a nervous man playing golf. The moment he addresses his ball his nerves, already tense, become more tense. In the words of the old song he labors under the delusion that to "stretch every nerve and press with vigor on" is essential to good playing. As the result of a sliced ball he becomes annoyed and agitated. Irritability shows in every gesture and facial expression. His face reddens and expletives, audible and inaudible, vibrate from his vocal chords. If his bad shot happens to be on the fair green instead of the tee, the poor caddy is accused of having moved or breathed, thus spoiling his concentration. The caddy then stands the brunt of his invective and blushes unseen in the fair green air.

Business men are usually orderly and methodical and they are also, classically, tired, a bad combination especially if mixed with a nervous temperament. They detest slovenliness in others as well as in themselves, and slovenly golf is usually their game and that of all but professionals and those temperamentally fit and who play the game frequently. And so, from the first tee to the 18th green nervous temperaments are beset with trials and tribulations. Disgust, self-censure, envy, malice and strife, each has its inning on the jaded nerves of the poor business man.

There is no doubt in the writer's mind that golf irritations, like the frequent taking of some poisons in small amounts, are cumulative. Certainly there are temperaments for whom golf is contra-indicated. Only the other day on a certain well-known course a member of our own profession permitted his eye to come into sudden contact with the fist of an irate senator whose nerves were tuned to high G while playing the game!

Over-exertion on the part of individuals with cardiological symptoms brings on, sooner or later, signs of decompensation—shortness of breath, palpitation, vertigo and edema. Hence it is imperative that every potential candidate for such symptoms should play well within the limits of his circulatory capacity. Very often we see primary nervous patients with secondary cardiac defects and vice versa, and it is all the more im-

portant for these types to observe their limitations with great care.

Swinging golf clubs with tremendous force brings too much strain upon a flabby heart muscle and individuals of this type should see to it that their stroke is an easy one. Their arms and wrists and not their bodies should be trained to the task. A half or three-quarter swing may spare the heart and spoil the score, but the heart patient should not play for score but for fun and necessary exercise. They should not play on a crowded course where haste is requisite to prevent congestion. Playing for stakes frequently does harm by intensifying the game too much and should be avoided by those whose nerves and hearts are defective and whose competitive instinct is over-developed. Particularly is this true in tournament playing. Every one knows that exertion immediately after meals is bad, even for the healthy. The exertion resulting from climbing up and down hills and stairways, especially when playing with younger men who are inclined to hurry, overworks and strains the heart. Walking against a strong wind often induces an acute dilatation of the heart and signs of heart failure in persons with heart trouble.

Intermittent playing may do more harm than good. Regularity is requisite to the best physical upbuilding. The number of holes played should conform to the individual's reaction. If eighteen holes produce over-fatigue, only nine should be played. Playing bareheaded in hot weather, during midday, is dangerous. Hurrying from the office to the train and rushing to the locker room may have its dire consequences. The game requires time and contra-indicates haste for the sake of health as well as for that of the score.

Golf should be prescribed intelligently in the manner in which careful physicians prescribe any other form of exercise for their patients. The aim of the physician should be to weed out the objectionable features in which these men often unwittingly indulge. Persons differ greatly in their exercise tolerance. The heart is a muscle governed by the same laws as the other body muscles. It is strengthened by graduated exercises and weakened by inactivity or over exercise.

One of the great advantages of a cure in some of the foreign spas is the careful supervision given to patients in the way of exercise. The success of the Oertel hill-climbing regimen in building up the muscular tone of the heart is well known. Patients at Nauheim and Carlsbad walk on paths in the hills whose incline is graduated, the distances and incline being increased or diminished according to the patient's response.

Most of our golf courses are laid over hilly terrain with gentle undulating slopes and are admirably adapted to individuals whose heart mus-



cles need toning up. They can be used, therefore, as a part of the physician's armamentarium in the cure of many circulatory disturbances providing the scientific advice of the physician is followed intelligently by the patient.

Investigation of the causes of the twenty-seven cases referred to earlier in this article proved that practically every one was the result of some form of over-exertion in individuals whose heart, circulation or kidney function was impaired. It is said that more deaths occur after Thanksgiving, Christmas and New Year's Day than at any other time in the year, the digestive apparatus being overworked at these times. Normal people, however, do not drop dead suddenly either from eating too much or over exertion—only those with defective vital organs.

Considering the number of golfers in the country playing on public and private courses under all conditions, the golf tragedies are few. It is the writer's firm conviction, however, that the ravages of the game on the sub-normal neuro-circulatory mechanism of many of our most valuable citizens may induce premature invalidism or untimely death.

Golf is primarily a game for invalids, women and old men, considered from the viewpoint of exercise. In order not to be misunderstood the following supposition is cited to clarify the meaning of the above sentence.

Mr. Jones, who is forty five years of age and in perfect health, goes to a physician's office for advice about exercise and the doctor tells him to take a walk, or rather a saunter, twice a week, of about two and one-half to three miles over an undulating and turfy field and to sit down every fifteen minutes for a rest of from one to five minutes, and on his walk to swing his cane fifty times as in driving and fifty more times as in putting or approaching (assuming an individual makes 18 holes in 90 to 120). In your opinion, does Mr. Jones receive sensible advice regarding exercise?

Exercise should be taken with regularity, and it is a fact that when a man concentrates his exercise in Saturday or Sunday playing only he is often doing himself more harm than good. Doubtless the recreative and relaxing factors in golf, walking in the sunshine and fresh air, the sociability of the game and its many other admirable qualities offset some of the questionable phases both for the normal and the sub-normal, but we must admit that golf in the light of the facts presented, may have its pitfalls. Unless a healthy vigorous man plays golf every day or at least every other day he should supplement this form of exercise with some other type of muscular exertion in order to keep fit physically.

# BLOOD PRESSURE READINGS TAKEN WITH TYCOS BLOOD PRESSURE APPARATUS

(Readings taken one minute after swinging club)

Man, 52 years old, with average B P of 140/90, heart and kidneys normal

B P	
Before teeing off	140
After driving—topped ball—many onlookers	165
After five minutes' wait on second tee	145
After drive into 4 some ahead below crest of hill— (directly after discovering his error)	170
Taken after one minute's rest after passing through 4-some, who were none too friendly	160
After beautiful 250-yard drive	140
After poor brassie, followed by oaths	165
After three energetic attempts to get out of a sand pit and being much vexed	195
Taken after poor mashie shot made after waiting five minutes for talkative 4-some to get off green	175
Before two-foot putt with one dollar as stake	150
After missing two-foot putt and registering utter disgust	165
Before climbing hill hole—45 steps	155
After climbing hill hole	190
At rest Ten minutes after playing 18 holes	160
After 15 minute rest	155
After 20 minute rest	155
Taken again one minute after taking high ball— 2 oz Scotch	145
Intensely nervous man aged 54 (stock broker) Golfing for three years	
Heart and kidneys normal Had just taken out a large insurance policy	
BLOOD PRESSURE READINGS	
B P at start of game, playing in 4-some	120
Five minutes after completing nine holes, score below his average	145
After driving two balls out of bounds	150
On fairway after standing for one minute	135
After waiting three minutes on tee before driving Sociable four on green 120 yds. away	145
On seat at 12th tee after two minutes rest	140
Lost ball, caddy at fault. Very irritable	155
After allowing two-some to pass through	135
After playing two holes in par	130
After making 9 on 4 par hole	150
After paying \$6.00 lost on the match	155
Just before shower	145
Just after hot shower	135
One hour later (at rest)	130



Man, aged 62, B P 165/95, heart hypertrophied—no murmurs

Poor response to cardiac function tests Eye-grounds negative

Kidneys—S P T albumen, few hyaline casts

#### BLOOD PRESSURE READINGS

B P

Before leaving locker room	170
After two out of bounds—no onlookers	195
After five minutes' rest on second tee	180
After excellent drive over hill	195
After scolding caddy, who failed to find ball	200
After putting a one dollar wager on hole	210
Just before drive over water hole	195
After driving three balls into water hole	230
After allowing two-some to pass through—short rest	200
After making sixth hole in par (B P averaged 175/240 between 6th and 15th hole)	195
Before driving off 15th tee	245
Poor score, sore toe and sense of fullness over heart (on 16th tee before driving)	245
At rest five minutes after playing 18 holes	220
At rest thirty minutes after playing 18 holes	210
Next day	175

NOTE Diastolic pressure was practically constant throughout these observations

From a study of the above charts it is obvious that golf induces neuro-circulatory reactions which may have potentialities for harm, particularly in those who have cardio-vascular impairments. Whether the increased tension, subjective and objective, which we note in the highly nervous individual during a round of golf is injurious is a point difficult of proof. Blood pressure, we know, is subject to wide variations under conditions of exercise and rest both in normal and abnormal individuals. The writer has found the systolic pressure of individuals during an exciting game of bridge increased by 20 to 30 per cent, yet the number of natural deaths at bridge parties, so far as we know, is statistically negligible. We have plenty of evidence, however, that intensive and oft-repeated nervous excitement is detrimental to the human machine. Certainly, then, in those whose cardio-vascular margin of safety is lessened by disease or age, any exercise which tends to suddenly raise the blood pressure to the danger zone should be avoided. Golf is one type of universal exercise which has that tendency and therefore has its limitations. Physicians who include golf in their therapeutic armamentarium should use the same care in individualizing their golf prescription as in prescribing other physio-therapeutic or medicinal agents.

### Deaths.

BROOME, JOSEPH R, New York City, Cincinnati, Ohio, 1888, Fellow American Medical Association, Member State Society. Died July 12, 1924

CANNING, THOMAS HENRY, Port Henry, University Vermont, 1900, Fellow American Medical Association, Member State Society. Died August 3, 1924

COOPER, PHILLIP, Syracuse, Syracuse, 1912, Fellow American Medical Association, Syracuse Academy of Medicine, Member State Society, Adjunct Surgeon University Hospital, Assistant Surgeon Free Dispensary. Died August 5, 1924

CURTIS, B FARQUHAR, New York City, College of Physicians and Surgeons of New York, 1881, Fellow New York Academy of Medicine, Member State Society, Consulting Surgeon St Luke's, Bellevue, Orthopedic and Memorial Hospitals. Died August 5, 1924

DOWSEY, GEORGE H, Great Neck, New York University, 1892, Fellow American Medical Association, Member State Society, Physician Flushing Hospital. Died August 12, 1924

GLASGOW, BENZION, New York City, New York University, 1896, Member State Society, Assistant Gastro-Enterologist Vanderbilt Clinic and Beth Israel Dispensary. Died August 27, 1924

HALSEY, FRANK SPENCER, New York City, New York University, 1885, Member State Society. Died August 2, 1924

KLEIN, FREDERICK W, New York City, University of Vermont, 1884, Member State Society. Died August 10, 1924

KROM, MARY, Wurtsboro, University Denver, 1893, Member State Society. Died June 29, 1924

LIVINGSTON, ERNEST P, New York City, New York University, 1892, Fellow American Medical Association, Member State Society, Alumni City Hospital. Died July 29, 1924

MOELLER, HENRY, New York City, College of Physicians and Surgeons of New York, 1871, Fellow American Medical Association, New York Academy of Medicine, Member State Society. Died August 5, 1924

MORGAN, JOHN, Rochester, Hahnemann, Philadelphia, 1904, Member State Society, Anæsthetist and Attending Obstetrician Homeopathic Hospital. Died August 29, 1924

MORRIS, JOSIAH WILLIAM, Jamestown, College of Physicians and Surgeons of New York, 1889, Fellow American Medical Association, Member State Society. Died July 14, 1924

MOUNTAIN, EDWARD JOHN, New York City, University Vermont, 1898, Fellow American Medical Association, Member State Society. Died September 1, 1924

SYMONDS, BRANDRETH, New York City, College of Physicians and Surgeons of New York, 1884, Fellow American Medical Association, New York Academy of Medicine, Member State Society, Alumni Association of Bellevue Hospital. Died August 10, 1924

TWICHELL, DAVID CUSHMAN, Liberty, College of Physicians and Surgeons of New York, 1903, Fellow American Medical Association, Member State Society, National Tuberculosis Association. Died August 12, 1924

VAUGHAN, ERNEST M, Brooklyn, Cornell Medical College, 1906, Fellow American Medical Association, Member State Society, Associate Surgeon Broad Street Hospital. Died August 4, 1924





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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For a list of the officers of the county medical societies, see this issue advertising page xxxi

## MEDICAL SOCIETY MEETINGS

As autumn approaches, the county medical societies will resume their sessions, and the District Branches of the Medical Society of the State of New York will hold their meetings. We hope to be able to visit some meetings of the county societies and all the meetings of the District Branches and thereby obtain first hand knowledge of field conditions in medicine.

The District Branches are of special importance, for they are the connecting links between the county societies and the State Society.

We plan to report the Branch meetings in this JOURNAL, and thereby make available the new ideas and plans which the District leaders have developed during the past year.

The leaders of the County Medical Societies may rightfully expect advice and assistance from the officers of both the District and the State Societies. Those who direct the affairs of the District Branches have a peculiar field of opportunity in assisting the County Societies to develop their activities.



## THE COUNTY MEDICAL SOCIETY

Since we have been visiting physicians in various parts of the State in order to make medical surveys, we have been impressed with the earnestness of the doctors and their strong desire to take part in those civic movements in which the medical profession must be active. The great public health movements, such as those against tuberculosis and infant mortality, have hitherto been promoted by lay organizations which are usually led by non-practising physicians who were preachers rather than doers. The result has been an invasion of the field of the family doctor, and misunderstandings which have culminated in strifes over the subject of state medicine. We believe that if one-half of the effort and money spent in propaganda among the public had been spent in educating the physicians and securing their support, the cause of civic medicine would have been vastly advanced. The lay anti-tuberculosis societies, for example, seldom have representatives on the programs of county medical societies, and those who do speak often talk on subjects which do not interest the physicians.

The reason assigned by the lay leaders for their lack of co-operation is that the doctors are not receptive to their plans. That has been largely true, but just as it takes two to make a quarrel, so it takes two to formulate a plan of co-operation and efficient work. Physicians are the most public spirited of all professional bodies of men, and when they fail to co-operate with lay organizations whose aims are their own, the fault lies with the lay organizations quite as much as with the physicians. In fact, the laymen have the greater responsibility, because they are organized for the express purpose of securing co-operation, and are led by persons who are supposed to be experts in the psychology of administration.

Putting behind them the past and all its misunderstandings, physicians now see clearly their duty to assume the leadership in medical civics, and to direct anti-tuberculosis work, child welfare and venereal disease clinics along practical lines which shall enlist the co-operation of physicians.

Who shall lead in the new birth of a civic consciousness among the physicians? Who but the county medical societies, which represent the great body of doctors officially as nearly as any organization can do?

County medical societies have three great functions

- 1 The education of individual doctors in scientific medicine

- 2 The promotion of community movements in medicine

- 3 Social activities among the physicians themselves

County societies have always promoted scientific medicine, and have usually confined their programs to subjects in which they alone were directly interested. They have also given attention to the social side of medicine, and their social dinners have been great factors in promoting harmony and friendship among their members. They are now beginning to realize their duties in civic medicine.

A definite object of a civic nature is the greatest stimulus that a county medical society can have, for it puts the society in direct touch with the physicians and the public. Many doctors do not know that the present system of county medical societies in New York State was organized according to statute law in 1806 for a very definite purpose of a *civic* nature—that of examining and licensing candidates for the practice of medicine. That object gave life and vitality to the societies for years, and when the licensing power was taken from them, the societies languished because they lacked a definite object of a civic nature.

We have noticed that county societies which have been most active have taken up the promotion of civic movements in medicine. The Jefferson County Society influenced the Board of Supervisors to institute a system of county nurses in child welfare which is receiving favorable comment from the newspapers (see this issue, page 867). The Medical Society of the County of Kings is demonstrating the value of periodic medical examinations, and is working out a plan for preparing the doctors to make the examinations in an efficient manner that will be worthy of the rosy promises of their lay promoters. The purity of milk supplies, the promotion of sewer systems, the installation of hygienic water systems—these are only the beginning of a long list of civic problems in which physicians are the natural leaders.

We hope that this JOURNAL will be enabled to record many new plans in civic medicine promoted by county medical societies during the coming year.

F O





# LEGAL



By GEORGE W. WHITESIDE, Esq.  
Counsel Medical Society of the State of New York

## CLAIMED CONSPIRACY IN INSANITY COMMITMENT

The plaintiff in this action, a woman, suffering from a mental condition, was a patient at a private sanitarium. Her condition grew progressively worse so that it was not feasible to continue her as a patient at such sanitarium and she was removed to a State hospital for the treatment of such conditions and kept under observation for a period of time, when, in conformity with the statutes, she was committed by the court to a State institution for the treatment of the insane. After several years at such hospital and her condition improving, she was released therefrom. After waiting a few years she instituted an action against members of her family, the physician who conducted the private sanitarium, the physicians at the reception hospital and at the State institution, charging that through their conspiracy she was subjected to brutal assaults and was illegally restrained and imprisoned in the private sanitarium and in the State hospital. One of the physicians, who was made a party defendant to this action had been the attending physician for a member of the plaintiff's family, and when the plaintiff first became uncontrollable this physician was called to attend the plaintiff. He being a general practitioner and not versed in the treatment of mental cases,

after he had seen the plaintiff, advised her family to consult a physician specializing in the treatment of such conditions. The defendant had no further connection with the plaintiff, rendered no treatment to her and gave no further advice to her or her family.

On behalf of this defendant various defenses were interposed to the action. Subsequently motions were made to compel the plaintiff to reply to these defenses, which motions were opposed by the plaintiff's attorney. An order was procured and the plaintiff compelled to reply to the affirmative defenses. After the receipt of the plaintiff's reply another motion was made on behalf of this defendant to dismiss the complaints on the ground that the reply was frivolous, which motion was likewise opposed on behalf of the plaintiff, and after argument the court finally granted the defendant's motion dismissing the complaint. The plaintiff's attorney however, was persistent in the prosecution of this action and served a notice of appeal from the decision granting the motion dismissing the complaint. However, he failed to perfect this appeal and upon motion in the Appellate Court the plaintiff's appeal was dismissed for failure to prosecute the same and this action was thereby terminated in the defendant's behalf.

## BROKEN NEEDLE IN ABDOMINAL OPERATION

The plaintiff, a married woman about forty-six years of age, living with her husband and family, had been feeling ill, and called her family physician. His examination disclosed that she was suffering from a gall bladder condition. For about five months this physician treated the patient so as to avoid, if possible the necessity of an operation. The treatment did not alleviate her suffering and an operation was then advised and consented to. A surgeon was then called into the case who confirmed the diagnosis of the general physician and operated upon the plaintiff. Upon opening the abdomen the gall bladder was found to be diseased, the walls thick, distended and inflamed. The gall bladder was incised and the mucous matter drained therefrom and drainage tubes inserted after the completion of the operation. The patient re-

mained at the hospital for about three weeks was then removed to her home and confined to her bed for several weeks. The family physician visited her at her home about daily. The plaintiff made a slow recovery, as the gall bladder did not heal readily, and continued to drain through the sinus for about a year after the operation.

During the course of the operation and while the operating surgeon was sewing up the layers of fascia the needle broke. A search was made by the physicians and nurses to find the broken needle. The wound was examined, the operating table, the waste and the floor of the operating room but the needle was not found, and as the patient was under an anæsthesia, the operation could not be suspended any longer, so that the surgeon proceeded with the completion of the operation. The



patient was not advised by either the surgeon or the family physician of the occurrence of the breaking of the needle. She gave testimony upon the trial that she had a sharp, ripping pain in the region of the abdominal wound and a feeling of something sticking into her side. She was examined at her home by the surgeon and also by the family physician, both of whom probed the wound, but did not discover the broken needle. Finally, about nine months after the operation, a third physician was called who, upon examination and probing, removed from the abdominal wound the broken needle. The plaintiff attributed all of her pain and suffering to the presence of the portion of the needle within the abdomen, and testified that after the removal of the needle she commenced to improve, and regained her health within a short time thereafter.

Upon the trial there was no question but that the plaintiff needed to be operated upon or that the defendants possessed the skill which was necessary to perform the operation, or that the operation was properly and carefully performed. There was but one question submitted to the jury for their determination, that the needle used by the defendants in the performance of the operation broke while sewing up the abdominal incision and that the broken needle was permitted to remain in the patient's body, that when she was removed to her home she suffered pain which was caused by the presence of the needle.

The defendants testified in detail as to the performance of the operation, and as to the breaking of the needle, and their efforts to locate the needle after it had broken. It was likewise testified on behalf of the defendants by physicians that even with the best care and skill that needles do sometimes break, that ordinarily foreign bodies such as needles do not cause any discomfort or pain, except when they reach the skin where the nerves are, there is a sensation of pain. It was also shown upon the trial that while an X-ray might determine the presence of a foreign body that it is not always easy by operative interference to remove such foreign body, particularly a needle.

The case was submitted to the jury on the plaintiff's contention that the defendants were negligent in not caring for her, locating and removing the needle and permitting her to suffer the pain caused by the needle from the time of the operation until the same was removed by another physician some nine months later. The jury after deliberation rendered a verdict in favor of the plaintiff, which was sustained by the Appellate Division without opinion.

The physicians in this matter had not protected themselves against liability of this kind by procuring insurance, and were compelled to pay the judgment rendered against them out of their personal funds.

### TERMINATION OF PREGNANCY DUE TO KIDNEY TROUBLE, CAUSED BY ALLEGED IMPROPER TREATMENT OF OBSTETRICIAN

On June 9th the plaintiff, being pregnant, engaged the defendant, an obstetrician, to attend her during her pregnancy. Examination was made of the plaintiff. She was given certain advice and the dates upon which to send specimens of urine. Analysis was made of the monthly urine specimens, which showed no albumen nor casts until the specimen of October 30th, which showed a marked trace of albumen and the presence of casts. The plaintiff was requested to call upon the physician on the 2nd of November. At that time he advised her of the significance of the albumen and casts, and gave her instructions with respect to diet and conduct. A difference arising between the physician and the patient, he advised her that he no longer desired to attend her and for her to procure the services of some one else. That evening the plaintiff's husband was also advised, so that she might receive the proper medical attention.

The services of another obstetrician were engaged, who, within a few days, had the pa-

tient removed to a hospital, where he kept her under observation for several weeks, and her condition not improving, labor was induced.

The obstetrician who first attended her, in an action of malpractice, was charged with having failed properly to attend and examine the plaintiff and to observe her condition, and with permitting her to become ill, thus necessitating a premature delivery.

It appeared that the second obstetrician a year and a half subsequent attended the plaintiff, and at that time had to induce labor and terminate the pregnancy, due to a kidney condition. The plaintiff appeared to be afflicted with a chronic kidney condition, resulting from scarlet fever in childhood.

When the malpractice action was about to be reached for trial, the plaintiff's attorneys made strenuous efforts to procure a settlement, but when these efforts failed they consented to the discontinuance of the actions, thus successfully ending another groundless suit against a physician.





# State Department of Health



## PROVISIONAL MORTALITY DATA FOR 1923

The Division of Vital Statistics has issued a provisional report for the year 1923, which shows marked reductions over annual averages in the death rates for most of the communicable diseases. Typhoid fever shows a reduction of 41.9 per cent, diphtheria 38.2 per cent, influenza 66.4 per cent, pneumonia 24.3 per cent, and diarrhea under two years of age, 37.4 per cent.

The death rate for measles was 26.9 per cent greater, owing to the widespread epidemic which occurred in 1923.

Automobile accidents, heart disease and cancer show increased mortality rates. These increases were 60.6 per cent, 11.9 per cent, and cancer 13.3 per cent respectively.

## TYPHOID FEVER EPIDEMIC AT PORT JEFFERSON

For the third time since 1919, Port Jefferson, Long Island, is suffering from an outbreak of typhoid fever. As in the epidemics of 1919 and 1921, this one apparently is milk-borne. All of the cases have occurred among the customers of one milk dealer. Further, it has been determined that all of the cases were supplied with the milk from one of the three producers from which the dealer secured his supply.

Pending further investigation the sale of this milk has been discontinued.

## CO OPERATION OF PHYSICIANS NEEDED

In spite of the fact that puerperal septicemia is required by the State Sanitary Code to be reported, in the years 1920-1923 there were but 877 cases reported, while there were 1,148 deaths certified to as caused by puerperal septicemia. On the other hand, in New York City reporting is much more complete as evidenced by the fact that the number of reported cases exceeded the number of deaths.

The Division of Maternity, Infancy and Child Hygiene of the State Department of Health is making a study of puerperal sepsis, and has requested physicians to report cases of the disease promptly in order that a more accurate study of the circumstances surrounding the occurrence of each case may be learned,

toward the ultimate end of determining further the possibilities for preventing the disease. When cases are not reported, only the fatal cases can be studied, for these are the only ones which come to the attention of the Department.

## DEATH RATE LOWER FOR FIRST SIX MONTHS OF 1924

During the first six months of the year there were 36,526 deaths in the State (exclusive of New York City), which is equivalent to a rate of 15.2 per 1,000 population. During the corresponding period of 1923 the actual number of deaths was greater, although the estimated population was less. The rate for 1923 was 16.6. This represents a saving of approximately 3,500 lives.

Infant mortality also decreased in the first six months of 1924 as compared with 1923. The rates were 80 and 89 respectively per 1,000 living births.

The birth rate for this year remains the same as last—21.1 per 1,000 population.

## STATE HEALTH DISTRICT CHANGES

On September 1 a rearrangement was made in State health districts as follows:

Dr. G. H. Williams—Albany, Rensselaer, Greene and Schoharie Counties.

Dr. E. R. Richey—Columbia, Dutchess and Putnam Counties.

Dr. F. W. Laidlaw—Ulster, Sullivan, Orange and Rockland Counties.

Dr. Richard Sice—Westchester, Nassau and Suffolk Counties.

## INCREASE IN POLIOMYELITIS

Between June 1 and August 23 there were reported to the Department 296 cases of infantile paralysis. This is a marked increase over the corresponding period of 1923, when there were but 82 cases reported. Not only is there an increase in the number of cases, but the epidemic is more widely diffused. The greatest number of cases has occurred in the vicinity of Syracuse.

Believing that there is good experimental evidence of the ability of human serum to neutralize the virus the State Department of Health is endeavoring as far as possible to supply the demand for this product.



# MEDICAL SURVEY

## Number Three

### MEDICINE IN BINGHAMTON, NEW YORK

**EDITOR'S NOTE**—This is the third of a series of Medical Surveys which are being made by the Executive Editor of the NEW YORK STATE JOURNAL OF MEDICINE. We have approached the physicians with informal friendliness, and have sought the kind of information which one elicits during an ordinary conversation. We have tried to insert our own impressions in a simple style, and have submitted our report to our local informants for confirmation and approval. We have also ventured to make a few suggestions for increasing and broadening the activities of the local medical societies.

The local physicians were most kind and co-operative in giving us information. Dr C J Longstreet, Health Officer of Binghamton, acted as our guide, chauffeur, and informant for three days. Dr A S Chittenden, President, and Dr F M Dyer, Vice-President of the Broome County Society, and Dr W S Overton were of invaluable assistance to us. Dr John A Conway, District State Health Officer, also gave us a full day of his time. These five men spent a whole evening with us in considering our report in all its phases.

Binghamton is the County Seat of Broome County, New York State. It had a population of 66,800 in 1920, but it is now credited with 76,000 people. It is a manufacturing city, and one of its principal industries is shoe-making. The incorporated villages, Johnson City and Endicott, are located just beyond the west boundary of the city, and together they now have a population of about 25,000 persons. The total population in what might be called the metropolitan district of Binghamton is about 100,000 people.

The total population of Broome County was 113,610 in 1920, and the total population in the metropolitan area of Binghamton was then about 86,000. Thus, the rural population of Broome County was about 27,000 in the year 1920, and it is about the same now. The rural population is scattered over the county fairly evenly. There are only four incorporated villages in the rural district, and the largest one, Deposit, has less than 2,000 population.

There were 109 physicians practicing medicine in Binghamton in 1920, according to the Medical Directory of the Medical Society of the State of New York. There were 14 physicians in Endicott and 13 in Johnson City.

On the basis of a population of 100,000, the number of physicians practicing in the metropolitan area is one physician to every 735 of population.

The number of physicians listed in the rural area of Broome County is fifteen, located in ten centers. There is one physician to every 1,900 persons in the rural section of Broome County. This might seem to be an enormous number of persons to be served by one doctor, but an area of ten miles radius around Binghamton is served by the city doctors. The total area of the county is 705 square miles, and every inhabitant is within half a dozen miles of a doctor. Moreover, the cities of Oswego, Elmira, Ithaca, Cortland, and Norwich are located within a radius of fifty miles, and expert medical service is always available from some one of those places.

Binghamton is located only about four miles from the Pennsylvania State line, and patients from that State come to Binghamton for expert medical advice. Binghamton is the medical center for a population of at least 150,000 people, including those living in parts of the counties of Delaware, Chenango, Cortland, Tompkins, and Tioga, and Susquehanna County, Pennsylvania.

**Hospitals** Binghamton is fortunately situated in regard to its hospitals in that its principal hospital service is centralized in the City Hospital. This is a large general hospital, and was constructed principally by the city. It is also operated by the city, but patients of all walks of life patronize it. Its buildings are commodious, and are beautifully located. The city has appropriated one million dollars for an enlargement on which work will be started this fall.

The City Hospital has a capacity of 165 beds, and is frequently filled to overflowing. It has had about 300 admissions each month during the last six months. A contagious disease building is operated and is open to patients from all the surrounding territory. There were no contagious cases in the hospital at the time of our visit.

The City Hospital has a nurses' training school with 54 pupil nurses. They are housed in a beautiful Nurses' Home, which was donated by Mrs George F Johnson, one of the



founders of the great shoe industry of Binghamton

The staff of the City Hospital consists of twenty-eight physicians and surgeons, and three paid internes. The staff holds monthly meetings which are conducted according to the standards of the American College of Surgeons. All kinds of cases are received in the hospital, but the maternity and the children's services are especially active, and are often overfilled.

The City Hospital conducts an excellent laboratory, which is housed in a commodious building donated by Mr Willis Kilmer, the manufacturer of the swamp root patent medicine. The laboratory is under the direction of Dr George Fox, and the Chief Technician is Mr J A Briggs, who has had extensive experience in the Army and in the Rockefeller Institute. The laboratory is prepared to do nearly all kinds of examinations, both chemical and bacteriological.

Binghamton has two private hospitals. The Moore-Overtown Hospital named after its founders and owners, was organized sixteen years ago in order to accommodate the private cases of its owners, but patients of other physicians are admitted as rooms are available. The hospital has a capacity of 21 beds. Only acute cases are taken.

The Binghamton Private Hospital has 15 beds, and receives general medical and surgical cases.

Johnson City has a private hospital of 60 beds, conducted by Dr Charles S Wilson. It has a laboratory and X-ray service. There are also two private hospitals in Endicott with a total capacity of 30 cases.

The Endicott Johnson Corporation conducts three hospitals which are designed for emergency and maternity cases, with a total capacity of about 75 beds.

Broome County maintains a tuberculosis hospital northeast of Binghamton, with a capacity of 78 cases.

The total number of hospital beds available in Broome County is about 439, or 3.6 beds for each 1,000 of population. This is a low standard of hospitalization, but it compares favorably with 4 in Utica and 4 in Rochester. But the proportion in Binghamton will be doubled when the proposed addition to the City Hospital is built, and the rumored new hospital under Catholic auspices is established.

*Dispensary Service.* Binghamton has an extensive dispensary and clinic service housed in the Community Service House of Broome County near the City Hall. Clinics in venereal diseases, tuberculosis and child welfare are conducted by the City Bureau of Health and clinics in practically all other branches of

medicine are conducted by the Broome County Humane Society. Mental clinics are conducted by physicians from the State Hospital. The Community Service House has operating rooms, an X-ray outfit, and emergency beds for use after minor operations. Plans for the enlarged City Hospital include the provision for an out-patient department which will greatly increase the dispensary facilities of the city.

*Tuberculosis Work.* The anti-tuberculosis work in the city of Binghamton and the County of Broome centers around the Broome County Tuberculosis Hospital which has had a full time Superintendent, Dr Charles H Cole, for about two years. The hospital was established in 1919, but no resident doctor was provided, and so for three years patients were unwilling to go to the institution. But since Dr Cole has been made Superintendent on full time, the hospital has become increasingly popular. Dr Cole conducts tuberculosis clinics in various sections of Broome County, and is making the influence of the hospital felt. The hospital now contains 56 cases although 78 is its capacity. But the future of the anti-tuberculosis work is bright.

Broome County employs a tuberculosis nurse who covers the rural section of the county. Tuberculosis work in the city of Binghamton is done by the two Bureau of Health nurses, who give only part of their time to that activity.

The Broome County Humane Society acts as the Tuberculosis Committee for Broome County. It has sold Christmas Seals in some years and has maintained a secretary in tuberculosis work, but at present the system of Christmas Seals sales is undergoing a reorganization with complete control of local organization.

*State Hospital.* The Binghamton State Hospital for mental diseases is located in the eastern section of the city on a high terrace overlooking the broad valley of the Susquehanna River. It houses over 2,800 mental cases. Its staff conducts mental clinics in Binghamton every week, and the new Superintendent, Dr W C Garvin, is planning to extend them into every one of the nine counties which constitute the receiving district of the hospital. The clinics are conducted in association with those of the Commission for mental defectives. Dr Garvin plans to make the services of his staff available for all kinds of incipient mental crises in every part of his district.

*Laboratories.* Binghamton is well equipped for laboratory service, although the rural sections are not so fortunate. The private physicians and the Health Bureau patronize the



laboratory of the City Hospital. Some official city work is done there, but the physicians and health officers of the rural sections have to send their specimens to the New York State Laboratory at Albany.

There is a private laboratory, the Nelson-Lauder Laboratory, which is equipped to do chemical and commercial bacteriological examinations on a commercial basis. While the owners will do work for physicians and the Department of Health, their principal field is commercial, including such activities as the analysis of coal, gas, oil, and commercial products.

The State Hospital has a laboratory, but the physicians of Binghamton do not patronize it to any great extent, because of the near-by facilities of the City Hospital Laboratory.

The Endicott-Johnson Corporation has a large amount of laboratory work done—partly in its own laboratories and partly in the City Hospital.

*The Endicott-Johnson Medical Service.* The Endicott-Johnson Corporation, manufacturer of shoes, maintains a complete medical service for the benefit of its 15,000 employees and their families—a total of upward of 50,000 persons. This service is unique, and constitutes an extensive trial in paternalistic medicine. The company supplies medical and surgical attendance to every employee and his family. It has a staff of 27 doctors on full time and 25 nurses. It pays the hospital bills of all patients, and provides consultants' fees when an expert is requested by any one of the physicians. It maintains maternity beds in its own hospitals, and conducts prenatal and child welfare clinics. It maintains two laboratories and provides all the equipment that any of its doctors may reasonably need. It pays all medical bills promptly, and at current prices. The medical service of the Corporation is mostly along curative lines, but the medical director, Dr. Daniel C. O'Neill, is gradually introducing preventive features, such as prenatal advice and child welfare clinics. (See this JOURNAL, page 860, for Dr. O'Neill's account of the medical service.)

The Binghamton experiment in paternalistic medicine is probably the most extensive in the United States. Several physicians contrasted the attitude of the Endicott-Johnson Corporation with that of the Henry Ford Automobile Company, in that Mr. Ford's attitude is to pay wages sufficiently high to enable every employee to obtain his own medical service. The physicians of Binghamton commended the attitude of the Endicott-Johnson Corporation in patronizing the hospitals and laboratories of Binghamton, of employing local specialists for consultation, and of paying for all medical ser-

vices at full rates. The experiment is on a scale sufficiently extensive to enable medical economists to form an intelligent estimate of the advantages and disadvantages of paternalistic medicine.

*Medical Societies.* Binghamton and Broome County have three medical societies:

- 1 The Broome County Medical Society
- 2 The Binghamton Academy of Medicine
- 3 The Homeopathic Society

The County Medical Society has a membership of eighty. This number might not seem to be a large proportion of the physicians available for membership, but a considerable number of the physicians employed by the Endicott-Johnson Corporation are in the county for only a brief period of time. The Society holds four meetings a year—usually in the Assembly Room of the Laboratory of the City Hospital. The programs of the meetings are principally scientific.

The Binghamton Academy of Medicine has sixty members. While most of the members reside in Binghamton, physicians anywhere in the vicinity of the city are eligible. The Academy meets monthly, but it has no permanent home, and does not hire quarters. The meetings are often held in the houses of its members, and social collations are served. The programs are entirely scientific.

There is a Homeopathic Society with thirteen members. Its object is both scientific and social. Many members belong to the Broome County Medical Society, the Academy of Medicine, and to the staff of the City Hospital. There is an absence of medical sectarianism in Binghamton and Broome County.

The members of the Broome County Medical Society and of the Academy of Medicine have discussed the question of taking up definite activities in addition to their scientific programs. Among the proposed activities are the adoption of tuberculin tests for cattle, conducting an anti-tuberculosis campaign, medical publicity, and the establishment of a laboratory service for the benefit of the rural section of the county. The two societies have great opportunities for developing the influence of the physicians along civic lines.

*Health Bureau.* The Health Department of the city of Binghamton is a Bureau, under the Commissioner of Public Safety. Its Health Officer is Dr. C. J. Longstreet. The office is supposed to require only the part time services of the health officer, but Dr. Longstreet is giving almost his entire attention to the work. His staff consists of five assistant physicians, seven nurses, and five inspectors. The city provides him with commodious quarters in the



City Hall, and the physicians give him their loyal support

In addition to the routine work in sanitation and contagious diseases, the Health Bureau conducts clinics in venereal diseases, child welfare, and tuberculosis. A venereal disease clinic is held on two afternoons and one evening of each week, and is conducted by Dr Longstreet himself. The clinics are well attended, and excellent results are obtained.

The Health Bureau maintains four child welfare centers, each of which is conducted by a city nurse and a voluntary pediatrician. A fifth center is conducted by the Binghamton Civic Club in a section bordering the railroad. It maintains two nurses and two volunteer doctors, and observes the same high standards as those of the clinics of the Health Bureau. Its supporters work in entire harmony with the officials of the Health Bureau.

Tuberculosis clinics are held every week in the city by Dr B. A. Buell and in the rural section by Dr C. H. Cole, Superintendent of the County Hospital. Great interest in the work is developing among both physicians and laymen. The hospital managers have recently appointed a full-time assistant to Dr Cole, who will thus be enabled to give more time to clinics and to meeting the physicians of Broome County.

The Health Bureau of the city of Binghamton has been reorganized and brought up to date within the past five or six years. Its efficiency has now been demonstrated, and Dr Longstreet now has the co-operation of the physicians, the city officials, and the lay organizations which are interested in public health.

Broome County, outside of the metropolitan area of Binghamton is served by eleven health officers, three of whom live in Binghamton. The great need of the rural health officers is a closer connection with the Health Department of the city of Binghamton. They can send their cases of contagious diseases to the City Hospital but they must send their laboratory specimens to the laboratory of the State Department of Health in Albany, and wait several days for a report. The evident remedy is that the Board of Supervisors of Broome County should contract with the City Laboratory to examine all specimens from the rural districts. Binghamton, for its own protection, could well afford to make the examinations free.

**Red Cross** The American Red Cross has an active Chapter in Binghamton. It is doing various lines of work which other organizations are not equipped to do. It looks after disabled veterans of the World War and it supports a nutritional expert who works principally through the schools. It has an organized disaster relief service.

**School Public Health Work** The public health work in the Binghamton schools is one of the most comprehensive of the whole State of New York. It conducts the work ordinarily classed as the medical inspections of school children, but in addition it conducts dental clinics and an orthopedic clinic. Its instructor in physical training supervises exercises for the prevention of defects, and it carries on a modern system of classroom instruction in hygiene.

The professional staff consists of three physicians and a dentist on part time, three oral hygienists, and seven public health nurses. The whole system is co-ordinated by the Superintendent of Schools, Daniel Kelly, Ph.D., who is Chairman of the committee appointed by the Regents of the State of New York for the revision of the syllabus of hygienic study. Dr Kelly is also one of the national advisers of the Boy Scouts, and is deeply interested in the Scouts courses in First Aid and Sanitation. Dr Kelly's executive officer in hygiene is Miss E. F. Knowlton, who has the immediate supervision of all phases of public health work in the public schools of Binghamton. A most commendable feature of the work is that it embraces the Parochial schools. The result is that an excellent piece of machinery and skilled operatives are provided for instructing the school children of the whole city in practical hygiene and preventive medicine. Dr Kelly said that his principal difficulty is that the printed standards set forth in some of the handbooks issued by lay organizations often differ from those of practical physicians. For example, the directions for stopping nose bleed, printed in the Boy Scouts Handbook, Thirtieth Edition May, 1924, suggest a cold key on the back of the neck and a roll of paper under the upper lip. Dr Kelly makes a strong plea for the active interest of practicing physicians in the hygiene education of school children. This subject is worthy of careful consideration by the Medical Society of the State of New York.

**Lay Public Health Organizations** The Broome County lay organizations that do public health work are centered in the Broome County Humane Society, which is also the center for the charitable and social work of the county. It is supported by private contributions. This Society has a large building near the City Hall of Binghamton. The building houses the executive officers of the Society and provides clinic rooms for the various dispensaries including those of the Bureau of Health. The Society acts as the tuberculosis committee, and it conducts the sale of Christmas Seals and dispenses the money that is raised. The Society is conducted entirely by



local people, and is singularly free from discord and political influence. It is a unique central organization which acts as the representative of the physicians and the Bureau of Health in all phases of civic medicine.

*Newspapers* Binghamton has two daily newspapers, the *Morning Sun* and the *Evening Press*. Both are excellent papers, and their editors are willing to print medical news of popular interest. The medical societies of Broome County have an excellent opportunity

to do high class educational work in public health through a public health committee that is in touch with the daily newspapers.

*Impressions* We were happily impressed by the deep interest in all phases of medical affairs shown by the physicians whom we met. The doctors of Broome County are solving their own problems. They show a fine spirit of co-operation which is indicative of medical progress along original lines. F O

## THE MEDICAL SERVICE OF THE ENDICOTT-JOHNSON CORPORATION

By DANIEL C O'NEIL, M D,

BINGHAMTON, N Y

The Endicott-Johnson Medical Service of Endicott, Johnson City, and Binghamton, was organized about eight years ago to render first aid to the workers employed in the shoe-factories and tanneries operated by the company. It has been expanded from time to time and at present complete medical care is provided for the 15,000 workers and the dependent members of their families. This service is without cost to the workers. The company believes that its workers are more efficient if they and their families are kept physically fit.

There are three medical centers, under the supervision of a director, who has charge of all welfare work, including sick relief insurance, widows' pensions, old age pensions, and general relief.

The medical staff consists of 27 full-time physicians, including surgeon, internist, obstetrician, pediatrician, eye, ear, nose, and throat and general practitioner. There are three full-time dentists, X-ray technicians, a masseur, and more than 60 full-time trained nurses.

When required, the company procures special consultation or technical service from professional sources outside its own organization.

Each medical center maintains a clinic fully equipped for consultation and treatment. There are three maternity hospitals, having a total of 60 beds, and two hospitals devoted to the care of nose and throat cases, particularly tonsillectomies.

All other hospital service required is obtained from the local hospitals, and paid for at current rates.

Each prospective worker is given a pre-employment physical examination.

All workers are encouraged to consult the

doctors for any illness or physical trouble, but the use of the medical service is not obligatory. It is not used as a police or spy system. The doctors hold regular office hours, from 8 a m to 8 p m. Calls at the home are made throughout the day, and emergency calls are made at any hour of the day or night.

Each doctor and each visiting nurse is provided with a company automobile.

All medication, supplies, surgical dressing, and appliances, are furnished without charge.

The following figures for 1923 will show the extent to which the service is used:

- 132,000 office calls
- 84,000 house calls
- 974 confinements
- 46,000 surgical dressings
- 5,200 massages
- 464 major operations
- 2,180 tonsillectomies
- 9,000 eye treatments
- 4,200 refractions
- 5,030 X-rays
- 8,400 dental fillings
- 9,800 dental extractions
- 9,600 dental treatments
- 22,000 calls made by visiting nurses

The total cost to the company for this service was about \$511,971 or three and a half cents per pair of shoes manufactured.

It is difficult to show by figures a lessened morbidity or mortality rate, but an analysis of the service for 1923 shows that we have had a maternal mortality rate of 20.9 as compared with a rate of 54.9 for New York State, and an infant mortality of 55 as compared with 72 for the State.





## NEWS NOTES



### STUDIES IN CHIROPRACTIC

Last month we described a new piece of apparatus, the Neurocalometer, which the Palmer School of Chiropractic claims will locate the points of pressure which prevent the flow of nerve force from the spinal cord. We have sought further evidence regarding the instrument and concerning chiropractic itself, and have received several copies of chiropractic publications which we have read with interest, for they represent what chiropractors think about themselves and their system.

Among the literature was a forty seven-page pamphlet on the neurocalometer. It is a confused mixture of explanations and defenses of chiropractic in general and the Palmer School in particular, interspersed with fulsome praise of the neurocalometer.

There seems to be serious dissensions among the chiropractors. The original school is the Palmer School of Chiropractic at Davenport, Iowa, and is conducted by B J Palmer. Whenever Palmer refers to himself or is mentioned by a disciple in print, his monogram, "B J," is used. He maintains an association called the Universal Chiropractors' Association, and that, too, is printed in an intricate monogram, "U C A." The Palmer School is likewise printed in monogram "P S C." Palmer has a supply of types of these monograms in various sizes, and uses them freely in his publications.

Palmer has many imitators and competitors, for all of whom he expressed great scorn and dislike. He calls them MIXERS in distinction from his own sect of STRAIGHTS or those who practice the pure, unadulterated system founded by B J's father.

In the pamphlet to which we have referred, B J gives a summary of the results obtained by chiropractors during the several eras of their existence. It says:

Chiropractic is a matter of growth expansion, understanding and application.

'Each stated period had its approximate stated percentage of results.

'In 1895 we pushed bumps and got sick people well—about 15 per cent.

In 1900 came the age of palpation. This increased our understanding of location—and we increased our percentage to about 20 per cent.

'In 1905 came nerve tracing which checked on our palpations—this further increased our percentage to 30 per cent.

"In 1910 came the meric system. Now we knew how to look and connect. This stepped up our percentage to 40 per cent or thereabouts.

"In 1912 came the spinograph which gave us accurate information as to positions of vertebrae—this gave us strides to 60 per cent.

"In 1898 we had taut fibres forgot them and resurrected them again in 1923 which, plus all else, stepped us to 70 per cent.

"Nineteen hundred and twenty four brings us to the NEUROCALOMETER, which makes absolute the exact location of where pressures are upon nerves and where interferences to transmission are—and we jumped forward in percentage to about 95 per cent, with a material decreasing in time."

B J is here writing an advertisement addressed to chiropractors themselves, and claims only 70 per cent of cures under the most favorable conditions, including the use of X-rays and all other diagnostic and therapeutic measures. His implication is that chiropractors are extremely inefficient unless they buy neurocalometers.

B J has much to say about MAJORS, by which he seems to mean the key spot of pressure when a number of pressure spots can be found. On page 11 of the pamphlet he gives a table of the number of pressures found in 95 insane cases, and his summary states that four and one half subluxations pressures and interferences were found in each case. After adjusting the majors, or the vertebrae that produced troubles in other vertebrae, interferences were relieved without adjustment of the others or at least the neurocalometer readings indicated normality in the others. The repeated inference that is drawn by B J is to buy a neurocalometer and substitute certainty for uncertainty.

On page 13, B J begins a thrilling two-page story of chiropractic. He relates that his father the discoverer, kept it a family secret but B J said 'It should be a service for the people who were sick. I believed in a mission of mercy. I loved the common people. I went on giving chiropractic freely to the world. Open clinics were established. A democratic school was started. Woman suffrage was advocated. A printing plant was established. Every thing was given to as many, for as small a price as we could get by on and still keep on growing to take care of more sick people.



The P S C graduated 11,000 chiropractors. The U C A was started to defend them when legal storms arose."

"Other schools started up, not over five of which are worthy of the name. They flooded the market with incompetents. The medical men felt our external pressure and they internally became legally active. Chiropractors went to legislatures and enacted dangerous and destructive legislation inimical to the interests of the sick people (which was the P S C mission), but which was conducive to a monopoly to themselves. Today the field is lethargic to the supporting of any school, including ours. The field believes all schools are evil in producing too many chiropractors. As a broad subject, this is true when all schools are considered. This cannot be said to be true when the P S C is concerned. The field has not discriminated between schools and A school. The field has said the schools were elbowing him off the practicing map. We were crowding him, cutting off his opportunities by limiting his field. The schools react to this by showing him that out of 120,000,000 of sick people in the United States, less than 2,000,000 have even taken adjustments. I have regarded chiropractic as a Ford movement for the people. The people who have Fords have backed their cars right up to my factory doors and dared me to get any more cars out through their barricade."

Through all this, and much more, confusion of thought and expression, B J shows a fear of being put out of business by the proposed educational requirements of the chiropractic law. We called attention to the real intent of the chiros' legislative plan in an editorial on page 349 of this JOURNAL, March 14, 1924, in which we stated

"Competition among chiropractors has become so keen that new accessions to their ranks threaten their individual incomes. They therefore would institute a system of examination which would prevent any more students from obtaining licenses, and thus the present chiropractors will be free from increased competition. Is this a mere threat or opinion? The osteopathic law does the very thing. The law legalizing and licensing osteopaths was passed in 1907, and since that time only one or two have been licensed each year. The chiropractors wish to have the same thing done for their benefit."

B J Palmer's words confirm our statement. He opposes any law which raises the educational requirement of his students. After several pages of description of the neurocalometer and its marvelous action, B J says

"When the chiropractor goes to the legisla-

ture he makes a tearful plea for 'the protection of the sick' against incompetents and then turns around and licenses them. Why? Because (and we are not kidding anybody) legislation is for the protection of the chiropractor against the chiropractors. (The capitals are as in the original—The Editor). It is NOT for the protection of chiropractic. Then when these chiropractors get in, get a license, and have limited competition, they become mixers, board members as well, and chiropractic has been lost sight of. Legislation DOES safeguard the chiropractor against other chiropractors."

Then follows more advertising of the neurocalometer, and B J continues

"We have held down educational qualifications to a consistent degree to produce competent chiropractors, for chiropractors of all people know how simple chiropractic is and how much of it learned in school is soon forgotten and never used. Yet chiropractors have gone on adding subject after subject, forcing them into examinations, until today we are producing more medical education than chiropractic. We have battled long and hard for years against licenses from any other than a chiropractic board. With what results? Legislation is running wild and licenses can now be secured from medical boards in many States. The doors have been closed against the SICK that I plead for. Twenty-six States are now chiropractically closed, except to the chosen few. The production of chiropractors has been decreased until only by the strictest economy can schools exist. The courses have been lengthened until it costs a young fortune to become a chiropractor. States such as Pennsylvania, Ohio, Michigan, Illinois, and others have purposely and gracefully bowed to the medical domination of chiropractic and chiropractors. Is any of that helping the sick to get well? Is making a chiropractor into a medical man helping more sick to get well with chiropractic? Is making it impossible for competent and qualified chiropractors from getting a license just because he doesn't know algebra, Greek, and trigonometry in a four-year high school help to get more people well?"

B J confirms the opinions of those who attended the legislative hearings last spring that chiropractors are seriously divided among themselves. He confirms the rumor then circulated that whatever one faction of chiros want will be opposed by the other faction. B J seems to hold such a low opinion of the graduates of other schools of chiropractic besides his own that he refuses to let them have a neurocalometer. He says



'The 'graduate' of the average chiropractic 'school,' 'college,' or 'university' does not get proper nor consistent groundwork in philosophy, science, nor out of chiropractic, including a correct technique nor ability to adjust subluxations, hence, to place a neuroclometer in his hands would be but adding injury to inability and further ruin the cause of chiroprac-

tic in the minds and in the bodies of the suffering public."

These quotations reveal B. J. Palmer in his most understandable, or possibly, least confusing, thinking and writing. We believe that physicians should be informed regarding the attitude of the leaders of chiropractic in order that they may be able to combat the claims of the cultists. F. O.

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## LOOKING BACKWARD

Editor's Note.—We have received the following clipping from *Forward Together*, the semi-monthly organ of the Chamber of Commerce of Greensburg, Pennsylvania:

### Do You Remember Back When—

Everybody drank from the same glass in the railway coach?

A roller towel in the hotel washroom accommodated all comers?

Thousands of people died every year from typhoid fever?

The health officers' chief job was to inspect alleys and back yards for garbage and dead animals and order chloride of calcium scattered about?

The State Board of Health existed principally for the purpose of examining and licensing physicians?

There were flies in every dining room?

Nobody thought of registering a birth anywhere but in the family Bible?

No one took a bath until Saturday night?

Lots of people thought that wearing asafetida would prevent smallpox and diphtheria?

Red flannel underclothes were all the rage?

Consumption was an incurable disease, and folks who had it were advised to drink a great deal of whiskey or to go West, or both?

Soothing syrup and pacifiers were standard home remedies for infants?

The legislature felt that \$4,000 or \$5,000 was a generous annual appropriation to the State Board of Health?

Nobody ever suspected that the application of preventive medicine might save the State a heavy institutional expense?

Malaria was malaria and was accepted as inevitable?

Milk was milk and, as sunshine and rain, nobody cared a bang where it came from?

No one ever used the terms public health, pure food, or industrial hygiene?

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## A REPORT FROM MIDDLETOWN

We are pleased to print the following letter from Dr. Shelley, reporting success with his new food regulations regarding whose enforcement we were somewhat pessimistic:

MY DEAR DOCTOR OVERTON:

I find in the NEW YORK STATE JOURNAL OF MEDICINE, July, 1924, page 785 that you doubted my ability to put some of our new food regulations across. Since the Code has been in operation we have had six merchants before the Recorder for not complying with the rules. At the present time, as far as we know, every merchant in the city is complying with the regulations. Your attention is also called to Part One, Chapter 2, Regulation 27 C forbidding the employment of persons

in the infective stages of a venereal disease. This regulation with food handlers is being rigidly enforced, and we are getting cheerful co-operation by those interested.

Among the food handlers in the restaurants, one hundred and seventy-four employees were examined, and sixteen persons were unable to furnish a negative Wassermann, and were discharged by the proprietors of such places.

We are now working among the barbers, and expect by the first of September to have them all in line.

Very truly yours,

H. J. SHELLEY  
Health Officer, City of Middletown



## DISTRICT BRANCHES

## Annual Meetings for 1924

First District Branch—Wednesday, October 22, Briarcliffe Lodge

Second District Branch—Not yet determined

Third District Branch—Thursday, October 9, Liberty

Fourth District Branch—Not yet determined

Fifth District Branch—Thursday, October 2, Oneida

Sixth District Branch—Tuesday, October 7, Oneonta

Seventh District Branch—Thursday, September 25, Dansville

Eighth District Branch—Wednesday, October 15, Batavia

## THIRD DISTRICT BRANCH

ANNUAL MEETING, LOOMIS SANITARIUM, LOOMIS, OCTOBER 9, 1924

11 A M

Address of Welcome to the Loomis Sanitarium, Bertram H Waters, M D, Physician-in-Chief

Address of Welcome from the Medical Society of the County of Sullivan, J Burns Amberson, Jr, M D, President

"Artificial Pneumothorax and Surgery in the Treatment of Pulmonary Tuberculosis," Andrew Peters, M D, Loomis

"Laboratory Aids in Diagnosis of Tuberculosis," J Stanley Woolley, M D, Loomis

"The Differential Diagnosis of Tuberculous Cavities in the Lungs," J Burns Amberson, Jr, M D, Loomis

Presentation of Cases

Luncheon at 1 30 P M

BUSINESS MEETING, AT 2 30 P M

"The State Society," Owen E Jones, M D, President of the Medical Society of the State of the State of New York, Rochester

Address, Arthur J Bedell, M D, President Third District Branch, Albany

## FIFTH DISTRICT BRANCH

ANNUAL MEETING, PRESBYTERIAN CHURCH, ONEIDA, THURSDAY, OCTOBER 2, 1924

MORNING SESSION—10 A M

SCIENTIFIC SESSION

"The Function of Eating," George W Miles, M D, Oneida

Discussion, Stephen L Taylor, M D, Sherrill

"Relief Measures During Labor," Henry W Schoeneck, M D, Syracuse

Discussion, Page E Thornhill, M D, Watertown

"Pediatrics and Preventive Medicine," Norman L Hawkins, M D, Watertown

Discussion, T Wood Clarke, M D, Utica

Luncheon, 1 P M

By invitation of the Medical Society of the County of Oneida

AFTERNOON SESSION—2 P M

BUSINESS SESSION

"Coronary Closure," Charles D Post, M D, Syracuse

Discussion, W Dewey Alsever, M D, Syracuse

"Polio-myelitis," Edward Livingston Hunt, M D, New York

Discussion, Wardner D Ayer, M D, Syracuse

"The Private Practitioner and Public Health," Matthias Nicoll, Jr, M D, State Commissioner of Health, Albany

Discussion, John L Heffron, M D, Syracuse



## SUFFOLK COUNTY MEDICAL SOCIETY

A meeting of the Comité Minora of the Suffolk County Medical Society was held in Riverhead on August 6, 1924. The subject of the News Letter, which has been published by the Society during the past year, was discussed at length. The following suggestions were unanimously adopted:

- 1 Issue the News Letter regularly each month
- 2 Double its present size
- 3 Appoint an editor who is in active practice, and also an assistant editor from each hospital, in order that the News Letter may be the product of the physicians who are in active practice
- 4 Make the News Letter the organ of each of the four general hospitals of the County, as well as of the County Medical Society, and since there is an organized medical society in each section, grouped around its hospital, the News Letter would be the organ of the Sectional societies also
- 5 The contents of the News Letter would be as follows:

(a) Announcements and reports of the Suffolk County Medical Society

(b) Reports of the meetings of the group societies and of the staffs of the hospitals

(c) Clinical reports of cases in the hospitals

The cost of the News Letter was estimated at under thirty dollars per month. Dr. Guy H. Turrell, of Smithtown Branch, was appointed Editor. Later the four district medical societies appointed the following associate editors: Dr. David Hallock, Southampton; Dr. James S. Ames, Babylon; Dr. Warren P. Kortright, Huntington; and Dr. Hallock Luce, Jamesport.

The first copy of the enlarged News Letter has just been issued. It consists of eight pages and carries no advertisements. It contains announcements of plans, descriptions of meetings, and clinical reports from the four general hospitals of the county.

The first article is a *Foreword* by Dr. Alan G. Terrell, of Riverhead, President of the Society. It describes the field of the News Letter and medical conditions in Suffolk County, and reads as follows:

"A successful county medical society adapts its program to conditions as they exist in the county. Its principal lines of work are three: scientific

administrative, and social. The Suffolk County Medical Society is peculiarly situated geographically, for it is divided into four quarters between which communications are difficult. The physicians of each quarter have recognized this condition and have established a general hospital and a medical society in each section. The staff of each hospital holds regular meetings, and each group society meets monthly. There are about eighty group medical meetings in the county annually, and they are attended regularly by over three-fourths of the eligible doctors. The programs of the meetings cover the three fields of science, administration, and sociability.

"The Suffolk County Medical Society holds two meetings annually, which are attended by from one-quarter to one-half of the members. Its work is now mostly administrative and it fills a very important place in medical affairs. It is the official medical organization for the promotion of laws and for representation in the State and National medical organizations. It has always been progressive and its members may well be gratified with its activities. One of its achievements which has elicited favorable comment and imitation is the establishment of a modest four-page publication in order to record the work of the Society, and to inform the members of its actions. The time has now come for enlarging this activity and we have therefore planned to issue the News Letter regularly each month, and to publish clinical reports of cases from each hospital.

"The publication of the News Letter is the logical work of the County Society. The hospitals and the group societies are fulfilling the scientific and social functions of the County Medical Society in a most gratifying manner. The peculiar field of the Suffolk County Medical Society is to give publicity to the work of the local groups, and to make a knowledge of their scientific work available to all the physicians of the County."

The enlarged News Letter is an original adventure whose success is assured. For the officers of those county medical societies who are thinking of establishing their own publications, copies of the Suffolk County News Letter are available free on application to THE NEW YORK STATE JOURNAL OF MEDICINE, 17 West 43d Street, New York.

F O

## LIVINGSTON COUNTY MEDICAL SOCIETY

A quarterly meeting of the Livingston County Medical Society was held at the Springbrook Inn, Caledonia, N. Y., August 28, 1924.

The meeting was presided over by Dr. F. J. Bowen, President *pro tem*.

### SYMPOSIUM ON HÆMORRHAGE

Dr. William Johnson, of Batavia, gave a

talk on hæmorrhage in general, and a detailed history of transfusion.

Dr. William Winans, of Rochester, contributed an interesting paper on Hæmorrhage During and After Pregnancy."

General discussion followed.

A number of guests were present from the neighboring counties of Genesee and Monroe.





# THE DAILY PRESS



The editorial page of the *New York Times* of August 6th comments on an assertion by Dr Frederick F Russell, Director General of the International Health Board of the Rockefeller Foundation, that the PRACTICE of public health is years behind KNOWLEDGE, because of the lack of administrative machinery for putting scientific knowledge to work reasonably, effectively, and cheaply. The editorial continues

"The public at large is still woefully ignorant of the principles of hygiene and public health. This is even more true of personal than of communicable hygiene, but even in the latter case the length of time which it has taken to impress city and town governments with the necessity for even the simplest sanitary precautions shows that a lack of understanding is at the bottom of much of the trouble. The scientific knowledge exists, but it is the property of a few."

One of the principal objects of the Daily Press Department of this JOURNAL is to show the kind of medical information that the daily and weekly newspapers of New York State are carrying. They have much to say about communal problems, such as health camps, the pollution of beaches, and polio clinics, but they carry little information regarding the basic facts of important topics of personal hygiene and the prevention of the spread of communicable diseases. We can illustrate our point by reference to the accounts of a typhoid fever outbreak in Port Jefferson which appeared in some of the newspapers of Greater New York and the local papers of Suffolk County.

As is usual in any outbreak of typhoid fever, there have been many expressions of fear in Port Jefferson and the surrounding villages. The papers all mentioned the probable implication that the disease was spread by milk, but the only newspapers that tried to explain the method of transmission by milk and the nature of "carriers" were two in Patchogue. We are reproducing the following extracts from the *Patchogue Advance* and the *Argus* in order to demonstrate, by example rather than by description, our ideas of the kind of health information the newspapers should carry.

"About one per cent of persons who have had typhoid fever are what are called 'carriers,' which means that they continue to produce typhoid germs for months or years after they are well. Nearly all the outbreaks of typhoid fever that have occurred on Long Island during the past ten years have been caused by carriers who

were in excellent health when they gave off the live germs and had no suspicions of the living germ within their intestines. They and their friends insist that their good health proves that they are not producing typhoid germs, and they often fail to co-operate with the health officials in finding the germs. A health officer must have the voluntary assistance of the carrier in order to discover the germs. All that the suspected carrier has to do is to give a sample of his intestinal secretions to the health officer. The usual failure to do this simple thing is due to ignorance, and to a resulting blunting of a moral sense of duty."

"Nearly every typhoid outbreak on Long Island has been caused by milk. The milk as it comes from the cow never contains typhoid germs because cows do not have typhoid fever. But a carrier, or a sick person, may innocently put a few germs into the milk when they handle it with unwashed hands. The milk is simply the means of carrying the germs from the carrier or sick person to another person."

"The prevention of milk-borne typhoid consists in cleanliness by all milk handlers, and the exclusion of all known carriers from dairies. Milkmen must co-operate by excluding all persons who are even suspected of being carriers, or else requiring tests in order to determine whether or not a suspected workman is a carrier."

"Every person who buys milk can help to prevent typhoid fever by demanding that the dealers be assured that no carrier works in their dairies. If a number of people in a community demand certificates of freedom of disease from every worker in a dairy which they patronize, the milk dealers will see that the demand is met."

"Another means of prevention is the pasteurization of all milk that is sold. Pasteurization will kill all other kinds of disease germs besides those of typhoid. But the people are slow to make these demands, because they are ignorant of the manner in which typhoid is spread."

The point which we wish to emphasize is that the people need to be educated in the basic textbook facts of hygiene such as should be taught to children in public schools. The newspaper is almost the only textbook for the great mass of people. An editor will print textbook matter when it is LIVE NEWS,—that is, during an epidemic of which everybody is talking.

The Watertown *Times* of August 1st contains a warning against typhoid, and makes a questionable statement



"It is hoped that Watertown will have no cases this season. This record will be possible if the parents will be strict with their children who go on camping and hiking, and insist that they take their own water supply with them or drink only from sources which are being used daily."

However, the following advice and information is entirely commendable. "Typhoid is preventable by the use of the typhoid vaccine, which is simple to give, and does not necessarily cause any inconvenience to one while they are taking it. The State Department of Health furnishes this vaccine which is free to be used by any doctor who wishes to give it. This department advises the use of typhoid vaccine. It is non-injurious to the health, and causes little or no inconvenience to the one while taking it. All tourists, campers, and those who frequent picnic grounds during the week-end and Sundays, this treatment is needed particularly by them."

The New York *Bulletin* of August 5th carries an account of post-graduate instruction for negro physicians, conducted at the Harlem Tuberculosis Institute by the New York Tuberculosis Association. The account says

Last year twenty five physicians registered for the course and they were found to be so appreciative of the opportunity that another series of lectures on the diagnosis and treatment of tuberculosis—even more intensive than the first—was again undertaken by the New York Tuberculosis Association this year.

This is a common sense plan for fighting tuberculosis among the negroes. Prevention among people of the black race, as among the whites, depends primarily upon physicians. Lay organizations can use their funds to good advantage by training negro physicians and supporting them in the field among people of their own race—and let their activities include venereal diseases, too.

The newspapers of a number of cities carry news of summer camps for tuberculous children. We have clippings on health camps from Olean, Rome, Cortland, Auburn, and Gloversville. The clipping from the Gloversville *Herald* reads in part

"Any who have doubted the success of the Fulton County Health Camp now in progress at the Goodrich farm in West Bush, can now change their opinions. To date forty-three youngsters from various parts of the county have spent some time at the camp and have been much benefited by the experience in the great out-of-doors. Several have already been discharged from the camp as having reached a normal state of health."

Of the number sent to the health camp during the several weeks since it opened, but four had to be sent home after a short stay. Two of these

were homesick, one was too young and the other did not need the treatment."

We have received an unusual number of clippings from Gloversville during August—more, in fact, than from any other city. We have received none at all from Rochester—the place from which we had hitherto received the largest number. In the Daily Press Department for both July and August we commented on the marked diminution of the number of health items that are carried by the daily newspapers, and we threw out the hint that the publicity workers in lay health organizations take their vacations during the summer.

The Gloversville *Leader-Republican*, August 5th, contains a report of the condemnation of cans of ripe olives as the result of a warning sent out by the United States Public Health Service because botulism had been caused by similar cans which had become spoiled. We happen to know that many health officers have acted on the suggestion and have investigated the stocks of canned ripe olives in grocery stores. The reports of which we have heard have all indicated a hearty response by the grocers, and the return of the suspected goods to the manufacturer.

We regret that not one of the articles which we have seen has told the nature of the poisoning by the botulinus germ, and of the danger from eating canned goods which are spoiled.

The Watertown *Standard*, August 16th, contains an account of the work of the Jefferson County Public Health nurse work. This work was begun in the spring of 1924 as the direct result of the activity of the Jefferson County Medical Society (see this JOURNAL, March 21, 1924, page 427). The account reads

"The monthly reports of the Jefferson County Public Health Nurses to the Health Committee of the Board of Supervisors show that the work is progressing rapidly and that the people of the county and city are using the service."

"An effort is being made to reach all new born babies either through the physician or through the birth record. It is felt that many lives may be saved if the mothers receive instructions in the care of the babies early in life."

"The services of the County Public Health Nurses are available to everyone. While the service does not include bedside care, it is intended to be an educational work, and families are urged to seek assistance of nurses for themselves."

"Expectant mothers can obtain literature and suggestions from the Public Health Nurses, and many times this will be found more helpful than the advice of your neighbor who has not had the proper training or experience. It is to be understood that the nursing service is given only with the approval of the attending physician."



slippers for bare feet, and so on indefinitely. From the purely postural standpoint, however, its worst crime has been the invention of the chair. As I said before, primitive man came home exhausted from the chase and flung himself on the floor of the cave, or at the worst upon a pile of skins. In this attitude, he at once removed the baneful influence of the force of gravity, he relaxed his tired muscles, removed any strain from his ligaments, expanded his chest and pulled up his diaphragm. He adopted the correct attitude in which to meet the condition of fatigue. With the invention of the chair, all this was changed. The tired business man is tired all day, but he has not the sense to dodge the force of gravity. He spends his entire day sitting, as the saying goes, "on the back of his neck." So does the tired woman and the tired child. In the case of children, this has long been recognized, and great energy has been expended devising school desks and chairs in which the child cannot slump. Most of this energy has been expended to no purpose. It would hardly be an exaggeration to say that the attitude of fatigue has become habitual with the majority of our urban population in walking, standing and sitting. It walks heavily, pounding on its heels, the feet spread wide apart and the toes turned out. It stands with the head thrust forward, the chest flat, the back hollow and the abdomen prominent. It lies on soft beds, propped up by masses of pillows. These, then, are the habitual attitudes of civilization.

Suppose some 100 per cent American says "What about it? What's the harm? Our death rate is not increasing to any noticeable extent, is it?" The answer is, of course, "No," but I submit that the irritability rate is rising rapidly, and this statement may be borne out by consulting the statistics of the divorce courts. People are getting increasingly hard to get along with, and one reason is that they suffer from minor discomforts that keep them in a state of continual peevishness, which, as everybody knows, is far worse than occasional gusts of rage. Most people can summon their reserves and be perhaps heroic in a crisis of pain, but few can remain pleasant in the face of continual slight discomfort—particularly when they may be unaware of the existence of the discomfort and certainly ignorant of its cause. The acknowledged cripple has a sunny disposition because he has a recognized, tangible disability which will serve him as an honorable excuse at any time that he does not feel adequate to meet the daily grind. The village scold is often what she is because she is in continual discomfort from tired feet, backache, or chronic constipation, but they

serve her as an excuse for nothing because, to a less degree, they are personally familiar to almost all her acquaintances.

It is difficult for anyone outside of Boston to talk upon the subject of posture without being regarded as a fanatic, and I have no desire to be so regarded. I am not going to claim that all diseases from orthostatic albuminuria, if it be a disease, up and down are caused by improper posture, but I will say that very many of the so-called minor discomforts of middle age are. If you doubt the existence of minor discomforts consult the advertisements. Has the sale of proprietary remedies for backache, footaches and constipation noticeably decreased? Seventy to eighty per cent of the last five freshman classes at Harvard were given poor rating in bodily mechanics. It was estimated that 70 per cent of the disabilities causing rejection from military service might have been avoided by proper physical training. Under such circumstances, it would seem wise to begin physical education early.

In other words, the family doctor and, of course, more particularly the pediatrician, can give all his patients a careful examination from the standpoint of their bodily mechanics. He can recognize bad posture, weak feet, knock knees, bow legs, and lateral curvature of the spine. He can discard that reassuring phrase which so often masks a therapeutic cave of ignorance—"Oh, the child will grow out of it." The worst feature of the phrase is that for some cause or other it is often true. From the standpoint of the specialist, however, I can testify that a very large proportion of children do not "grow out of it," and that their resulting disabilities are so severe as to bring them to the specialist to seek relief. I do not believe that anyone could predict with anywhere near a safe degree of certainty what proportion of cases of a given postural deformity would, if left to themselves, improve. I can at least see no objection to treatment being undertaken as soon as a defect is recognized.

Suppose that a child is under the care of a competent pediatrician—in other words, that he has no other discoverable disability—but that it is generally acknowledged that his posture is bad. He has weak feet, knock knees, and a pot belly and his mother objects to his general awkwardness. Either the parent or the pediatrician may suggest that he be taken to an orthopedic surgeon. Irrespective of who puts the question, in a large number of cases the answer would be the same—"Oh, no, he'd want to put braces on the child." In a certain proportion of cases, he would, but before taking up the discussion of



such cases I wish to revert to what I referred to in my opening paragraph as a broader point of view. The average modern child of parents in comfortable circumstances spends a lot of time in having things done to him. He goes to school. He has his tonsils out. He has his teeth straightened. He has music lessons. He has dancing lessons. All these things are good for him, and he may perhaps realize it, but nevertheless he is often in a state of dumb unreasoning resentment against his continual lot of "being done good." If, in addition to this store of tasks, he is asked to undertake a course in meaningless exercises, for example, his resentment will often become articulate, and his attitude that of a frightened and refractory colt.

I think that in education in general we often forget, first that any education is a means to an end, and second what that end is. I know that it took a world war to make me glad that I had studied French. Suppose that we advance the proposition that the treatment of the feet, or of any part of the body, from the mechanical point of view, begins in the head. Almost any child can understand that the best automobile can be wrecked by the careless chauffeur. Suppose we explain to him that his body is the only one he has and that he might as well get as much out of it as he can. Instead of nagging at him constantly to stand up straight to please his mother, can we not induce him to pull in his pot belly to please himself? Girls of fifteen to sixteen, for instance, are sensitive about having spinal curvature, because their appearance makes them conspicuous. Vanity is a quality to which one may appeal at almost any age. Suppose that we approach the patient somewhat after this fashion: "Your feet, or your back, or whatever the outstanding deformity may be, are weak. They are weak because, through no fault of your own, you don't use them properly. We will show you how to use them properly and how to overcome this weakness. If you will take advantage of your opportunities and do so that is all you need. If you haven't the intelligence to understand that your body is of more importance to you than to anyone else, and show it by your improvement, we shall be forced to take the matter out of your hands, and put apparatus on you to do for you what you have not sense enough to do for yourself."

In other words the child's first visit should be made the occasion for a simple explanation of its troubles and their remedy. Once having made sure that the question is clear in the child's mind, he is then put upon a period of probation, as it were, during which time he is to demonstrate to the doctor, as an unprejudiced observer, that

he is able to take care of himself. I think it most important that the matter be taken out of the parent's hands. The world is full of round-shouldered adolescents whose attitude has been intensified by the sullen resentment engendered by the nagging of their parents. The attitude of doing something to please mother is wrong. The child should either do things of his own volition or the matter should be taken out of his hands and he should be treated entirely impersonally. Our grandmothers cherished no resentment against the backboard to which they were strapped, because they were put on it in a calm, impersonal and detached way. Treatment and sentiment were not confused. The natural affection of the child for parent should not be used as a lever by which to pry out material benefits to either one.

Naturally, the methods used to achieve the desired results must vary according to the individual treating the case and the child being treated. I do not expect a child of three to have his consciousness instantaneously inflamed by the suggestion that he walk with his feet straight instead of turning his toes out. However, acrobats are trained in tumbling as soon as they can stand, and dancers have their education begun almost as early. If children can be trained to dance and tumble at the age of three, I can see no insuperable obstacle to their being trained to walk and stand. The obstacle lies in the minds of their parents and attendants. Few can tumble, therefore, tumbling is important. Anyone can walk, therefore, walking is unimportant. "Rhythmic dancing" and other such mysterious amusements are the cultivation of proper gait and posture under the sugar coating of a euphonious name.

Numbers of children, particularly with weak feet and knock knees, are told by the family doctor to take off their shoes and stockings and run barefoot. Provided they run barefoot right, this may be good treatment, abetted as it is by fresh air and sunshine. Provided they do not, I have never been able to see the logic of a proposition which maintained that a bad habit might be cured by persistence in the bad habit.

We now come to the vexed question of apparatus—braces. I concede that wearing braces of any kind is somewhat disagreeable. The question before us is which is most disagreeable—the condition we are seeking to relieve, or the remedy necessary to relieve it. One would not think of continuing to suffer from malaria because one objected to the taste of quinine. There is a great deal of magic involved. In the first place, shoes of any sort are good in the sense



that they harm the foot as little as possible. When raised upon the inner border, they tend to throw the foot somewhat in the right direction, that is, to throw the body weight toward its outer rather than toward its inner border. The first question asked by anxious parents is "won't braces cause atrophy?" Properly applied foot braces will not cause atrophy, because they force a correct functional use of the foot, and in that respect differ from the indiscriminately applied and negligently fitted "arch supports."

As to the use of braces for the correction of knock knees and bow legs, opinions differ. Of course, knock knee braces and, in some cases, bow leg braces require that the knee be held stiff. To me personally the idea of keeping a child clumping about stiff-legged for an indefinite period is far more repugnant than having him submit to an osteotomy, which is an exact procedure entirely under the surgeon's control, and in which the prognosis as to the result and duration of treatment is almost certain. Of course, a large number of border line cases will recover by simply having their feet treated and their knees bent regularly every day.

A number of cases of bad posture require the use of back braces, either because they are deficient in intelligence, or deficient in muscular tone. I should like in this connection to point out that back braces are often indiscriminately applied, and that the greatest pains must be used to be sure that there is not actual limitation of motion—stiffness of the spine. If there is, applying corrective apparatus is, of course, futile. Such deformities yield most readily to a comparatively short recumbency upon the convex stretcher frame. The normal flexibility of the spine having thus been restored, braces and exercises may then be instituted to maintain it.

Whether or not rotary lateral curvature of the spine is a postural deformity is a somewhat academic point. In cases in which we are certain of a definite cause, such as anterior poliomyelitis, it is not. In the so-called idiopathic class of cases, in which we are ignorant of the etiology, it may be. Nevertheless, aside from this comparatively unimportant question, posture is the factor of the greatest importance in any form of treatment for any kind of scoliosis. We know that this deformity has been treated by exercises, braces, corrective jackets, stretcher frames and operations. We know that in many cases it

is an affection of the greatest gravity, causing an eventual high mortality from intercurrent diseases. We know that because of such severe cases all cases from whatever cause and of whatever degree should remain under routine observation during their period of growth. We know that whatever method of treatment be used, and whatever be the class of case, no method will succeed without the co-operation of the patient. Nowadays most so-called normal girls simulate the scoliotic attitude. The converse of the proposition is not so well recognized, that no matter how bad a scoliotic deformity be present, the external appearance of the trunk may be very greatly improved by effort on its owner's part.

It seems to me that we are approaching the subject of postural deformities at a very favorable time. Parents are becoming daily more thoroughly educated physically. As they now, almost universally recognize that crooked teeth should be straightened, and that their straightening may result in constitutional as well as cosmetic improvement, they are coming to the point of seeing that flat feet and knock knees are not only unsightly, but are a distinct mechanical handicap. So many contemporary fathers were denied their chance of military glory on that account that they are beginning to see that deformities which in childhood caused no symptoms may in later life be productive of grave and far-reaching results.

Mr. Walter Camp, by his popularization of the Daily Dozen, has made parents appreciate that a big belly is not only a subject for low humor, but may also be a menace to health. I see no reason why in time children should not also be accorded the benefits of every possible assistance to their splanchnic circulation. I might conclude with citing a striking experiment. A tame rabbit held in the erect attitude will die in twelve hours by bleeding to death into his splanchnic vessels. A wild rabbit, on the other hand, can support the attitude for three days.

I think we are all agreed that the attitude of activity is more becoming than that of rest. I have tried to point out why it is not more generally prevalent, and to suggest a few simple measures by which it might become so. The question of the value of the attitude of activity in relation to the mental and physical efficiency of the individual I am quite willing to leave to personal opinion.



## ACUTE OSTEOMYELITIS IN CHILDREN \*

By RALPH R. FITCH M.D.

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**U**NDER the term osteomyelitis we have heard various conditions discussed. Since the war we have heard much of osteomyelitis—referring to diseased bone which has resulted from infected compound fractures. We shall not, in this paper, discuss this phase of the subject, but shall limit ourselves to the consideration of osteomyelitis that is the result of an infecting organism which has been transmitted to its field of activity by the blood stream.

We shall still further limit ourselves by leaving out of consideration osteomyelitis that follows in the wake of typhoid fever, and also osteomyelitis that is more commonly referred to as chronic bone abscess or Brodie's abscess. These limitations bring us to the question of acute osteomyelitis.

This disease occurs most frequently in the first ten or fifteen years of life and usually not before the age of two or three. The onset is sudden—with high fever, rapid pulse, vomiting, chill, and within a few hours, extremely severe pain which is referred to the region that has become infected. The lower portion of the femur is most commonly involved. The physical findings in such a case will, therefore, be given as typical of the disease.

The child lies with the thigh and knee a little flexed. There is slight swelling of the lower portion of the thigh more marked on one side of the thigh than on the other, and over the swollen area—local heat, perhaps redness, and (a sign of the greatest importance) acute tenderness. The patient's reaction to the pain which is produced by pressure is usually somewhat delayed. The severity of the pain increases in proportion to the length of time that pressure is maintained. The child does not want to move the leg, but—if handled with great gentleness, the knee joint may be put through limited passive motions without pain.

The progress of the disease may be very rapid. Within a few days even within forty eight hours, the child may become comatose presenting the picture of an overpowering infection—a picture in which signs of meningeal irritation sometimes predominate. The swelling of the thigh increases extending upward and also downward over the knee, but it will be noted that the maximum swelling is well above the joint line. On examination of the blood one usually finds a very high white count with a great increase in the polymuclear cells. Contrary to general belief leucocytosis is not always present. In certain instances the infection is of such an overwhelm-

ing character that the protective ability of the body is rendered inert and no increase in the number of white cells in the blood takes place. In such instances, death may be expected. When, however, the child—at least for the time, gains the upper hand of the infection, the disease runs a protracted course. The entire thigh becomes enormously swollen and fluctuation appears. Pus may be discharged through a spontaneously formed sinus. Drainage being insufficient, the patient continues to run a temperature and emaciation takes place.

An early diagnosis of acute osteomyelitis is not made as often as it should be. This disease in its early stages is often diagnosed as meningitis, acute anterior poliomyelitis, or acute articular rheumatism. The last named disease is the one for which acute osteomyelitis is most often mistaken. In acute articular rheumatism, the symptoms of onset are likely to be less severe than in acute osteomyelitis. In the former the temperature is lower, the pain is less severe, the prostration is less marked and the swelling is greatest over the joint whereas, in the latter, the maximum swelling is near the epiphyseal line, at which level there is a distinctly localized area of acute tenderness. This area of tenderness may be not more than half an inch in diameter. In acute articular rheumatism, several joints are affected in succession. The symptoms and signs in the joints which are first attacked gradually disappear, as other joints become involved. In acute osteomyelitis one most often sees but a single focus of infection. A point which I wish to emphasize is that not infrequently one has to deal with two or more foci of infection occurring in various parts of the body. This fact, no doubt, causes a diagnosis of acute articular rheumatism to be made in many cases of acute osteomyelitis. An important point in differential diagnosis is that the early focus or foci of infection in acute osteomyelitis do not clear up spontaneously as other foci develop. In acute articular rheumatism concurrent cardiac disease is common, while in acute osteomyelitis it is rare.

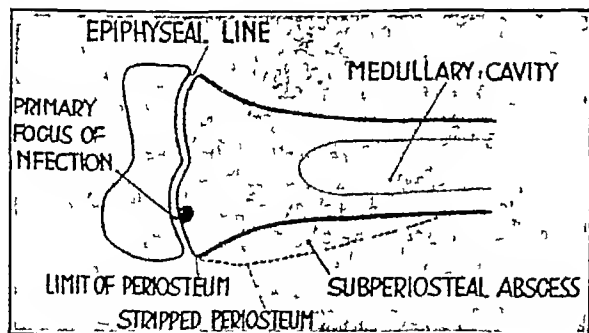
There are cases of osteomyelitis that lack dramatic suddenness and severity of initial symptoms. The cases are more difficult to diagnose but their early recognition is most important as the possibilities of baneful results are equal to those of the fulminating type.

X-ray examination should not be relied upon in making a diagnosis of acute osteomyelitis. The diagnosis should be made before a radiograph will show anything of diagnostic value.



In order to intelligently treat acute osteomyelitis, two things are essential, first, an early diagnosis—and by that we mean a diagnosis that is made within twenty-four or forty-eight hours of the onset of symptoms, and second, a comprehension of the pathology of the disease. An understanding of pathology requires an understanding of anatomy. For purposes of illustration, let us continue to use the lower portion of the thigh. The femur presents a shaft or diaphysis and a lower epiphysis. The periosteum of the diaphysis ends at the junction of the diaphysis and epiphysis, in other words, at the epiphyseal line. The medullary canal or marrow cavity of the diaphysis ends one or two inches above the epiphyseal line. These are important points to remember, in order to understand the various stages through which osteomyelitis passes.

If we are not much mistaken, the common conception of acute osteomyelitis is that the primary infection takes place in the medullary canal. With this understanding of the pathology of osteomyelitis, the only logical surgery for the relief of the condition is that which is commonly employed—namely, drilling, trephining or chiseling an opening into the medullary canal. As a matter of fact, the primary focus of infection in acute osteomyelitis occurs in the cancellous bone in the diaphysis adjacent to the epiphyseal line. Surgery should, therefore, be directed to this region, instead of to the medullary canal.



An incision should be made over the point of maximum tenderness. This will lead to the periosteum immediately above the epiphyseal line. The periosteum is then split and the cortex of the bone, which is very thin, is removed from a small area. Two or three drill holes may be made into the cancellous bone, running toward the epiphyseal line. This procedure furnishes an exit for the inflammatory exudate and is usually sufficient to permit the protective agencies of the body to gain the upper hand of the disease. In such instances, complete recovery will take place within a few weeks.

If surgery is not done in the early stage of the disease, the infection spreads in the path of least resistance. Ordinarily, this path leads out-

ward to the periosteum. The periosteum is a tough resistant tissue through which the inflammatory exudate or pus at first cannot break. The increasing amount of pus demands room. This is gained by the periosteum becoming stripped from the bone. In this manner we have formed a subperiosteal abscess. At this time, the general condition of the patient is usually alarming, and the minimum amount of surgery compatible with common sense is demanded. The operation should consist only of an incision or incisions sufficiently large to afford free drainage for the abscess. The disease itself has already made a drainage channel from the original focus to the soft tissues.

In cases that have progressed for some time before operation, the question as to whether or not the medullary cavity has become infected must be seriously considered. Oftentimes, one guess is as good as another in regard to this point. Unless there is exceedingly good reason to believe that the medullary cavity is infected, I prefer not to open it. It seems wiser to be content with draining the subperiosteal abscess and waiting for twenty-four or thirty-six hours. If, after that time, the patient's condition is satisfactory, well and good. If it is not, the medullary cavity should be explored.

Exception will be taken to this procedure by some surgeons who claim that the medullary cavity is infected early in the progress of the disease. It may be that, in rare instances, the primary focus of infection, instead of following the usual course of extension along the epiphyseal cartilage to the periosteum, extends directly through the cancellous bone to the medullary cavity. This would explain the statements which we sometimes hear in regard to finding the medullary cavity infected within a very few days after the onset of symptoms. I have not seen an instance of very early infection of the medullary cavity. Clinical experience and recent experimental work—notably that of Dr. Clarence L. Starr, of Toronto, tend to show that the medullary cavity becomes involved by extension of the infection from the subperiosteal abscess through the Haversian canals to the marrow, and not directly through the cancellous bone from the primary focus.

In each individual case, the surgeon must make up his mind whether or not the medullary cavity is infected. The appearance of the tissues and the general condition of the patient should be taken into consideration in making such a decision. At this point, there arises an opportunity for the exercise of the keenest judgment. If drainage of the medullary cavity is decided upon, enough bone should be removed to provide for free escape of the pus.

Stripping of the periosteum and infection of the medullary cavity destroys the circulation of



the cortex, which dies—forming a sequestrum. This sequestrum may consist of a portion of, or the entire diaphysis. Removal of the sequestrum should not be attempted until the demarcation of its boundaries is evident.

While the process of destruction is going on, new bone is being formed along the course of the periosteum. This new bone originates from the osteoblasts that were carried along with the periosteum when it was stripped from the cor-

tex. Proliferation continues until sufficient bone has been formed to replace the sequestrum.

In conclusion, untreated acute osteomyelitis frequently results in death within a few days or after a protracted period with much suffering. With delayed or unintelligent treatment complications and crippling deformities are to be expected. With early diagnosis and sound surgery, which is based upon a correct conception of pathology, the end results are less appalling.

## DESTRUCTION AND REMOVAL VERSUS REMOVAL AND DESTRUCTION IN ACCESSIBLE NEOPLASTIC DISEASES \*

By GEORGE A. WYETH, M.D.

NEW YORK CITY

WE know as little today of the exact cause of cancer as we know of the exact cause of its recurrence. The tendency of neoplastic diseases to recur or metastasize soon after their removal has long been admitted and for many years surgeons have thought that if, by any method the neoplasm could be destroyed before removal the likelihood of dissemination and recurrence would be greatly decreased.

As early as 1896 Doyen began experimenting with heat penetration in physical conditions, and by 1907 he was ready to present to the French Surgical Congress a well-considered method of destroying accessible malignancy by heat. He summed up his conclusions in the brief sentence "Of all means employed in the destruction of pathological tissues the only certain method is that of heat." That remains as true today as it was then, and we may add to it the further truth that of all forms of heat which may be applied in the treatment of pathological lesions, the most effective is endothermy.

Endothermy is the localized production of heat in the tissues from within in response to the many oscillations of a high frequency current. It differs from all other forms of cauterization in that, first, the heat comes from within, and second, the applicator is always cold when applied.

This paper invites your consideration of the several reasons for the effectiveness of this treatment in accessible neoplastic diseases.

Endothermy is a definite surgical procedure with a definite surgical technique and it should never be confused with fulguration, galvanocautery, electrolysis, and so on. Fulguration has been known for years and its limitations well understood. The various applications of the electro-thermic methods have their several uses, but endothermy is technique as well as current and is not to be employed without understanding.

The heat in endothermy comes from within by the resistance of the tissues to the current. It is thus progressively penetrating and is directly under the control of the operator who must know the amount of current to be used and the length of time it should be applied. So it is that the destructive effect of endothermy on any accessible malignancy can be carried to any desired depth and the neoplastic cells destroyed *in situ*.

Properly performed there should be practically no hemorrhage, and if a bleeding point is encountered a touch with the sharp-pointed applicator generally controls it. Secondary hemorrhages rarely occur but it is the part of wisdom to ligate large blood vessels if we are working in their proximity.

Because endothermy does not burn the tissues (although it is a destructive process) there is only slight local secondary inflammation following its use, with little or no surgical shock. Furthermore, the destructive effect of endothermy is localized and there is a grateful absence of the disfiguring fibrosis of surrounding tissue which often follows the use of radium and X ray.

In a high degree the effectiveness of endothermy is due to the fact that before a malignant area is touched it is isolated from the healthy tissue by a ring of destruction necrosis. That is in the technique of endothermy our first step is to describe, in the healthy tissue surrounding the lesion a line of destruction which cuts off blood-vessels, lymphatics and sensory nerves to and from the affected area. The malignancy is then destroyed and excised as a necrotic mass instead of as a group of viable cells.

This technique tends to assure us against mechanical dissemination and is the explanation of the fact that by the use of endothermy we greatly reduce the dangers of metastasis and the likelihood of recurrence.

A second advantage of drawing this wall of



destruction in healthy tissue around the malignancy is that there follows prompt alleviation of the pain which so tests the endurance of the cancer sufferer. The benefit to the patient from this one effect of endothermy is so considerable as to make the treatment of value in those cases of so-called inoperable cancer where alleviation of pain is the utmost we can anticipate.

In this connection we would speak of the intense suffering following the use of radium in lesions of the mouth. In tongue cases where positive Wassermann reactions have been shown—and most of them do show positive Wassermanns—radium should never be used. The secondary reaction is severe and prolonged and prevents that early return to normal diet which every need of the patient indicates.

Yet another advantage of endothermy over physical agents, in the treatment of accessible malignancy is due to the fact that its results are *definite*. No one can tell in advance which cases will respond to X-ray and radium and which will not. It seems clear that an underdose of either may be merely stimulating to the malignancy and, by reducing the patients' resistive force, may allow the lesion to spread more rapidly than before. But endothermy *destroys*, and its work is as effective against the most malignant forms of cancer as against the simplest basal cell epitheliomas, provided metastasis has not already taken place.

In its two forms, monopolar and bipolar, it offers a range of applicability from the lightest dehydration upon a needle-point area of the eye, to the heaviest coagulation of widespread lesions.

The endotherm knife is a recent development of much higher frequency, dependent upon the more modern tube system for its oscillations. This furnishes a current which produces the effect of cutting without the use of a sharp knife. Its distinguishing feature is that it sears as it cuts, leaving a sterile incision without incrustation such as is produced by the cautery knife. Employed on bone, the endotherm knife does not cut through, but it produces a mummyfying effect which enables one to saw through the bone without hemorrhage. It is impossible to say at this reading just what its range of usefulness will be as it is new and there has not been, as yet, sufficient time for extended clinical experience. The molecular dissolution produced by the endotherm knife, however, *must not* be confused with the desiccating and coagulating effect of endothermy, and the knife *must not* be depended upon for destruction in malignancy. It does admirably the thing it was designed to do. It supplements, but is not a substitute for, either monopolar or bipolar endothermy. Rather, the endotherm knife is proving itself a refinement of that surgery which *has always been*, and still remains, the cancer sufferer's best hope of relief and cure.



CASE I

FIG 1—Large epithelioma of cheek in 67-year-old patient. Removed in one treatment by bi-polar endothermy.

FIG 2—Over one year after operation, scar tissue soft and pliable, little disfigurement.



CASE II

FIG 1—Rare condition, prickle cell epithelioma of upper lip of two months' duration. Treated by mono-polar endothermy.

FIG 2—Note good cosmetic result following nature's restoration of excised lip tissue.



CASE II

FIG 3—Micro-photo of prickle cell epithelioma of upper lip.





CASE IV

FIG. 1—Large melanoma of scalp in young woman of 28, excised without hemorrhage by endothermy

FIG. 2—Six months later. No evidence of mechanical dissemination or recurrence.



CASE IV

FIG. 3—Micro-photograph of malanotic tumor of scalp. Note widespread distribution of melanin.

### Discussion

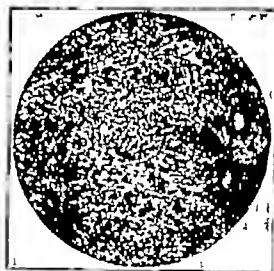
HOWARD A KELLY, M D, Baltimore Md.—While the great functions of surgery are the recognition and extirpation of disease, the repair of wounds the correction of deformities and the prevention or elimination of infections its highest function which it shares with general medicine, is that of self-elimination by prevention of accidents or by the adoption of simpler, milder means which eliminate the scalpel, the shedding of blood, the ligature and the suture. The true surgeon looks on certain phases of his art as an opprobrium and is ever eager to limit its field. I well remember a conversation with my broad minded colleague Wm S Halsted who upon hearing of some things we were accomplishing with radium, remarked with emphasis "It would be a great boon to surgery if we could only eliminate all operations for malignancy. The expansion of surgery within the past five decades has been so rapid and over so wide a territory that it is a relief to devote this hour to a careful consideration of necessary retrenchments and limitations



CASE V

FIG. 1—Large infiltrating epidermoid carcinoma of lower lip treated by mono - polar endothermy, July 26, 1923.

FIG. 2—One month later—August 27, 1923. Good cosmetic result. No recurrence to date.



CASE V

FIG. 3—Micro-photo of epidermoid carcinoma of lower lip

Of recent years several new agents have appeared, claiming in particular fields to yield results superior to our customary surgical methods to be less harassing in their application and more certain in their ultimate results. These are

Radium  
X-ray  
Endothermy, or electric coagulation  
and desiccation

I wish today briefly to outline the respective fields of two of these agencies and to request in the interests of humanity that the general surgeon shall in every way aid and abet these efforts until the claims are either justified or are relegated to a more limited sphere. While I thus demand a hearty cooperation as though I were appealing in the interest of an outside agency, I also claim emphatically that these methods in reality form an integral part of every proper surgical equipment, and that he who would practise his art with a single eye for the welfare of his patient, must



henceforth work with a fuller understanding of these agents and cease to consider them as something esoteric and belonging to the realm of detached specialties. I shall not advert at this time to X-ray therapy, which year by year slowly draws nearer to the goal our X-ray therapeutists have set for themselves, each added technical improvement enlarging the field of this widely available agency. Rather let me bracket the X-ray with my statements about radium.

### *Radium*

Could I have expressed a desire some twenty years ago as the outgrowth of twenty years of intimate experiences with surgery with the most eminent men in our profession, I would have wished for some new method of dealing with those opprobria of surgery, various types of malignancy, such as

Cancers of the face,  
Lip,  
Tongue and mouth,  
Fauces,  
Larynx,  
Advanced and recurrent cancers of  
the breast,  
Cancer of vagina and uterus,  
Cancer of rectum,  
Cancer of bladder,  
Sarcomata,  
Intrathoracic tumors,  
Hodgkin's disease,  
Leukemia,  
Fibroid tumors of uterus,  
Angiomata,  
Tubercular glands of neck,

not to pause to mention many other conditions. At last the boon came, for it is just these fields radium has come to occupy, either as a curative or a palliative agent. Our experience in Baltimore and elsewhere with a large quantity of radium has in these past years pretty well defined, though by no means limited, the field of this new agent, and has also served to demonstrate as well some of its shortcomings.

I am not here today to boast of the widely known successes of radium therapy, as heretofore, but rather to limit myself to emphasizing these limitations, while I at the same time also direct your attention to a new agent which has entered the field and claims our attention by its remarkable successes in the skilled hands of Dr Wm L. Clark of Philadelphia, and of Dr Geo A. Wyeth of New York, who by his wide experience and originality has helped to demonstrate its great value in the surgical field in building up its technique and in enlarging its scope. I speak of "endothermy," or electric coagulation or desiccation, which is, I believe, destined over a considerable field to replace radium and all exsective surgery, or to act as a coadjutor to one or to both

Having in mind the vast new field which radium demands for itself, let me briefly lay before you some of the occasional disappointments experienced in its use. Our first great difficulty lies in the fact that if we would cover adequately the entire field of radium therapy, from one to several grams of the element are necessary, involving a large outlay for a work which is still in some of its aspects tentative. Again, if we can control but a modest amount, we are too often tempted to see what we can do, to the serious disadvantage of those patients whose urgent need is a bigger dosage. Indeed, small amounts of radium, inadequate to the purpose, may even stimulate disease, while any case after one or more radiations may develop a strain of radio-resistant cells. Larger amounts than necessary or longer applications than are called for, often damage adjacent sound tissues which become indurated, edematous, brawny, calling for a cessation of all treatments for an indefinite period. Ineffectual treatments may also cause extreme suffering, indeed, this often applies also to the most effectual applications in the mouth and rectum. The period of time during which one must wait to test out the value of a treatment is an added difficulty, as well as the fact that if a patient has once been thoroughly treated, a further application cannot wisely be made for from four to six weeks. It would be an unspeakable boon if we could get immediate results. In spite of these several difficulties, largely in a considerable measure avoidable through experience, radium has a wide field of its own to which no other therapy can lay legitimate claim.

A further difficulty is that while in certain groups it is possible to predict the results of the application with great certainty, and in others it is tried with a lesser degree of assurance, and in many the cures are exceptional. I speak for example of sundry mouth lesions, of cancer of the rectum and the bladder, and of all growths within the thorax or abdomen of uncertain nature. The obvious advantage radium has over the scalpel is that its minute shafts, bathing and interpenetrating all the tissues, exercise in suitable cases a selective action upon the diseased cells and respect the normal, provided the dose is not excessive. In this way the invisible scattered cells of the disease are picked out in and about the large vessels and nerves and where they lie isolated and scattered and in the depths, an impossible feat for surgery. To recapitulate our radium difficulties, they are

Lack of uniformity of action,  
Phases of disease which are difficult to control,  
Development of radio-resistance,  
Delay in securing results and the need of repeated treatments,  
Pain following the treatment,



Likelihood of harm from unskilful treatment through lack of experience

Endothermy, monopolar desiccation or bipolar coagulation treatment of many of these cases is to my mind an extremely valuable new resource in overcoming many of the difficulties enumerated, in all cases it replaces bloody surgery and it becomes as well a competitor with radium over a considerable part of its field in accessible malignancies. I will not dwell upon the rationale or the technique of the method, which has been clearly defined by Drs Clark and Wyeth, but speak rather of the broad field of the promised land which I clearly foresee we must grant to this new agency.

Monopolar endothermy is a surgical procedure. The heat which desiccates is due to the resistance of the tissues to the current received through a fine cold needle, resulting in a dehydration over a controllable area which leaves them so friable that they can at once be scraped away with a curet, leaving a clean surface to granulate and close, usually with but little or no after pain, a matter of great importance due to the destruction of the sensory nerves.

Dr Wyeth's plan of circumvallation or outlining the area to be desiccated is important to prevent distribution and cut off the circulation by destroying it first. In this form of surgery there is no manipulation of the tissues and no suture, or at the most an occasional ligature. As in radium and as with the scalpel, the operator must decide just what zone is likely to be affected, and must cover effectively that entire area. Around every focus of malignancy there is an invisible presumptive path of extension which may be called the penumbra. In this area of shadows the surgeon makes his blunders, especially if he is operating upon the face, in his anxiety to save tissue and prevent deformity. Endothermy takes care of this and in using it one can safely do an erosion of a wider area without fear of disfiguring contractions. It is possible to pick out minute points and to treat them alone as on the conjunctiva. This latter

radium cannot do. Also, promptly repeated applications do no harm, this is often not true of radium. The suppuration following this plan, under careful aseptic after treatment, which is a most important part of the whole, is less protracted.

We have found a fruitful field for skin grafting in the simple healthy ulcer left.

Much of the work can be done under local anesthesia. I anticipate it will give an added impulse to local anesthetizations. If the field covered has not been wide enough, a supplementary operation or operations is so efficient a way of completing the work and calls for no regrets as in a similar bloody surgical procedure. The scalpel risks all in one effort and rarely succeeds in chasing up a recurring malignancy.

I hope in endothermy for a field of usefulness within the abdomen in the destruction of malignant retroperitoneal and mesenteric glands, in wiping out papillary implantations, in destroying the interior of malignant cysts which cannot be removed, as well as in the destruction of infected areas.

In our own hands a most fruitful field is developing in the combined use of radium and endothermy.

I would earnestly advise younger surgeons to become thoroughly familiar with the use of these newer methods as an essential part of their habitual technique, especially in dealing with malignancy and blemishes. And I would further advise abstention from considerable purchases of radium until one is able to use this method to its utmost advantage, when he can better decide whether he needs radium or not.

In conclusion a readjustment is to be effected in the near future assigning to radium and to endothermy their respective positions and in limiting the use of the scalpel in fields where it has for the most part only demonstrated its futility and brought opprobrium.

A hearty welcome then to this newest method, endothermy, may its territory become wider than we can even anticipate today.

## KIDNEY DISEASE IN THE LIGHT OF RECENT STUDIES

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THE difficulty in our attempt to help cases of nephritis is fundamental. It lies in our deficient understanding of the physiology of the normal kidney.

Dr Francis Delafield after working all his life on the kidney, spoke many times of the appalling gap between its lesions and its symptoms.

Physiologists have recently reconstructed a theory put forward by Ludwig in 1844 calling it

the "modern theory." They are by no means in general accord as to its validity. Its advocates believe they have met the objections to it so far as the normal function is concerned, but a host of new difficulties must be overcome when the attempt is made to explain the perverted functions of Bright's disease by it.

When we know how the kidneys work both in health and in disease, what functions the glomer-



ulus, the first convoluted tube, Henle's loop, and the second convoluted tube, individually perform, how these structures combine in function and how they may compensate for each other in disease, when we know, on the other hand, how the exchange of substances takes place between the body tissues and the blood flowing through them, we shall at last be in a position to treat nephritis intelligently

Thanks to a great mass of splendid contributions by laboratory workers, the day of such intelligent treatment is just dawning, and it is for this reason that clinical kidney problems are so interesting just now

Perhaps the most important result of kidney study, so far as helping patients goes, is the discovery that the excretory function is multiple and more or less independent for the different substances excreted. Thus, urea, uric acid, salt and water may each separately fail of excretion and be retained in abnormal amounts, without coincident retention of other substances. The water gate, also, may suddenly close and so inhibit all elimination

A second important result is the conception of mobile thresholds which has brought new understanding of the excretion of salt as well as of sugar

A third contribution is the idea of maximal concentrations, the very definite inability of the kidneys to concentrate a substance in the urine beyond a certain percentage

Many tests have been devised to determine the kidneys' ability to perform these various functions and the present diagnosis of renal disease depends, to a certain extent, on the outcome of such tests. They are intended especially to reveal the ability to excrete nitrogenous waste, salt and water, and also the power to concentrate the urine. In general, the most satisfactory test substances are the endogenous ones, urea, salt and water, and the relation between their concentration in the blood and the amount of them put out by the kidney is more significant than either of these figures taken by itself

I now wish to direct your attention to certain clinical applications of these conceptions of multiplicity of function, of mobile thresholds and of maximal concentrations. And first, as regards uræmia

Uræmia, or an increase of urea and other nitrogenous waste in the blood, comes about in three separate ways

It may result from a rapid dumping of urea into the blood stream, either from food waste, as in high protein diet, or from the body tissues, as in pneumonia. Such an excess may reach 100 mg of N P N per 100 c c of blood. If the kidneys can excrete urea normally, such an excess is rapidly disposed of

A second form of uræmia results from failure

of the kidney's ability to excrete urea. Here the kidneys become less responsive than normally, and in order to eliminate the urea poured into the blood stream in a day, the less competent kidney has to be driven or stimulated more than the normal one. The stimulus which drives the kidney to excrete urea is the concentration of urea in the blood, and this accordingly increases, to compensate for the kidney's failing response. This is not a true retention, for the urea poured into the blood each day is eliminated. It is simply a physiological adaptation to make up for a weak excretory urea function, just as the heart rate may change in compensating for a leaky or stenosed valve. It is obviously, however, the beginning of a vicious circle, for the weaker the kidney gets, the more nitrogen waste must be present in the blood to make it work, until the blood concentration of waste matter reaches and passes the toxic point. Then the patient suffers increasingly with the symptoms of clinical uræmia which in this form almost inevitably progresses to a fatal termination. This is the form of uræmia that we meet, especially in chronic Bright's. It is the form in which treatment is most ineffectual, and for the reason, I believe, that it is impossible to rest the urea excretory function. Nitrogenous food can be stopped but the body continually produces a considerable amount of nitrogenous waste which the weakening kidney is driven harder and harder to deal with, until it reaches exhaustion

A third form of uræmia depends on the limited ability of the kidneys to concentrate urea, this is a true retention depending on a blocking of the outlet. The normal kidney can put out urine containing 3.5 or 4.5 per cent of urea at the most. Ordinarily a man passes about one liter of urine a day, which provides for the excretion of some 40 grams of urea. Many people have 20 g per day to eliminate, so the margin of safety is not great. Kidneys that are only moderately diseased, lose concentrating power so that they cannot concentrate urea beyond 1 or 2 per cent. If in such patients, the volume of urine is diminished for any length of time, as with persistent vomiting, or after surgical operations, so that the daily volume falls below 500 c c (16 oz), as very often happens, 5 gr of urea, is about all they can excrete, and the rest of what is poured into the blood is retained. In contrast to the second type, the blood figures rise rapidly and reach alarming proportions within a few days. These are the cases that cause post-operative uræmic deaths, for the routine examinations give little information about concentrating power, so the danger is unsuspected until the post-operative retention is too high to be successfully dealt with

An instance of this occurred at the Roosevelt Hospital in the summer of 1922. A woman of 59 came in for persistent arthritic pains. Her



N.P.N. was 38, her blood pressure 150/100, her urine 1,010, containing a trace of albumin but no casts. She developed a severe abdominal pain, was diagnosed gall stones, and operated on. The gall bladder containing stones was removed, and also the appendix. She seemed to be doing well after operation, but within a week something was evidently wrong. On the eighth day after operation her N.P.N. was found to be 214 and on the twenty-first day it had risen to 316. On the twenty-sixth day she died uræmic, without convulsions. The urinary volume averaged 180 c.c. for the three days immediately following operation. Even after the condition was recognized on the eighth day, and everything possible done to increase the urinary volume, the daily output only averaged 420 c.c. per day—4 c., 14 oz., or less than a pint.

These cases, on the other hand, of insufficient volume and weak concentrating power, are the ones in which treatment is most successful, treatment directed especially to increasing urine volume, or better yet, to avoiding a period of dangerous oliguria.

It is to be remembered that these three modes of uræmia production may coexist and two or all of them may contribute to the N.P.N. figure found in the blood. In cases of the second type after the N.P.N. gets well over the 100 the concentrating power is apt to weaken also and become inadequate and thus add the third mode of production to the second. In this way are produced the strikingly rapid increases of N.P.N. in the terminal stages of chronic nephritis cases whose progress has previously been very gradual.

Before leaving this part of the subject, I wish to remind you that the toxic substances in uræmia are not yet known. Urea, creatinine, etc. are not believed to be toxic in the concentrations reached in human disease. It is further known that the proportion of the toxic elements to urea and to the total N.P.N. is not constant, so that while death does not usually occur till the N.P.N. reaches 400 or over, fatal uræmic poisoning may occur with lower figures, especially after narcosis and surgical operations.

I wish next to direct attention to salt excretion by the kidney, more intricate than nitrogenous elimination, but much easier of adjustment when deranged.

Salt unlike urea, is necessary to the body so the kidney ceases excreting it when its concentration in the blood lowers to a certain figure called the threshold. This threshold point moves up and down rising immediately after a meal, and gradually sinking till the next periodic intake, in a normal man. When the function becomes deranged the rise of the threshold after salt ingestion is abnormally high and its fall abnormally slow or absent so that salt is held back or retained in the blood and in the body.

When this occurs, deleterious results may follow. The first to be appreciated but by no means the most frequent, is the coincident retention of an amount of water sufficient to keep the salt in isotonic solution, which goes progressively on till dropsy is produced. In these cases, dropsy can be induced and abolished repeatedly, by simply varying the salt intake. In these salt oedema cases, it is possible for the brain to swell and cause intracranial pressure which, if unchecked, finally produces convulsions. It is not believed that uræmia alone often causes convulsions so that this symptom in kidney cases points to salt retention. Some of the eclamptic seizures are of this character.

Last spring I was called to see a primipara of 24. She had been closely watched during her pregnancy, and had shown no albumin and no increased blood pressure. There had been dropsy of the lower extremities. The labor had been long and trying, the child finally taken with forceps. During labor, the blood pressure rose to 200, a large amount of albumin appeared in the urine and dropsy of the face and trunk developed. After delivery, she complained of a bad headache, and was somnolent. Nine hours after delivery she had a violent convulsion and one hour later, just after my arrival, she had another, so violent that I thought she would die in it. Believing it to be a salt oedema of the brain, I had the cord tapped at once, and took 30 c.c. of clear fluid under moderate pressure. She had no further convulsion and her headache and somnolence vanished at once, her blood pressure became normal in a day or two. The blood and the spinal fluid taken at the time of seizure each contained over 7 g. of salt per liter, the highest reading I have personally encountered. Her recovery was uneventful, but it took three months of salt privation to get her blood back to normal.

Why all salt retentions don't result in water retention is not understood, but most of them do not, and the salt must be combined either with living protoplasm or in some other way so that its osmotic influence is annulled. Some of these dry chloræmias, as they are called, produce high blood pressure. This has been denied but I believe there is no question of it. I have myself seen several cases where blood pressures of 240 or so fell in a week to 140 on salt privation alone, without any change in mode of life, only to rise again whenever salt intake was increased. The relation is confused, some cases with high blood salt have no increase in pressure and *vice versa*, some with high pressure are not benefited by reducing the salt intake, in some the pressure falls but the blood salt does not. In spite of the failures and the contradictions, however, the results in many cases are brilliant and striking.

Another group of dry salt retentions have intense nervousness, or headaches, or pains in vari-



ous parts of the body, without increase in blood pressure, and in these also the results of salt free diet are as uncertain and as brilliant as in the hypertension cases

One reason for the conflicting views about salt seems to lie in the difficulty of and the necessity for a very strict diet. In many cases the intake has to approximate 1 gm per day and the diet to be continued for weeks before results are obtained. This means a lot of special cooking and tiresome insipid food.

Another point is of clinical significance in salt cases. It is apparently true that the first evidence of a nephritis may be failure to excrete salt and this may go on for years before other functions fail. If the disease is recognized at this time, much can be done to retard its development. Dr. Field found that a large proportion of soldiers under thirty who showed an elevated blood salt without any other evidence of nephritis had had scarlet fever.

A fundamental function of the kidneys, but perhaps the most elusive of all, is the elimination of water. Water must be a threshold substance for the body mass is largely composed of it, but we do not know its threshold point. Its concentration in the blood beyond a certain amount is incompatible with life. Any excess of intake is promptly eliminated. In many cases its exchange seems to depend on and follow the sodium chloride exchange, apparently with the purpose of maintaining this salt in isotonic solution. But just as there are cases where salt is retained without water so there are cases where water is retained without salt. Moreover some cases of water retention lead to hydroemia instead of to dropsy. In any event, some cases of dropsy and some of heart weakness can be much benefited by reducing the water intake. In another group of cases the water gate closes completely and so puts an end to all other elimination. In these anurias it is a rather nice question whether to try to force the kidney to activity by forcing fluid intake and using diuretics or to avoid all stimulation of the organs by both food and fluid privation. My own experience inclines me to the latter plan.

Albumin in the urine, a cardinal nephritis symptom recognized by Bright, is generally considered an inflammatory product, the blood protein escaping from the kidney vessels, just as it exudes from the capillaries in any inflamed area. Recently there has grown up an idea that in some cases, the kidney may become permeable to blood protein in the absence of inflammation, that is, the threshold for protein, usually higher than the protein concentration of the blood, seems to fall and the blood protein spills out. German workers believe that this process is connected with the degeneration of the tubular epithelium and have called the condition nephrosis. The autopsy support for this contention is meagre, but clinically such cases are undoubtedly met with and they

can sometimes be improved by attempting to replace the lost protein by means of a high protein diet.

Chronic kidney cases usually suffer from disturbances of more than one function and are consequently hard to benefit, but a careful analysis of their functional failures not infrequently results in helping them a good deal.

As an example, there was a woman of 50 who had suffered for two years from intense and incapacitating pain in the left thigh, severe periodic headaches, and attacks of diarrhoea. It had been known for a year that the urea excretory function was weak, (Van Slyke Coefficient 3), and that there were increased amounts of uric acid, 4.6, and of salt, 598, in her blood. Her blood pressure was 145. Her urine contained albumin and casts. She had consulted a number of excellent physicians without benefit. A combination of salt free and protein poor diet and large doses of tolysin relieved her symptoms completely, and she has had no recurrence for eighteen months. Her blood figures four months ago were practically normal.

It is, of course, the cases that salt privation helps that do the best, for unlike nitrogenous waste, salt is not produced in the body so that its elimination from the diet gives the salt excretory functions complete rest. Sometimes remarkable results are obtained and, in closing, I want to report one of these.

A man, 35, had had scarlet fever in childhood. He started to have a severe nephritis immediately after a sore throat in January, 1923. The urine contained albumin, casts and blood, he rapidly lost flesh and strength, suffered a progressive loss of sight until he could only distinguish light from darkness, had much nausea, vomiting and headache. In February he had several convulsions. There was no dropsy. By June, the family resources were so reduced that he was sent to the hospital to die. His blood pressure was around 200. He was 30 lbs underweight, desperately weak, very sick at his stomach, with so many old and recent hemorrhages in his eyes that no normal fundus could be seen and no disc outlines recognized. The story of convulsions made me suspect salt as a factor and this was confirmed by the blood chemistry which showed a high salt, 620, with only slight increase of NPN, 51, and a normal Van Slyke coefficient for urea, 6.7. The only treatment other than symptomatic was strict salt privation. The improvement was immediate and astonishing. Every symptom abated and he went home in a month, weak but no longer sick. He now, September, 1924, reads fine print and the eye grounds look almost normal, his blood pressure is 145, his blood salt 572. He is back at work and feeling well. The urine still contains some albumin and casts, and this is about the only remaining indication of his nephritis.



## A REPORT OF FORTY CASES OF LATERAL SINUS THROMBOSIS

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**T**HIS report is based upon the personal observation and treatment of forty cases of thrombosis of the lateral sinus jugular bulb and internal jugular vein, incidental to suppuration in the middle ear and mastoid process. These cases occurred in the Otological departments of Bellevue Hospital (Dr C. G. Coakley's service), the New York Eye and Ear Infirmary (Dr Gorham Bacon's service), also in the Army during the late war, and in private practice.

**Occurrence** The ages varied between six and sixty, the average being twenty six.

Seventy per cent were males, and in 85 per cent the thrombosis occurred on the right side.

Seventy-five per cent followed an acute suppuration in the middle ear, the remainder occurred in chronic suppuration, of which the majority were of a cholesteatomatous nature. This very high percentage of involvement in acute cases does not correspond to the figures of some other observers, as it is very commonly stated that sinus thrombosis occurs almost invariably as a result of a chronic infective process.

**Time of Onset** The onset of the venous involvement occurred most frequently between the tenth and the twenty-first day. The shortest time observed was in a case that had a well marked thrombosis of the lateral sinus jugular bulb and internal jugular vein on the fifth day. This patient was a boy, eight years of age, who was admitted to Bellevue Hospital with a high temperature and general convulsions. Blood culture showed the presence of a hemolytic streptococcus, apparently of a very great virulence as the child rapidly developed a septic pneumonia, empyema and suppurative nephritis. In spite of immediate operation and transfusion the child died, two weeks later.

There were five cases that occurred between the fourth and eighth week, all showed marked changes in the wall of the lateral sinus, and the contents consisted of an organized clot which was undergoing disintegration, and pus formation. In one case the clot had extended to the cavernous sinus and the patient died, the other four patients made prompt recoveries after operation.

**Bacteriology** Cultures and smears taken from the middle ear discharge showed a streptococcus in a majority of the cases, the streptococcus hemolyticus predominating. Staphylococci, pneumococci and a group of unknown organisms were also reported. Cultures taken from

the mastoid pus and excised veins showed a predominance of the streptococcus.

**Positive blood cultures** were found in twenty-one cases (52½ per cent). The streptococcus hemolyticus was found in seven cases, and streptococcus without classification in eight cases. Four cases were positive for staphylococcus.

**Pathology** Sixty-two and one-half per cent of the cases showed changes of the outer wall of the lateral sinus, as evidenced by one or more of the following signs: loss of normal lustre, discoloration, glazed appearance, atrophy, granulations, and necrosis. There was actual necrosis of the sinus wall in four cases, and communication with the interior of the sinus, with pus or fetid serosanguinous fluid exuding. In five cases the lateral sinus was compressed by granulations and pus underneath a softened but intact sinus plate. Two cases showed a collapsed or flattened lateral sinus. Three cases presented on palpation a sense of resistance indicative of the clot. In two cases the granulations were so thick and extensive that it was impossible to distinguish the lateral sinus from the surrounding dura. Thrombosis of the emissary veins was also noted in two cases.

**Contents of the Lateral Sinus** An occluding thrombus was found in 75 per cent of the cases, and in several (eleven) the clot showed signs of purulent softening. Twenty-five per cent had no demonstrable clot. As free bleeding did not occur from below in some of these cases on opening the lateral sinus, the thrombus was probably located in the jugular bulb. A mural clot might account for the remainder.

The most common site of the clot was in the vertical portion, just below the knee.

**Internal Jugular Vein** Forty-five per cent of the cases showed an inflammation of the vein and the surrounding structures. There was an occluding thrombus in five cases. Several veins were whitish in color, thin walled and adherent to the immediate surrounding parts, three being mere threads. Lymphatic enlargement was a common accompaniment.

**Microscopical examinations** were made in a few cases of which the following report is typical. Jugular vein wall thickened by connective tissue, very edematous, hemorrhagic and slightly infiltrated with leucocytes.

**Portion of Thrombosed Lateral Sinus** Loosely woven mass of edematous connective tissue which is profusely infiltrated with leucocytes, a large percentage of which are polynuclears.



*Symptoms and Physical Signs* Temperature An elevation of temperature was by far the most common symptom, as it was present in 87½ per cent of the cases, and in a majority was of the characteristic septic type. The highest rise recorded was 107 degrees F. One case had a subnormal temperature throughout, but it was accompanied by a cerebellar abscess. Four cases had no temperature above 100 degrees F.

*Pulse* The pulse rate generally corresponded to the temperature curve. It was decidedly intermittent in three cases. It was slow in two cases, one of which had a cerebellar abscess.

*Chills* The next most prominent symptom. Forty-seven and one-half per cent of the cases had severe chills, usually followed by sweats. One case had no chills, but each rise of temperature was followed by profuse perspiration.

*Headache* Severe headache was a common symptom, as it was present in 30 per cent of the cases. Perisinous abscess and extensive thrombosis was the pathology most commonly found in these cases. All of these patients recovered, except one, who also had a cavernous sinus thrombosis. The headache was relieved in three cases by lumbar puncture.

*Drowsiness, Stupor, Delirium, Convulsions, Semi-Coma* There was a group of nine cases (22½ per cent) which presented one or more of the above symptoms, and all showed extensive involvement, four cases recovered. The deaths were due to meningitis, cerebellar abscess, pneumonia, cavernous sinus thrombosis, and general sepsis.

Pain referred to the ear and mastoid was observed in eight cases.

Vomiting, preceded by nausea, was a symptom in four cases, all of which had extensive involvement.

Other symptoms found in isolated cases were dizziness (without labyrinthine involvement), torticollis, immediately relieved by operation, and, difficulty in swallowing associated with paralysis of one side of the tongue. Tenderness of the neck along the anterior border of the sterno-mastoid muscle was noted in two cases.

Forty-five per cent of the cases entered the hospital with well marked signs and symptoms of venous infection, and operative measures were directed to the lateral sinus and internal jugular vein at the primary operation.

*Blood Count* The lowest leucocyte count was 8,000, the highest 44,000, but this case was complicated by pneumonia and a cavernous sinus thrombosis. The highest count in an uncomplicated case was 21,400. The average count was 14,400.

*Spinal Fluid* The spinal fluid was examined in several cases, but showed nothing abnormal, except increased pressure.

*Fundus Oculi* Fourteen cases were examined. Four showed beginning or well marked fundus changes before the sinus operation, and thirteen showed marked changes after the operation. One case showed normal fundi ten days after operation.

Metastases occurred in sixteen cases (40 per cent). The joints were the most common site. The lungs were less commonly involved (four cases). Metastases associated with positive blood findings were present in nine cases, and negative blood findings in seven cases. Three of the four cases of staphylococcal septicemia were accompanied by metastases. All of the joint metastatic cases recovered except one, which died suddenly, probably as a result of embolism. Four of the cases that died had metastatic processes in the lungs.

*Nose and Throat* Seven cases had definite nasal accessory sinus disease, which required treatment. There were two cases with atrophic rhinitis. Several cases had badly diseased tonsils.

*Diagnosis* The combination of an elevation of temperature, particularly the remittent and intermittent type, chills, and a positive blood culture made the diagnosis quite evident in a large number of the cases. There were, however, atypical cases which presented difficulties in diagnosis, and there were cases in which the venous involvement was obscured by other complications. It is to this latter class of interesting cases that I especially wish to call your attention, and I will report in some detail a few case histories.

CASE No 1—Male, age 39, laborer, admitted to Bellevue Hospital with the following history. Pain and discharge in the right ear for three months. On admission T 98.4 degrees F, P 88, R 22. General examination, negative. Ears. Right, thin serous discharge, marked narrowing of the canal. No mastoid tenderness. Left Normal. Smear of pus from right ear showed diplococci. Culture—gram positive bacilli and cocci. Functional—middle ear deafness right, whisper at 6 feet. Normally active labyrinths. Nose, atrophic rhinitis. Both antra dark on transillumination. Antrum puncture, thick muco-pus on left side. Leucocyte count 12,400—70 per cent polynuclears. Wassermann—negative. Eye grounds normal. X-ray of mastoids—involvement with destruction of cells on the right side, in the region of the knee of lateral sinus.

*Operation* Right simple mastoidectomy. Sclerosed bone. Softened area over knee of sinus, which was covered with granulations.

Eight days after operation the patient began to complain of right sided headache, nausea and vomiting. The temperature had ranged from



97.8 degree to 100 degree F, pulse 56 to 100, respiration normal

At this time there was a horizontal nystagmus on looking to right and left, unsteadiness of gait, swaying to right three times for once to left. Eye examination showed a bilateral optic neuritis. Spinal fluid clear, normal pressure, cell count 4 per cu mm. Culture—negative. Wassermann—negative. Blood culture—negative. Neurological examination showed nothing definite.

The headaches continued and increased in severity, and later the patient was unable to retain food because of the nausea and vomiting. The temperature was now slightly subnormal, and the pulse varied from 50 to 70. Another lumbar puncture showed no increase in pressure, clear fluid, eight cells, all mononuclears.

Two weeks after operation Dr. May reported a well marked choked disc—4 D elevation on the right and 3 D on the left side.

Report of neurological examination by Dr. Foster Kennedy was as follows: Papilledema is an acute juicy recent variety with fresh hemorrhages. No cranial nerve defect found, except nystagmus on lateral conjugate deviation of the eyes to right and left. No cerebellar attitude of head. No ataxia in arms or legs discoverable. Synchronous identical movements of both arms well done. No defect found. It would seem unlikely that there could be a mass of pus in the right cerebellum at all relative to the height of the papilledema in view of the negative cerebellar picture. It is not impossible that he could have a focus of pus in a highly latent area, such as the temporo-sphenoidal or even the right frontal lobe without as yet focal evidence. The man has not a toxic appearance. He is alert and I should advise maintaining a watchful waiting in the hope that focal signs may develop or his papilledema subside which would show it to be of non-pressure type. This latter event is, however, highly improbable.

The next day Dr. Kennedy reported as follows: Nystagmus more marked coarser and slower on looking to right than to left. No evidence of pyramidal involvement of left side, an important negative point in tumors of the frontal or temporo-sphenoidal lobe. Stands less well than on previous examination. Touches to right three times for once to left. A large hemorrhage at 11 o'clock has appeared in left fundus in last 24 hours. I believe these signs warrant an exploration of the right cerebellum.

Functional examination: Hearing right, whisper at 6 feet. Active labyrinth, but past points to left with right hand after douching right ear with water at 68 degrees head erect.

Operation: Wound reopened found filled with purulent granulations which were removed. Lateral sinus uncovered throughout

its entire extent in mastoid process, and it was found completely occluded by a firm clot, with free pus in the lower extremity. The cerebellar dura in front and behind the sinus was exposed and found healthy in appearance and of normal tension. The internal jugular vein was ligated, the lateral sinus opened and the clot removed.

On the day following the operation, the headache had diminished and there was no return of the nausea and vomiting. Three days later the patient was entirely comfortable, the headache slight and only occasional. The nystagmus had disappeared. From this time on the patient improved rapidly and was discharged from the hospital after a three months' stay. The eye examination on discharge showed the following: Elevation of discs has entirely receded, the margins are blurred and the physiological cup is filled with exudate. Old hemorrhages and exudate around the disc margins and in the surrounding retina have greatly absorbed, but are still in evidence as white patches in retina. Arteries appear smaller than normal. Two weeks later, on return to clinic, the right eye showed 20 vision and the left 20

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40

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70

Fields were normal

To briefly summarize, the following points were taken into consideration in making a diagnosis: Long History (3 months). No elevation of temperature—at times subnormal. Slow pulse, 50-70. No chills. Negative blood. Choked discs. Headache. Nausea and vomiting. Nystagmus—on looking to right and left. Unsteadiness in gait—swaying to right three times for once to left. Past pointing to left with right hand after cold caloric in right ear.

This case of lateral sinus thrombosis resembled a cerebellar abscess and the true nature of the disease was not even considered before operation.

CASE NO 2—Male age 18, brakeman. Nine days before admission to Bellevue Hospital complained of pain in the right ear, followed by discharge of blood and pus, and then relief of pain. Three days before admission the pain recurred and was generalized throughout the head. Two days before admission the patient became dizzy and vomited. There was no history of temperature or chills. No previous history of ear trouble. Patient was in good health before onset. Temperature on admission 96.8 degrees F, pulse 62, respiration 18. Ears left—normal. Right—purulent discharge, prolapse of canal wall, mastoid tenderness. Smear from pus, streptococci. X-ray of mastoids—involvement of right mastoid with destruction of cells over region of the sinus.



Functional—Right, whisper 3 feet Labyrinths normally active

W B C 10,000—74 per cent polynuclears  
Spinal tap—clear fluid, moderate pressure, 10 cells General examination Well developed, rather poorly nourished Heart and lungs negative Stuporous, but easily aroused and responds rationally to questions Pupils normal, fundi negative Slight nystagmoid jerkings on looking to right Other cranials negative Upper extremities, right—shows hypotonia, adiadokokinesis, and cerebellar ataxia Abdominal reflexes present and equal Right lower extremity also shows some hypotonia, though less marked Knee jerks and ankle jerks present No pathological reflexes.

Dr Kennedy advised exploration, but stated that on account of the short duration and negative eye grounds, the pathology was probably not located in the substance of the cerebellum

*Operation* Considerable pus under pressure in mastoid There was a large peri-sinus abscess extending from the knee to the bulb The lateral sinus was filled with clot The dura over the cerebellum was covered with a thick purulent, greenish exudate There was a phlebitis and peri-phlebitis of the internal jugular vein The jugular was resected and the lateral sinus opened and the clot removed The exudate over the cerebellum was uncovered to normal dura

Because of these findings, i e, short history, negative fundus changes, and the very extensive involvement of the lateral sinus and cerebellar dura, and also having in mind the previous case, I decided to await developments and not explore the cerebellum

The next day the temperature was 98 degrees F, pulse 74, general condition unchanged The patient died suddenly that night, apparently from respiratory paralysis

Autopsy revealed an abscess in the right lobe of the cerebellum  $1\frac{1}{4}$  inches in diameter, with no limiting membrane, and no adhesions between the cerebellum and dura

A brief summary of this case presents the following points

Short history (9 days)

Subnormal temperature

No chills

Definite cerebellar signs and symptoms, i e, Nystagmus, headache, nausea and vomiting, slow pulse, subnormal temperature, ataxia, hypotonia, adiadokokinesis

The pathology consisted of Lateral sinus, jugular bulb and internal jugular vein thrombosis, extensive epidural abscess covering cerebellum, and acute cerebellar abscess

CASE No 3—Female, age 43 Admitted to Bellevue Hospital in a semi-comatose condition History obtained from a member of her

family was as follows Severe "cold" in head three weeks before, followed by stuffy right ear and pain Shortly afterward the ear began to discharge and the pain ceased, but later recurred Patient vomited several times, became delirious and later semi-comatose

*General Examination* Well developed and nourished Eyes, bilateral Choked discs Heart, lungs and abdomen, negative W B C 21,400 Eighty-two per cent polynuclears Smear right ear, short chain streptococcus Temperature 97 degrees F, pulse 90, respiration 20

Immediate exploratory operation Mastoid, necrotic Sinus covered with granulations and pus under pressure The sinus was uncovered from beyond knee to bulb and found filled with broken down purulent clot There was also a clot in the vein which extended nearly to clavicle Clot evacuated and the jugular vein resected

Recovery was uneventful with a practically flat temperature

This case also simulated a brain abscess, and the symptoms were probably due to increased intracranial pressure, caused by the collection of pus in the lateral sinus

CASE No 4—Male, age 43 Admitted to Bellevue Hospital with swelling and pain in both hips and one elbow joint Temperature 99.6 degrees on admission He had been operated on in another institution for mastoiditis four weeks before, and examination revealed a resolving drum membrane and an unhealed mastoid cavity W B C 18,500 Eighty-five per cent polynuclears Blood culture, negative Eye grounds, mild optic neuritis General physical examination, negative, except for arthritis

*Operation* Revealed thrombosis of the lateral sinus Good recovery

CASE No 5—Female, 24 Admitted to Bellevue Hospital with a history of a mastoid operation two weeks previously at another hospital Was discharged to the clinic but on her return home was suddenly seized with pains in all her joints, which were so severe that she was unable to sleep or move about There were no chills or chilly sensations

*Examination* Right mastoid wound with some purulent discharge Temperature 101 degrees, pulse 110, respiration 24 Heart, faint Harsh systolic murmur at apex

*Joints* Swelling, increased temperature, tenderness and limitation of movement of the right shoulder, both elbows, and both ankles, and to a lesser extent the left shoulder Moderate effusion in both knees, moderate swelling with pitting on pressure over the dorsum or right wrist, also swelling and tenderness of fingers of right hand Eye grounds, negative W B C



13,100 Seventy-six per cent polynuclears Blood culture, gram positive coccus

**Operation** Lateral sinus, free bleeding from above, very little from below Ligation of internal jugular vein Blood culture, sterile after five days

**Convalescence** uneventful Temperature ranged from 100 degrees to 103 degrees, for one week, returning to normal Joints slowly improved, and at the end of two weeks the patient was able to be up and about

These two cases resembled an acute articular rheumatism, but the arthritis was undoubtedly due to a lateral sinus and jugular bulb thrombosis

**CASE No 6—Male, 24** Admitted to Bellevue Hospital with a history of pain and discharge in the right ear for two weeks General examination Emaciated—has lost 12 pounds in two months Shows signs of active pulmonary tuberculosis

Numerous tubercle bacilli in sputum Ears, left—purulent discharge, sagging canal wall, mastoid tenderness Hemolytic streptococcus in smear On admission temperature 102 degrees F, pulse 120 respiration 26 Operation Local novocain Anesthesia Necrotic mastoid

Following the operation the patient ran a septic temperature with occasional chilly sensations and cold sweats which was attributed to the pulmonary condition After a few days, however, a blood culture was taken and it revealed the presence of hemolytic streptococci, and also about this time the patient developed an arthritis of the left elbow WBC 18,200 seventy two per cent polynuclears Urine, heavy trace albumin, coarse granular and pus casts Eye grounds, moderate venous engorgement, no other pathology

Second operation, two weeks after mastoidectomy—gas oxygen anesthesia Sinus plate intact, sinus covered with thin pus, and wall discolored Obliterating clot found, which extended into neck Jugular resected and clot removed from sinus The patient made a good recovery and was able to go back to a tubercular hospital in a month's time

I have reported this case because of the difficulty in making a diagnosis, as the temperature curve after the operation did not differ from that shown before the operation and also to show that, in spite of an active pulmonary tuberculosis this patient was able to take care of a virulent septicemia due to a hemolytic streptococcus

**Treatment** All of the cases were operated on The lateral sinus was incised in each case, and the clot removed when found The vein was either tied or resected

Transfusion was performed in seven cases, and with very beneficial results

Dr R. E. Stetson very kindly gave me the following statistics from his experience with transfusion, up to one year ago Sinus or jugular thrombosis or both following mastoiditis, with positive blood culture showing streptococcus hemolyticus in fourteen cases,—nine recoveries Two of the cases that recovered came through a complicating pneumonia and empyema Of the five that died, two had pneumonia and one meningitis

Eight cases of jugular or sinus thrombosis or both, following mastoiditis, in which cultures were either not taken or no growth obtained—three recoveries Of the five deaths, two were caused by pneumonia

**Mortality** Twenty nine of the forty cases (72½ per cent) recovered, eleven (27½ per cent) died Of the cases which died there were four pneumonias, one cerebellar abscess, one embolism, two cavernous sinus thromboses, and three cases of meningitis

**Summary** Thrombosis involving the lateral sinus, jugular bulb and internal jugular vein, occurring as a complication of otitis media and mastoiditis is most commonly found in young adult males, and in a large percentage of cases on the right side

It occurs as a result of both acute and chronic infective processes, but is slightly more common in the acute In the chronic cases it is associated very frequently with cholesteatomata

The onset varies from a few days to several weeks The very early cases are usually severe as the infection is more virulent and there is less time to build up local resistance, but it is the latent type that offer the most difficulties in diagnosis

The organism most commonly found is the hemolytic streptococcus Positive blood cultures are obtained in about 50 per cent of the cases

The infection spreads by continuity in the majority of cases, as evidenced by diseased bone adjacent to the lateral sinus, and marked inflammatory changes in the sinus wall Occasionally the infection spreads through the lymphatics and venules without leaving visible evidence, and then the outer coat of the sinus may appear normal

In the majority of cases the thrombus is of the occluding type, and shows changes of softening and pus formation depending upon the length of time the clot has existed and the presence of organisms The clot is nature's method of walling off infection and the first stage is the mural formation which is undoubtedly present in cases reported as "no clot"

The most common location of the clot is in



the descending limb of the lateral sinus, and the next most common is in the jugular bulb

The internal jugular vein is involved in slightly less than half of the cases, and the pathology consists of an occasional thrombosis, but most commonly an inflammation of the wall and the surrounding structures

An elevation of temperature is the most common symptom of sinus thrombosis. Unaccounted for elevation of temperature occurring during an attack of otitis media, mastoiditis, or following a mastoid operation should be looked upon with suspicion. It is not impossible to have a normal or subnormal temperature with sinus thrombosis, when the process is well walled off

There is nothing characteristic in the pulse rate, as it usually corresponds to the temperature. It may be intermittent from involvement of the vagus. If slow it usually indicates some other intracranial complication

The rise in temperature is usually accompanied by rigors, and between the paroxysms there is a feeling of well being which is quite characteristic

Headache is a fairly common symptom, and is usually indicative of extensive involvement

Vomiting, preceded by nausea, pain in the ear and neck, are occasional symptoms. Involvement of the tenth, eleventh and twelfth nerves occasionally occur and produce symptoms

More serious symptoms, such as drowsiness, stupor, convulsions, etc., may also occur in

sinus thrombosis, but they are usually due to an extension to the meninges or brain substance

Metastases are quite common, especially in the joints, muscles and synovial membranes, less common in the lungs

The combination of elevation of temperature, particularly the remittent and intermittent type, chills, and a positive blood culture, make the diagnosis certain. There are, however, atypical and latent cases which require considerable study, and sometimes an exploratory operation to determine the diagnosis

X-ray offers no help in making a diagnosis. The blood picture is one of mild leucocytosis with a polynuclear count depending upon the patient's resistance. The spinal fluid sometimes in uncomplicated cases shows an increased pressure. The fundus oculi often presents a picture of beginning optic neuritis before operation and almost invariably a choked disc after operation

Early operative interference is the only rational treatment. To wait for a positive blood culture in every case is fatal. Exploratory incision of the lateral sinus in suspected cases is a justifiable procedure

There is no routine operative treatment. Each case must be treated according to the pathology, the object being to block off from the general circulation the focus of infection. This should be done in as short a time as possible to avoid unnecessary shock, and with as little trauma as is consistent with the pathology found

## INCARCERATION OF THE CERVIX WITH EDEMA AS A CAUSE OF DYSTOCIA IN LABOR

By D A CALHOUN, M.D.,

TROY, N Y

**I**F one were to evaluate the significance of incarceration of the cervix with edema, or depend upon the descriptions given in the leading text books to guide him, he would feel that the condition was of no consequence and merited nothing more than the mere mention of its occurrence. As a matter of fact it can be shown to have a definite effect upon labor. The clinical histories of these cases are so similar that it seems as though the condition should be described as a separate and distinct Obstetric entity

During my two years as Resident Obstetrician at the Bellevue School for Midwives I encountered the above condition rather frequently amongst the patients of our outdoor service and became interested, and sought information on the subject only to be greatly disappointed to find very little offered

The condition was confined to multiparous

patients, particularly those who gave a history of previous difficult labors, such as forceps operations, difficult breech extractions, and large babies. During these various operations cervical lacerations invariably occur which are bilateral and of varying depth according to the intelligence with which the case was handled. This type of laceration, as you know, divides the cervix into two distinct lips, one the anterior, the other the posterior, the former is usually the larger

It is not, therefore, surprising in this type of case that the normal mechanism of cervical dilatation is absent, the cervical ring is destroyed, and consequently effacement and dilatation of the segregated anterior lip is impossible. Superimposed upon this is the general desensus of the various pelvic viscera with its accompanying atony. On vaginal examination, therefore, the cervix is found low down in the pelvis with its anterior lip lying close to or under the pubic arch.







# EDITORIALS

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer

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For a list of the officers of the county medical societies, see this issue, advertising page xxvi

## THE DISTRICT BRANCHES

The eight District Branches of the Medical Society of the State of New York will hold their meetings during this month of October, and we are having difficulty in finding time to attend them. It was the intention of the reorganized State Medical Society that the District Branches should have certain definite functions, and that the leading officers of the Branches should perform advisory and supervisory duties for the benefit of the component medical societies. The simplest of those duties was to attend at least one meeting of each county society annually, and to make a report on the work done by each society. So long as the reading of scientific papers was the only feature of

the program of a county society, there was little opportunity for the president of a District Branch society to do effective work, and so the visitations and the reports by the Branch presidents ceased to be made. There was no lack of interest on the part of the Branch presidents, the custom of performing the activities was never established. Now and then a Branch president who had the desire and inspiration to assist the county societies, made frequent visits to their meetings, and gave publicity to their activities, but these leaders were embarrassed when they found that they were peculiar and different from the rest of the Branch presidents. One of the most gifted and active of all the Branch presidents has told



## MULTIPLE EXTRACTION OF TEETH UNDER GENERAL ANÆSTHESIA— GOLD CROWN IN LUNG WITH RESULTANT DEATH

A woman suffering from pyorrhoea consulted a dentist and was advised that it was necessary that all her teeth be extracted. For this purpose she visited the office of the dentist and under the administration of a local anæsthetic one tooth was extracted. At that time it was found necessary, in order to make the multiple extraction, to administer a general anæsthesia.

Arrangements were then made by the dentist with a physician to accompany him upon the following morning to the patient's home for the purpose of administering the anæsthesia, while the dentist performed the multiple extraction.

At the home of the patient the physician etherized the patient by means of the open drop method. When the patient was completely under the anæsthesia the dentist commenced the extraction of the teeth. After three or four teeth had been extracted the patient showed signs of consciousness and additional ether was administered and the extraction continued. After the pulling of several more teeth the patient again showed signs of consciousness, and a further application of ether was administered and the balance of the teeth extracted. The patient's mouth was cleansed and iodine applied to the gums. Both the physician and the dentist remained with the patient until she had regained consciousness. During the time the patient was anæsthetized the physician kept close observation of the patient and observed no strangulation

or other symptoms indicating any unusual happening.

Shortly after the multiple extraction the patient became ill and a diagnosis made of bronchial pneumonia. However, after about eight days, there being no change in her condition, she was removed to a hospital where X-rays were taken of her lungs, which X-rays disclosed a white streak, which was deemed to be a foreign body in the lung. The lungs were probed by a surgeon in an endeavor to locate the foreign body, which attempts were unsuccessful, and the patient died within forty-eight hours after her admission to the hospital. Upon an autopsy the entire lower left lung was found to be in gangrenous condition, and there was also found a gold cap or crown of a tooth which was tightly wedged in one of the tubes of the lung the hollow end of the crown being upward.

After the discovery of this fact an action was instituted against both the physician who administered the anæsthesia and the dentist who made the extraction, charging them with neglect in having dropped the crown into the patient's lungs, resulting in her death.

Upon the trial of the action, at the close of the plaintiff's testimony, a dismissal was had of the complaint as against the physician the dentist being put to his proof, and all of the facts being submitted to the jury as against the dentist. After hours of deliberation the jury disagreed.

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## CLAIM PRONG AND COTTON LEFT IN ABDOMINAL CAVITY UPON APPENDECTOMY

The complaint in this action alleged that the defendant, a surgeon, was engaged to perform an operation upon the plaintiff for appendicitis, but that the defendant was negligent in the performance of said operation 'in leaving a prong and cotton in the wound,' which made it necessary for the plaintiff to be again operated upon, causing him injury.

The defendant performed an appendectomy upon the plaintiff on March 24th, and on April 12th the operative wound had completely healed and the plaintiff was discharged from further care. Nothing was heard from the patient until about a year and a half after the operation, when the plaintiff returned to the surgeon's office complaining of pain in the left groin, with frequency of urination. After examination the proper instructions and medicine were given to the plaintiff, and nothing

further was heard from him by the defendant until the institution of the malpractice action.

Investigation disclosed that about two years after the appendectomy the plaintiff underwent an operation for ventral hernia, the plaintiff having an uneventful recovery.

Prior to this operation X-rays were taken. The X-rays did not disclose the presence of any foreign body in the abdominal cavity and none was discovered at the time of the hernia operation.

In this as in many other similar actions, the plaintiff's attorney strenuously sought to procure a settlement. The action however, on behalf of the defendant was pressed for trial, and upon the failure of the plaintiff's attorney to be ready at the time the same was reached, on the defendant's motion the complaint was dismissed.





# State Department of Health



## HEALTH EXHIBITS SHOWN AT COUNTY FAIRS.

The Division of Maternity, Infancy and Child Hygiene conducted demonstrations at most of the county fairs in the State this year. A large number of mothers in rural communities who could not otherwise be reached were interviewed by the nurses of the Division. Among the exhibits shown were the model sterile obstetric package, layette and trays.

## SYRACUSE UNIVERSITY OFFERS COURSE IN PUBLIC HEALTH

On September 26th, under the supervision of Dr. F. W. Sears, District State Health Officer, a course of instruction in public health commenced at Syracuse University. This is one of the courses approved by the Public Health Council of the State to qualify physicians for the position of local health officer. It is open for enrollment to practising physicians as well as health officers.

## LABORATORY ASSOCIATION TO HOLD MEETING AT ALBANY

The mid-year meeting of the New York State Association of Public Health Laboratories will be held November 5th at the State Laboratory at Albany. Morning and afternoon sessions will be held.

## INFANT MORTALITY IN JULY LOWEST ON RECORD

During July, 1924, the infant mortality rate in the State was only 51 per thousand live births—the lowest rate ever recorded for that month. The lowest previous record was 56 per thousand in 1923, while the July average for the five-year period 1914-1918 was 85.

There were but 1,052 deaths of infants under one year of age, and there were 20,517 births during the month. If the 1914-1918 average had prevailed there would have been 692 more infant deaths.

The greatest part of this lowering of the infant death rate is due to the reduction in cases of diarrhoea. During July of this year there were but 123 deaths due to this cause, while the average of the previous five years for the same month was 439—a saving of 316 lives.

There were no deaths under one year of age in the following municipalities: Mount Vernon, Hudson, Ilion, Johnstown, Lockport, Oneida, Port Jervis, Rensselaer, Saratoga Springs and Tonawanda.

## 400 SUMMER CAMPS INSPECTED BY DEPARTMENT.

Commencing July 1, the Division of Sanitation inspected before the season closed, 400 organized camps, practically all for children. This work was accomplished at a cost of about \$2,000 only.

Among the commoner faults found were dual water supplies—one intended for drinking and the other for more general use. Such a practise is nearly always to be condemned for it is almost impossible to keep people from drinking any water which is clear and tasteless. With a dual supply persons will drink from the most convenient faucet regardless of whether it is the outlet for the drinking water or that which is intended for other purposes.

Other features often discovered were poor drainage and inadequate methods of sewage disposal. In most instances these were due to poor planning in the laying out of the camp. The relative importance of type of soil, elevation and location of buildings with respect to lake, spring or well were often disregarded. Camps located on high ground with a sandy soil had no trouble in securing a good quality of water and in disposing of seepage without polluting the well, lake or spring.

It is estimated that there are in this State between 3,000 and 3,500 wayside automobile camps, patronized annually by from 200,000 to 300,000 persons. It is impossible for the State Department of Health to inspect this large number of camps without a much larger force of inspectors, and only by the co-operation of owners and patrons can such camps be kept sanitary.



## CONFERENCE OF STATE HEALTH DEPARTMENT EXECUTIVES

A conference of division directors and other executive officers of the State department of health, including the fifteen District State Health Officers, was held at the department offices, Albany, on September 16th and 17th. Among the subjects discussed were several in which health officers and other public health workers in the State may be interested.

Dr McKay, Director of the Division of Infancy, Maternity and Child Hygiene, discussing the application of Sheppard-Towner funds, proposed a plan under which a demonstration in maternity, infancy and child welfare nursing can be given in a few rural places with populations of 5,000 or less. Under her plan, upon receipt of a request from a town or village board or a responsible private organization, a nurse will be assigned to work in the community for a limited period, during which her salary and expenses will be paid from Sheppard-Towner funds. The demonstration in each instance will be undertaken in the hope that the municipality will be so impressed with the value of the nursing service it will ultimately assume responsibility for maintaining it, but the official board or organization will not be asked to assume any obligation in advance. While the demonstration will be practically limited to the field of maternity, infancy and child hygiene, it is assumed that the nurse probably will do general public health nursing after her services are taken over by the community.

Referring to children's consultations held under the auspices of her division, Dr McKay indicated that, in the selection of places, preference will be given to those in which there is likelihood of the consultation ultimately being taken over as a permanent local institution and to those in which the work is needed but where it is evident that the communities are not in a position to carry it on unaided.

Health legislation was among the subjects discussed. In this connection it was agreed that an effort would be made during the next legislative session to secure an amendment to Section 20 of the Public Health Law which would authorize boards of health to appoint deputy health officers to assist health officers or act for them during temporary absences, illness, etc.

During discussion of the administration of the law relating to state aid for counties, the Com-

missioner of Health announced that in the near future he would issue a statement indicating in a general way the types of public health work for which grants of state aid will be most likely to be approved by him. The question was raised as to whether a county should expect to receive state aid during two or more successive years for the same project. Discussion brought out the point that the law requires an application each year from the county, and the Commissioner indicated that successive grants should be approved only when it is evident that a rural county is carrying on an activity which it cannot well continue without state aid.

The Director of the Division of Sanitation reported that, during the summer, his division had made inspection of 400 summer camps, with a population of about 150,000, largely boys and girls, at an approximate cost to the State of \$2,000.

The question as to whether the department should undertake to inspect wayside springs and wells likely to be used by motorists, analyzing water samples and posting those apparently unsafe, was considered. It was stated that this is done in Pennsylvania. Mr. Holmquist was requested to get details regarding the Pennsylvania plan and to ascertain if it is working out satisfactorily in that State.

It was decided that district conferences of health officers will be called in those districts in which the District State Health Officers desire to hold them and that the appearance of representatives of the department on the program will depend upon the wishes of the district and local health officers in each district.

Laxity in enforcement of code regulations relating to milk in some of the municipalities of the State was another subject discussed. Investigation of a recent typhoid outbreak evidently due to contaminated milk revealed the fact that in a number of instances the local health officer had issued permits to milk dealers apparently without visiting or scoring the dairies, as required by the sanitary code. Measures were considered for securing better enforcement.

A communication from a deputy attorney general, outlining what he believes to be the best procedure to be followed by local boards of health in dealing with nuisances, was read. This will be published in the near future. P. B. B.



# MEDICAL SURVEY

## NUMBER 4

### MEDICINE IN SYRACUSE, N Y

**EDITOR'S NOTE** —This is the fourth Medical Survey which the Executive Editor of this Journal has made in communities of New York State. Whether the Editor has improved his diplomatic technique, or the physicians are rapidly acquiring an increasingly high degree of courtesy, we do not know. The fact remains that we have received every consideration from the medical leaders wherever we have gone, and our impression that the leaders in Syracuse were the most cooperative of all may be due only to the fact that they were visited the most recently.

For the information contained in this Survey we are indebted especially to Dr Thomas P Farmer, the Commissioner of Health, Dr W D Alsever, Chairman of the Committee of Arrangements for the next meeting of the Medical Society of the State of New York, and Dr F W Sears, District State Health Officer.

Syracuse is located near the geographic center of New York State. It is the fourth largest city in the State, and is progressive and up-to-date in business, education and medicine. It is the seat of a large University, which has a Class A medical school as one of its branches. Within a radius of thirty-five miles are five smaller cities: Fulton, Oswego, Oneida, Cortland and Auburn.

The population of Syracuse in 1920 was 171,717, but at present it is about 190,000. There are eight villages with a population of about 25,000 within a radius of ten miles of the city. The population of the metropolitan district of Syracuse is about 215,000.

Syracuse is situated in about the center of Onondaga County which has an area of 781 square miles. The County had a population of 241,465 in 1920. In that year the population of metropolitan Syracuse was about 190,000. Therefore the population of the rural area of Onondaga County was then about 50,000, and it has not changed greatly since that time. The total population of the incorporated villages outside of metropolitan Syracuse is about 5,000. Onondaga County outside of Syracuse may be considered rural.

Syracuse is the great medical center for the five counties which border on Onondaga County: Oswego, Oneida, Madison, Cortland and Cayuga. These five counties, together with Onondaga, contain about 650,000 people.

**Physicians** The number of physicians in Syracuse is 354, and there are 25 in the villages near Syracuse, making a total of 379 physicians in the metropolitan area, according to the Medi-

cal Directory of the Medical Society of the State of New York. Thus there is one physician to every 570 of population in the metropolitan area.

Thirty-eight physicians practice in the rural area of Onondaga County, or one physician to every 1,300 of population.

Every part of Onondaga County is readily accessible by railroads, trolleys, and good automobile roads.

**The Medical School** The Medical School of the University of Syracuse is an important factor in the practice of medicine in Syracuse and the surrounding territory. The professors and instructors are in close touch with the local physicians, and nearly all the members of the faculty, except those of the purely scientific departments, such as chemistry and anatomy, practice medicine in the city. In fact the names of over one-third of the physicians of Syracuse are in the list of the faculty of the Medical School.

The close association of the teaching staff of the Medical School with the physicians has important effects on medical practice in the city. A great proportion of the physicians are trained in speaking and writing, and in looking at problems in civic medicine from a broad community standpoint. The physicians of Syracuse, through the Academy of Medicine, take an influential part in directing public health movements of the city.

The Medical School conducts the largest general hospital in the city, and provides the building for the City Dispensary and a large part of its staff. The members of the faculty are always ready to respond to calls to provide programs for meetings of county medical societies and other medical organizations. The influence of the Medical School is seen in the absence of dissensions in the medical profession of Syracuse, and in the unity and progressiveness of the physicians.

**Health Department** The official public health organization of Syracuse was conducted as a bureau under the Department of Public Safety until 1920 when it was created a Department of Health by a special act of the Legislature secured by the efforts of the Syracuse Academy of Medicine. The Act also provided for an advisory public health committee of five physicians who are members of the Academy of Medicine, and appointed by the Mayor from a list of fifteen nominated by the Academy. Thus the organized physicians of Syracuse are directly in close touch with the official public health work of the city.



and indirectly with that in the rest of Onondaga County

The Department of Health of Syracuse is organized in the twelve bureaus of administration Public Health Education, Communicable Diseases, Tuberculosis, Venereal Diseases, Laboratory, Psychopathic Hospital, Milk and Meat Inspection, Child Hygiene, Parochial School Inspection, Health Service to the Poor, and Plumbing Inspection

The Department of Health maintains a hospital for communicable diseases with a capacity of 175 beds. The number of patients in the hospital has varied between 6 and 140 and there were 12 patients on the day of our visit. The hospital is open to patients from the rural sections of Onondaga County. An epidemiologist is available at all times for diagnosis incubation and giving serum intravenously. The staff of the Health Department is in close cooperation with the staff of the Medical School and Dr. F. W. Sears, the District State Health Officer, and with Dr. Joseph Palmer, the Chief Inspector of School Children, who is under the Department of Education.

The Public Health Educational work of the Department is under the direction of Dr. O. W. H. Mitchell, formerly Commissioner of Health and now professor of bacteriology in the Medical School. The Bureau of Education issues a four-page Weekly Bulletin and a larger bi-monthly paper called Better Health for distribution among physicians, nurses, dentists, and leading laymen.

The Department of Health conducts three venereal disease clinics weekly with the cooperation of the departments of urology and gynecology of the Medical School. Eight tuberculosis clinics are held weekly in close co-operation with the County Tuberculosis Hospital and the Medical School.

The Laboratory of the City Department of Health is housed in the City Hall and is conducted by the professor of bacteriology of the undergraduate department of the University of Syracuse.

The Health Department of Syracuse is well organized and is conducted under the efficient management of the Commissioner Dr. Thomas P. Farmer and a staff of 25 doctors, 23 nurses and 51 other helpers. Dr. Farmer is also assisted by a staff of physicians, nurses and clerks who are provided by the Board of Directors of the Milbank Memorial Fund.

The system of public health work in Syracuse is complete and efficient and has the united support of the private physicians, the Academy of Medicine, and the Medical School. The entire resources of the medical profession of Syracuse are at the disposal of the Commissioner of Health.

Onondaga County outside of the city of Syracuse consists of 34 health officer districts

which are served by 26 health officers. About three in every five physicians in the rural area are health officers. This division into a number of small units is unfortunate in one respect, for it is well known that far less than 60 per cent of the physicians of any community are qualified as experts in public health. On the other hand, practically every health officer in the County has taken a broad course of instruction in the Syracuse Medical School under the direction of Dr. F. W. Sears, District State Health Officer. The health officers of Onondaga and the surrounding counties have an association called the Central New York Health Officers Association, which holds a two-day session annually.

A health center is maintained on the Onondaga Indian Reservation which has a population of about five hundred. Tuberculosis and venereal diseases are especially prevalent among the Indians.

The laboratory work of the rural sections is done in the laboratory of the Syracuse Department of Health by contract with Onondaga County.

The University of Syracuse conducts its own public health work among its students which number over five thousand young men and women. The principle of periodic examinations is demonstrated by a physical examination of every student every six months after the manner of the examination of officers of the United States Army. The University maintains an infirmary with 30 beds for the examination, diagnosis, and treatment of sick students. The University tries to solve the problem of discovering sick students at the very beginning of their sickness, for it is well known that thoughts of the possibility of serious sickness are foreign to the ideas of vigorous students, and they do not complain or give up work until the illness is actually disabling. The University has adopted a system of accounting for every student every day by means of lists of absentees from classes and by a daily canvass of the dormitories. A thermometer will detect the acutely sick and separate them from the sleepy night owls and the neurasthenics. The system works smoothly and efficiently with the students except those who room in isolated boarding houses.

**Hospitals.** Syracuse, and Onondaga County have nine hospitals with a total capacity of 1,382 beds as follows:

	Beds, 287
1 University	" 200
2 Crouse-Irving	" 88
3 Syracuse General	" 130
4 Memorial	" 150
5 St. Joseph's	" 35
6 Onondaga General	" 22
7 People's	" 175
8 City (contagious)	" 275
9 County Tuberculosis	" 20
10 Observation hospitals	1,382



*Thrift Kitchen* The Syracuse Home Bureau conducts a Thrift Kitchen where girls are taught to can fruit and vegetables and to cook wholesome meals. It also sends its demonstrators to homes in order to teach the mothers how to make up a budget of expenses, to buy foods, and to cook.

*The Community Chest* Syracuse conducts an annual campaign for a Community Chest from which sixty-four different relief organizations derive part of their funds. A large percentage of its funds are distributed to agencies which have health as a direct object.

*Daily Press* Syracuse has four daily newspapers which are on friendly terms with the Department of Health and the practising physicians. News of a public health nature is welcome, and we have frequently quoted the Syracuse papers in the DAILY PRESS Department of this JOURNAL.

*Impressions* The physicians of Syracuse have unique opportunities, and correspondingly great responsibilities which they have met in the past and expect to meet to an even greater extent in the future. F. O.

## MEDICINE IN MADISON COUNTY

This survey was made on October 2, 1924. The information was given principally by Dr R. L. Crockett, Dr Nelson O. Brooks and Dr Otto Pfaff, all of Oneida.—THE EDITOR

Madison County lies between Utica and Syracuse. It has an area of 650 square miles, and had a population of 39,535 in 1920. It is almost entirely a rural county, and probably has more registered cattle than any other county in the State. Its largest city is Oneida, which had a population of 10,541 in 1920, and about 12,000 now. Its only other city is Sherrill, whose population, 1,761, is the smallest of any city in New York State.

Oneida has 14 physicians, or one to every 850 inhabitants. Madison County, outside of Oneida, has 37 physicians, or one to every 800 inhabitants. All parts of the county may be reached by good roads and the medical service is readily within the reach of every person.

Madison County has two hospitals, both located in Oneida. The Broad Street Hospital has 65 beds, but no interne. It has an excellent laboratory, and a full-time technician. The laboratory is also the public health laboratory for Madison County. There are no formal staff meetings, except that the meetings of the Physicians' Club are devoted largely to a discussion of cases in the hospital.

The City Hospital has only ten beds, and is conducted by the municipality.

The number of beds available in Madison County is 75, or two and a quarter beds in each thousand inhabitants—a very low proportion.

There is no tuberculosis hospital in Madison County, but twelve tuberculosis clinics were held last year in Oneida, and eight in the rest of the county. Tuberculosis cases are sent to the State Hospital at Raybrook and to hospitals in the surrounding counties.

Madison County has a tuberculosis committee which has the expenditure of about \$7,000 annually, about half of which is provided by taxation and half is raised by the sale of Christmas Seals. Two field nurses are supported, one of whom is

executive secretary of the society and conducts much educational work, such as arranging for lectures and exhibits.

There are four school nurses in Madison County, thus making six public health nurses in the county. At present (October, 1924), there is a special poliomyelitis nurse, paid by the City of Oneida, owing to the great number of new cases of polio which have developed in the city and county.

The Oneida Community, Limited, a large manufacturer of silverware, also maintains nurses, and an emergency medical service for its employees.

Madison County has an active county medical society, with 38 members, or 75 per cent of the physicians in the county. It holds three meetings annually. Its summer meeting is usually an outing for its members. The average attendance of the meeting is about 20, or over 50 per cent of the membership.

The physicians of Oneida also have a Doctors' Club with 16 members, four of whom live outside the city. Each member in turn acts as host and presents a paper. A unique requirement is that each member shall stand on his feet and discuss the paper of the evening. The club meeting is also a staff meeting of the Broad Street Hospital.

The Bureau of Health of Oneida is under the direction of Dr Nelson O. Brooks, Health Officer. He is the only employee of the Health Bureau, but he has the hearty cooperation of the physicians of the city.

There are 14 health Officers serving 26 municipalities outside of Oneida city. Most of the health officers have taken special courses of instruction in Syracuse University. The public health laboratory work of the health officers is done in the county laboratory in the Broad Street Hospital in Oneida.

The association of physicians of Madison County is principally with those of Syracuse, and the influence of the Syracuse Medical School is felt throughout the whole county. F. O.





## NEWS NOTES



### STUDIES IN CHIROPRACTIC

(Continued from the September JOURNAL)

One of the characteristics of B J Palmer, the head of the original chiropractic school at Davenport, Iowa, is that he finds fault with all other schools and all other practitioners besides his own school and its graduates. The *Mountain Head News*, his weekly publication, is full of denunciations of rivals. In dating his publication he expresses the year 1924 as "A C 29, or 30," meaning, we presume, Anno Chiropractic 30, since the cult was founded in the summer of 1894. The issue of July 26, A C 29, contains an article describing a demonstration trip taken by B J. The writer sarcastically describes the work which B J saw done by a chiro in Chicago. The account says:

"The chiropractor displayed a striding position in his adjusting that would have made any toe dancer turn green with envy. After this he delivered a recoil (?) with a hammer hand wallop that would lay Dempsey on his bier, and then a short but vigorous massage was applied over the spot which had just been abused. After two or three demonstrations of this athletic process, during which no decrease in nerve pressure was recorded on the neurocalometer, B J boiled over. Along with this boiling over he boiled out the adjustor in a way that should have left an impression on him."

The writer also described a clinic which he saw in Grand Rapids, and wrote:

"The president of a small but pretentious chiropractic institution in one of our central states was in attendance. It happened that the patient had graduated from his school, and he asked that Dr. Blank (evidently the President—Ed) be allowed to adjust him, and the fun started. The announcement is always made that nerve impingements will reduce more completely and rapidly under the recoil than under any other method. The adjustor elected to use a rotary. The adjustor mauled the patient's neck in a peculiar fashion until the writer, unable to restrain his curiosity any longer, inquired what he might be doing. The answer was 'palpating.' Without regard to the location of the impinged nerve or taking into consideration the relative positions of the foramen and the spinous process an adjustment (?) was given. As rotaries go this was a good move for it was heard to crack throughout the entire room. 'There' exploded the adjustor that got it. Did you hear it go? But the neurocalometer proved that no nerve impingement had

been reduced. This was repeated twice and the adjustor's confidence was becoming sadly shaken. Finally after three rotaries had been attempted with no reduction, a 'break' was used, but the result remained the same. Our patient, being pretty well shaken by this time, we asked him to rest in a nearby chair, and proceeded with our next case with the recoil. The former adjustor, seeing that the recoil was accomplishing reductions, suddenly remembered a previous appointment, and left the room. A few minutes later we recalled the first patient, palpated the cervical vertebrae, and adjusted the third with a recoil. Within two minutes the reading that had remained stationary under three rotaries and a break was reduced to a complete zero. The result of this demonstration made B J angry."

The most rabid opponent of chiropractic could hardly exceed this sarcastic condemnation of the chiropractic art as B J saw it practised—and one would naturally suppose that the president of a chiropractic school would know how to practice the art.

The issue for September 6, 1924, throws much light on the methods which B J Palmer teaches to his students. While he is short on science he certainly gives them excellent training in money getting. The issue contains eight pages of letters from chiropractors describing the financial results that have come to them from the use of the neurocalometer. Fifteen who had used neurocalometer for a month or less report having used the instruments 519 times, and to have collected \$6,175 in fees ranging from ten to twenty-five dollars for each test. But the star collector of all was a chiro in Baltimore who sent a telegram as follows:

"We have made our forty-eighth reading at one thousand per. Is the price too high? Visions, five hundred dollars, illusions, twenty-five dollars. Now, vision one thousand dollars, illusion, two hundred and fifty dollars. We are with you."

The whole tone of chiropractic literature is one of sordid gain. B J himself in an address called "The Hour Has Struck" says:

"Ninety nine per cent of our people do not know there is a chiropractic problem, all that he knows is that he wants more money, and he has got to have more patients to get it from, and he is getting less patients and less money from them. We are in an awful mudhole. We are



just about as deep as any person can get and still hold our heads above total oblivion"

Then after a maze of argument and of abuse of the practitioners of his own cult, B J, in his address, leads up to the neurocalometer as the great discovery that will lead the chiros—a reasonable number of them—to financial success. He estimates the returns which would have flowed to himself personally if he had kept the instrument a secret and used it only in his own office. At the outset, while he was experimenting with it, he gave 96 readings a day at \$10 each. He says that with his advertising facilities he could have had 500 patients a day coming to Davenport, which would have given him an income of \$5,000 a day or \$1,600,000 a year, and he figures he could easily have made it \$3,000,000 annually. "That would have meant millions to me," he said, "but it would have meant total ruination to you." He then goes on to say

"In 30 minutes the neurocalometer can do more in picking correct majors than anybody attending school 17 months, or more than I can do after 28 years"

B J then discusses the sale of the neurocalometer to the public, and says that two million people who are patronizing chiros would buy it at \$300, and put B J on the easy street. But he turns down this prospective gain and rents the neurocalometer to the chiros at \$2,000—and he goes to great length to show how the price is extremely reasonable. While he says the instrument itself is worth only \$200, yet the service that he promises will cost him \$1,300 in ten years, because he will provide ten demonstrators to visit and instruct every purchaser twice annually at a prospective cost of \$600,000 during the next ten years. He also says he will have to spend a lot of money to protect his patents—if he ever gets them.

B J further justifies his financial charges by reference to the chiropractic cow, and says.

"Three thousand turn their chiropractic cow into somebody else's pasture, 1,000 now and then give the chiropractic cow one week's board, 3,000 have kept on feeding the chiropractic in their own fields, feeding that cow for 20,000 (chiropractic) milkers for years. Whose cow is chiropractic anyhow? Is it my cow or your cow? Must I always stand at the feeding end? Can't I get a glass of milk once in a while? Who is that man that speaks to me about the rights of the sick to get well? Do you know of any chiropractor adjusting for fifty cents when he could collect five dollars, just for the love of the rights of the sick to get well? Do you know of any reducing their price on the theory of their love for the rights of the sick to get well, if he could get it? Today the public pass 'Tic' by. Why? Because the public is ashamed of the Tors."

B J goes on in this way through pages of abuse, and then he says

"Back-to-chiropractic - neurocalometer - movement is a separation of the milkers from the feeders movement. It will keep alive those who feed to milk. Therefore the neurocalometer, with its restrictions, is a life sustaining insurance movement which necessitates you to buy a \$1,500 policy."

In a published address on the neurocalometer, B J offered to any one in his audience of chiros the use of a neurocalometer if the user would give B J fifty per cent of the gross receipts. The report says "A voice—make it 25 per cent, and I will take you up."

"Dr Palmer—No you milk on. You want too much of the milk. I own the rear end of this cow. You go ahead and milk the horns."

B J seems to realize that the abuse of rivals and the dissensions among the chiropractors are leading to disaster. One evidence of the trouble which has already descended on the chiros is the number of arrests, convictions, fines, and jail sentences. B J has seized this opportunity to form the Universal Chiropractors' Association for the defense of those who are in legal difficulties. B J publishes a 32-page magazine, the *U C A Herald*, devoted to news of the Association. In the August, 1924, issue, he gives the details of 26 cases against whom law suits were recently brought. He goes on to argue that local lawyers do not have the ability to defend the arrested chiros, and that their only safety lies in joining the *U C A* at ten dollars a year. B J evidently offers to pay their fines if they are convicted and even to subsidize them while they are in jail, but the strain on his purse is great, and he asserts that some prefer to make themselves martyrs and to stay in jail rather than accept money assistance. But most of the convicted men are glad to get the assistance, and the *U C A Herald*, August, 1924, contains letters of gratitude from chiros who accepted aid from the *U C A* during their jail sentences.

The center page of the August, 1924, *U C A Herald* contains a double page spread entitled "The Crash Has Come. The issue between chiropractic and medicine is now fairly joined." It has a quarter page cartoon of a severe judge below whom is a big balance entitled "For Losing a Case." On one pan of the balance is a chiropractor dressed as a convict breaking stone, and on the other is a prosperous physician sitting at a bottle-laden desk writing a death certificate. The text on the page begins

"The battle for life is on. We as a profession are now facing a crisis in comparison with which Ohio and California are but incidents. This is no time in which to indulge in bickerings about little things, for if this onslaught continues during the next year as it has in the last few months,



there will be no chiropractic profession in 1926. Every one who calls himself a chiropractor should rally to the support of the U C A. Through malpractice suits the medical trust is crushing out the life of the chiropractic profession."

B J then goes on to recite the details of cases of chiropractors who have been convicted, and to make a frantic appeal for members of the U C A and for funds with which to defend those who are arrested. He complains that legislators are being flooded with newspaper clippings telling of

suits and convictions. The article ends "A malpractice suit can wipe out your savings for years. Join the U C A and protect yourself against this possibility."

In this same number there is a letter headed Bad News, describing a verdict of \$3,500 against a chiro who produced paralysis by too forcible manipulation of the spine of a girl. The letter continues. The bitter point in the case was that she walked into the chiropractor's office and that she was carried out. Two chiropractors testified against the defendant. F O

## THE BROOKLYN PLAN OF PERIODIC MEDICAL EXAMINATIONS

The Medical Society of the County of Kings has taken up the problem of Periodic Medical Examinations, and has demonstrated a practical method of making them. The Medical Society recognized that the problem was a double one.

1 The physicians had to be reached in order that they should become desirous of making the examinations and be prepared to do them in a way that should be standard, uniform, and efficient. This part of the problem was purely medical and was handled entirely by physicians through the County Medical Society.

2 The second part of the problem was that of educating the people regarding the value of the new service which the physicians were offering to them. This part of the problem was one of salesmanship through organizations of laymen and consisted in influencing the people to go to their physicians and take advantage of their examination service. The Brooklyn Bureau of Charities was the principal lay organization that was instrumental in the education of the people.

The two organizations—medical and lay—co-ordinated their activities through a special committee, called the Brooklyn Health Examination Committee which was made up of both physicians and laymen, and represented all groups of the community, including the Medical Society, Health Department, Chamber of Commerce, and churches. The medical activities of the committee were managed by a sub-committee of which Dr. Glenworth R. Butler was chairman. The expenses of the campaign, which were consider-

able, were met from several available sources, including the Committee on Dispensary Development of the United Hospital Fund.

The campaign, in promotion of the periodic medical examinations was both extensive and intensive, and consisted of the following activities:

1 There were meetings of the Medical Society of the County at which the project was fully considered and explained.

2 The Medical Society conducted an examination of one hundred physicians in active practice in order to demonstrate the method of making the examinations, and to show the physicians directly that they themselves could profit by the examinations.

3 Letters and pamphlets were prepared for both physicians and the general public.

This is only a meager outline of the program which was successfully carried out during last spring and early summer. The physicians were examined according to schedule, and the lay organizations did their part in popularizing the movement, which is still in its infancy and is growing fast.

The details of the Brooklyn Periodic Medical Examination movement in Brooklyn have been published in the September issue of the *Long Island Medical Journal*. This is a Community Health number, and over a third of its pages are upon the examinations campaign. Copies of the Journal may be obtained from the Editor of the NEW YORK STATE JOURNAL OF MEDICINE, 17 West 43rd Street, New York. F O

## PERIODIC MEDICAL EXAMINATIONS IN ONONDAGA COUNTY

The Public Health Committee of Onondaga County Medical Society has made the following report on the subject of Periodical Medical Examinations:

The subject of periodical medical examinations is one which is exciting the interest not only of the medical profession but of the various civic

organizations which are more or less interested in public health.

Although the general death rate has steadily declined for many years due largely to the decrease in infant mortality and the lowering of the death rate from communicable diseases, other diseases which are more or less common



to middle life have during the same period steadily increased

During the decade from 1900 to 1910 organic heart disease increased 39.3 per cent, diabetes 60 per cent, cancer 30.6 per cent, and cerebral hemorrhage and apoplexy 18.8 per cent

We believe that the deaths from most of these causes could have been greatly diminished had the cases been discovered before they had reached an advanced stage of development

We believe this discovery in many cases could have been made through periodical medical examinations

In starting the work of this kind there is great danger of defeating its aim if undertaken without a proper understanding of and careful supervision by the medical profession

It is the opinion of your committee that this society should give this subject very careful consideration

We favor periodical examinations if they are properly conducted and directed by the medical profession. In so far as possible such medical examinations should be done by the family physician

In order to make those examinations as nearly

uniform as possible and for a proper understanding of what is most needed, we recommend the plan which has recently been adopted in Brooklyn, Kings County, and that under this plan the examinations be made on the members of this Society by competent physicians, that these results be interpreted through conferences and discussions with the physicians examined, and that further plans be formulated after conferences following such examinations

It is the opinion of your committee that it would be most unfortunate if the examinations are not conducted in a most careful and painstaking manner, and under the direct supervision of the medical profession

(Signed) F W SEARS, *Chairman*  
O W H MITCHELL,  
J C PARSONS,  
THOMAS P FARMER,  
W D AYER, *Committee*

This report was adopted, and the committee was instructed to proceed in arranging details for carrying out the suggestions made in the report

F W SEARS, Syracuse, N Y

## SEVENTH DISTRICT BRANCH MEETING

The Eighteenth Annual Meeting of the Seventh District Branch of the Medical Society of the State of New York was held in the Jackson Health Resort, Dansville, N Y, on Thursday, September 25, 1924, with an attendance of one hundred and twelve physicians. Dr William I Dean, of Rochester, President of the Branch, presided, and Dr G K Collier, of Rochester, the Secretary, recorded

The doctors were welcomed with short addresses by Dr Walter S Goodale, Chairman of the Board of Directors of the Jackson Health Resort, and Dr Harold W Culbertson, its Medical Director. They stated that the Health Resort had been started in 1856, and was the first institution of its kind in the United States. It was used as a Government Psychiatric Hospital during the war. It was re-organized, refitted, and reopened in July, 1924. Its stock is owned by about 130 doctors in Western New York, and it will be conducted by physicians. It will be the policy of the owners to work in close co-operation with the physicians. The report of the condition and progress of each case will be sent to the family physician, and if there is no physician, the patient will be required to choose one to whom the report may be sent. It is the intention of the owners to make it a complete hospital for diagnosis, as well as treatment, and to conduct it according to the principles of medical ethics

The Resort has ample facilities for physiotherapy in all its branches. It also has a hotel department for both permanent guests and transients, and sixteen cottages for rent. It has a capacity for 400 persons

The Resort is beautifully located on the western slope of a high hill overlooking the Genesee Valley

The District Branch Meeting began in the morning. Luncheon was served at noon in the Resort, and the session was then continued until five o'clock

Dr Owen E Jones, of Rochester, President of the Medical Society of the State of New York, explained the broad policies of the State Society in regard to legislation, nursing, and workmen's compensation. Dr Jones said that the control of Medical Practice was lodged with the State Department of Education, and that the Department was now preparing a bill which would make it illegal for any to practice who have not shown evidence of knowledge and skill as required by statute law, thereby protecting the public from incompetent practitioners. The bill would also prohibit the use of the title of doctor by all who had not received the degree from a recognized college. Dr Jones explained that political exigencies required that there be a fund provided by the physicians themselves in order to raise the money to enforce the act. No matter how much doctors deplored the



policies of the law-makers and the statesmen, yet the funds for the protection of the practice of a class who are given special privileges, such as physicians, nurses and engineers, cannot be appropriated by the state but must be raised by a registration tax. Physicians must accept that fact or fail to secure the regulatory legislation.

On motion of Dr B J Slater, it was unanimously voted that it was the sense of the meeting that the members of the Seventh District Branch should support the legislative policies outlined by Dr Jones.

Dr Frank Overton, Executive Editor of the New York State Journal of Medicine, called attention to the new features of the Journal, particularly to the Department of Medical Survey. His experience in securing data for the surveys and in answering questions asked him, had demonstrated the need of a field secretary to attend meetings of the county medical societies and to keep in close touch with physicians throughout the state. He made a special plea that news of the county societies and their meetings be sent to the Journal.

The scientific part of the program consisted of six papers, all of which were of unusual interest. A paper on "The Inside of Chiropractic" by Dr Arthur L. Seyse, of Arcade, brought down the house. Dr Seyse is a modest man, and demonstrated it by bringing the Rev John R. Riley with him to read his paper for him. We have already published several of Dr Seyse's articles filled with good sense and scintillating wit. (See this Journal April 11, 1924 page 550 and August, 1924, page 816.)

Dr William D. Johnson, of Batavia, gave a talk on Intestinal obstruction, which was a model for a scientific paper before a medical society. Dr Johnson knew his subject thoroughly. He had his points logically arranged, and he TALKED them to his audience. He emphasized the need of early diagnosis and early operation and said that fecal vomiting and peritonitis were not signs of intestinal obstruction, but of delayed diagnosis.

Dr Homer L. Knickerbocker, Geneva, gave a paper on "The Problem of Shortening the Period of Disabilities After Industrial Injury." He emphasized the need of rehabilitation, and of medical oversight long after the period of healing.

Dr E. Livingston Hunt, Secretary of the Medical Society of the State of New York, sent a paper on "Syphilis of the Nervous System" which was read in his absence on account of sickness. Dr Hunt emphasized the frequent need of a Wassermann on the spinal fluid in cases of obscure nervous diseases, and of examining all the members of a family when one is found afflicted with syphilis of the nervous system.

Dr Allen A. Jones of Buffalo gave a talk on "Diagnostic Perplexities in Gall Bladder Disease," in which he discussed the differential diagnosis of unusual types of gall bladder trouble.

Dr George M. Gelser, of Rochester, gave an analysis of the "Abnormalities of Menstruation and Uterine Bleeding."

Every paper brought out a free discussion—an excellent test of practical paper. T O

## THE FIFTH DISTRICT BRANCH

The meeting of the Fifth District Branch of the Medical Society of the State of New York was held in the Presbyterian Church, Oneida, on Thursday, October 2, 1924. The meeting was opened at 10.30 A. M. by the President Dr Nelson O. Brooks. At 1 P. M. the meeting adjourned to the recreation rooms of the church for a luncheon given by the Madison County Medical Society. At that time the registration of those in attendance was 155 from the seven counties of the district, as follows:

Herkimer	10
Jefferson	5
Lewis	1
Madison	34
Oneida	30
Onondaga	61
Oswego	14
	155

About thirty wives of the physicians were also present, and were shown through the silverware

factories of the Oneida Community, Limited through the courtesy of the local physicians.

Dr Brooks spoke on the activities of the County Medical Societies and suggested some definite lines of work that they could take up in addition to the usual discussion of scientific papers. He mentioned the preparation of programs consisting of teaching clinics, and said that assistance in arranging for them could be obtained through the District Branch and the central office of the State Medical Society. Dr Brooks also urged the doctors to take up the subject of Periodic Examinations and stated that the Onondaga County Medical Society had adopted the promotion of the examinations as one of its major activities.

Dr Frank Overton, Executive Editor of THE NEW YORK STATE JOURNAL OF MEDICINE spoke briefly on these features of the JOURNAL which related to the practice of civic medicine by physicians in general practice. He called special attention to the descriptions of what chiropractors say about one another. He also called attention to



the efforts of the officers of the State Medical Society to learn of the activities of the County Societies, and to carry information from one society to another in order to weld the members into a great medical fraternity for mutual help and inspiration

The editor also called attention to a remark made by Dr T L Deavor of Syracuse, during the discussion of the obstetrical paper, during which he suggested the desirability that the county medical societies should prepare a standard form of reply to the woman who comes to a doctor for an abortion. The preparation of such an authoritative statement would be a valuable work for a county medical society, for it would give the individual physician the backing of his brethren, and would tend to enhance the standard of the practice of medicine in the eyes of the people generally

The principal part of the meeting consisted of the presentation of scientific papers and their discussion. Dr G W Miles, of Oneida, gave a paper on "The Function of Eating," in which he made a popular appeal for sensible eating

Dr Page E Thornhill, of Watertown, read "A Plea for Better Obstetrical Work"

Dr T Wood Clarke, of Utica, gave a paper on "The X-ray Diagnosis of Abdominal Condi-

tions in Infants and Children," and exhibited a series of lantern slides showing radiographs following the use of bismuth in obstructions, intussusceptions, and chronic appendicitis. He also showed pictures showing defects of posture, especially lordosis and a protuberant abdomen, and explained how they produced serious gastro-intestinal disturbances

Dr Clarke also made a brief report on excellent results obtained in treating pertussis cases with from two to four exposures to the X-ray

Dr Charles D Post, of Syracuse, gave a paper on "Coronary Closure"

Dr Edward Livingston Hunt, Secretary of the Medical Society of the State of New York, read a paper on "Polomyelitis," which was timely and practical on account of the serious epidemic of polio which is now afflicting Madison and Onondaga counties

Dr Matthias Nicoll, Jr, State Commissioner of Health, spoke on "The Private Practitioner and Public Health." Since Dr Nicoll has been commissioner, he has had the hearty support of the medical profession of New York State

Those attending the meeting were frequently heard to remark that it was one of the best that the Fifth District Branch had ever held

F O

## ROCKLAND COUNTY MEDICAL SOCIETY

The Regular Quarterly Meeting of the Rockland County Medical Society was held on September 24th at Letchworth Village, as is the usual custom at the fall meeting. Twenty-five doctors were in attendance

Dr H C Storrs, of the Medical Staff of Letchworth Village, gave a clinical demonstration of groups of cases. He first showed nine children of one family, all of whom had been committed to the institution because of mental defectiveness, while younger children of the family were at home and would in all probability become public charges when they reach the age of four or five years. And still worse, the parents, both of whom were mentally defective, one white and one mulatto, were at large and would undoubtedly propagate more defectives to become a burden to the State of New York. Dr Storrs stated that the institution had once had six children of one family, five of another, and four of each of several families

Dr Storrs also showed a group of six boys all of whom were 12 years of age, but whose mental ages ranged from 3 to 8 years. He showed another group of nine boys whose actual ages were each 16 and whose mental ages ranged from 3 to 11 years. Dr Storrs explained the behavior of each boy and told how much may be expected of each in the way of education. Some of the

defectives were excellent laborers, and one of the dullest mentally had great musical ability

Dr Storrs also showed a boy 19 years of age who rated above the average in intelligence tests, but who was unable to do simple laboring work. The boy was a great reader and answered readily such questions as "When did the World War begin?" "Where is the highest mountain?" "How high is it?" But when he was set to piling brush with other boys, he would take only a single twig and place it on the pile with great slowness and hesitation

Dr Thomas H Haines, Director of Clinics of the Mental Hygiene Association, described the relation of the general practitioner to problems of mental deficiency. He appealed to family physicians to instruct the parents in the care of their mentally deficient children, and to influence the people and office holders to provide the means for the instruction and training of the young defectives

The president, Dr R O Clock, called attention to defects in the by-laws of the Society, and on motion he appointed Drs Kline, Felter and Dingman a committee to revise the by-laws

After the general session a supper was served to the members and guests by Dr C S Little, the Superintendent of the institution. F O



## WAYNE COUNTY MEDICAL SOCIETY

The semi-annual meeting of the Wayne County Medical Society was held at Sodus Point, June 17, 1924, with thirteen members and three visitors present. A business session was held in the morning followed by luncheon at noon.

The afternoon meeting was a scientific session at which three papers were presented.

Dr. Wardner D. Ayer of Syracuse, gave a paper on "Subacute Bacterial Endocarditis," which he described as of slow onset following an acute infectious disease. Lesions are in the endocardium and heart valves, and non-hemolytic streptococci are usually found in the blood. The

disease is usually progressive and is fatal in a few months or years.

Dr. F. W. Sears of Syracuse, District State Health Officer, gave a paper on "The Immune Serum Treatment of Scarlet Fever." He described the Dick test for immunity, and Dochez's serum and experience in its use.

Dr. W. H. Sweeting of Savannah, read a paper on Glandular Fever, based on a recent outbreak in his village. This disease resembles influenza with swollen cervical glands. Outbreaks of it are occurring with increasing frequency. Dr. Sweeting's paper is timely and will be published in the November issue of this JOURNAL.

## TOMPKINS COUNTY MEDICAL SOCIETY

The September meeting of the Tompkins County Medical Society was held Tuesday evening, the 16th, in the Board of Commerce parlors, with a large attendance. President E. E. Parker was in the chair.

This being the first meeting following vacation, the minutes of the May and June meetings were read and approved or read.

The Secretary was directed by vote to purchase for the Society a copy of the forthcoming A. M. A. Directory.

The Secretary suggested that it would be of value to the work of the society to own a lantern for the projection of both still and moving pictures, and the matter of purchasing such a lantern was referred to the Committee Minor with instructions to report at the October meeting.

The meeting of the Sixth District Branch was announced to be held in Oneonta Tuesday, October 7th. It was moved, seconded and carried that his society extend an invitation to the Sixth District Branch to hold the 1925 meeting in Ithaca.

A communication was read from Dr. Homer J. Knickerbocker of Geneva inviting our society to join in a meeting to be held in Geneva some time in November to consider legislative procedures for the coming winter. Upon motion seconded and carried the invitation was accepted.

### SCIENTIFIC PROGRAM

"Radium and Its Uses," Charles E. Allhaume, M. D., Utica

Dr. Allhaume opened his subject by stating that while the medicinal uses of radium were comparatively new and still in its infancy it had already proved of great value to mankind in the treatment and cure of neoplastic growths both benign and malignant. He developed his subject in the favorable light of its use in cancer, especially and in uterine fibroids.

The Doctor exhibited various preparations of radium and methods of its use.

Discussion by various members of the society seemed to emphasize the general opinion that cancer treatment by radium was not yet fully understood but results so far obtained encouraged further research and investigation, but its use in uterine fibroids has resulted in a very high percentage of cures.

"X-ray Treatment of Bone Sarcoma," illustrated by numerous lantern slides showing cases of bone sarcoma in various stages of development and of cure under X-ray. Myron B. Palmer, M. D., of Rochester.

At the close of the meeting light refreshments were served and a social hour was enjoyed.

## NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL

The following lectures will be given at the New York Post-Graduate Medical School and Hospital, on Friday afternoons, at 5 p. m. These conferences are open to all who are interested in hospital administration.

October 17—Hospital Standardization Program of the American College of Surgeons, M. T. MacEachern, M. D., Associate Director, American College of Surgeons.

October 24—Public and Private Hospitals,

Hon. Bird S. Coler, Commissioner, Public Welfare, City of New York.

October 31—Regional Hospital Organizations, Their Use and Value, Mr. John M. Smith, Supt., Hahnemann Medical College, Philadelphia.

November 7—Necessity for Closer Cooperation Between Architects, Hospital Boards and Nursing Profession in Relation to Construction of Hospitals. Alice Shepard Gilman, R. N., Secretary, State Board of Nurse Examiners.





# THE DAILY PRESS



Our medical clippings from the daily press during September consist largely of four items

- 1 Statistical reports of health officers
- 2 Reports of the results of summer camps for undernourished children
- 3 The opening of fall clinics in tuberculosis and child welfare
- 4 Exhibits at county fairs

While many of the items that were published had only a local interest, yet that interest was strong in the community to which the items refer, and showed that the health authorities were active and knew conditions in their cities

The question has often arisen whether or not health items in daily newspapers are widely read. The editors believe they have a great news value, for otherwise they would not publish the articles. The *Plattsburgh Press*, August 21, reports an investigation into the question. The article reads

"The report of a recent survey made by a group of Minnesota University students indicates that from 40 to 48 per cent of the 309 households, 1,197 members studied, read the health news published by newspapers, and half of these follow the health instructions. In addition to newspaper health talks, many read the pamphlets on health published by the Metropolitan Life Insurance Company as well as those issued by the United States Public Health Service

About 25 per cent of the households studied were those of mechanics and laborers"

This clipping is strong evidence that the majority of people do read the health notes in the daily newspapers

The daily papers report all sorts of problems coming before the Board of Health. The *Gloversville Herald*, August 30th, reports a controversy over a road used by the garbage contractor to reach the disposal ground. The contractor contended that the city should provide a passable road for him, and the city attorney asked that he build his own road. The matter was finally left in the hands of the sanitary committee of the Board of Health, and we have the curiosity to hear how they settled the matter

Experience has shown that rubbish and paper and ashes, and possibly some garbage—the usual contents of the city ash man's cart—make an excellent road, especially over low land where dumps are usually located. The Sanitary Com-

mittee of Gloversville can make a good road out of the city waste material, and at the same time dispose of the rubbish in a useful way. But the matter of disposal of garbage and road building belongs to the city engineer, rather than to the health department

The *Newburgh News*, September 11, reports a controversy over chemicals added to the city water supply. The Fish and Game Club complained that fish were not biting as usual, ever since the chemicals had been added. The City Health Officer, Dr. Thomas J. Burke, gave a column interview to the newspaper explaining that three chemicals were used, copper sulphate, alum and chlorine. He explained in simple terms what each chemical does to the water, and a reader cannot help but feel that the water supply of the city is in safe hands. Dr. Burke also shows himself to be a diplomat because he points out that the copper has been used every year for twelve years, and the fishermen's complaints about lack of bites began only this year

Several newspapers have reproduced an article on malignant smallpox sent out by Surgeon General Cumming of the United States Public Health Service. The article describes the beginning of the malignant form of the disease in Duluth, in January, 1924. The *Middletown Herald*, August 25th, says

"The first case was that of a male nurse, 54 years of age, who had never been successfully vaccinated and who died within a few days. Subsequently there developed other cases making a total of 182 for this epidemic. It is interesting to note that 139 of the persons who had smallpox had never been successfully vaccinated in their lives. Of these 139 persons, who had never been successfully vaccinated, 34 died. Of the remaining 43 persons who had the disease, 39 had not been successfully vaccinated within seven years and of these 39, six died"

After giving more details of the vaccination histories of the cases the author says

"From these data, which have been very carefully collected, it will be seen that smallpox still runs true to form in that it attacks persons who are either not protected by vaccination at all, or who have lost the protection which they once had"

Such articles as these are needed in view of the threatened recrudescence of smallpox. We wonder what the anti-vaccinationists will say about this evidence



The Cattaraugus County Health Department, the only one in New York State, is conducting an experimental investigation into the eating habits of a group of persons. The *Olean Herald* August 18, reads

The plan in Cattaraugus county is to observe the food habits of 100 individual families and to study what relation, if any, their health has to these habits

"Families have been selected from rural sections, villages, and the cities in order to determine differences of dietaries in these places. Each family is expected to keep an accurate record of foods purchased and eaten for seven consecutive days. The first day an inventory will be made of all foods on hand. A record of food bought for each of the seven consecutive days will be kept. On the seventh day another inventory will be taken. The sum of the first inventory, plus the foods purchased minus the last inventory will give the foods used and their cost. It can thus be determined whether or not the persons covered by the study are securing their money's worth. The study will show not only the total cost but the cost of each kind of food. A study of the diet will, therefore, make it possible to determine how to get the greatest food value for the least money. The food value can be easily computed so that it can be determined if the family is getting the right food according to recognized dietetic standards. If there is lacking any one of the foods necessary for health, the deficiency will be apparent."

The study should give valuable data upon which to base general instruction in foods. It is hopeless to reach any considerable number of families directly.

The New York *Sun*, September 20, contains an account of the use of school essays as an aid to health teaching. The account reads

"Regular school work was utilized by the teachers of Jefferson county, Col., in a recent effort to spread knowledge concerning proper health habits. Essays were written by the pupils on the following subjects: Eyes, ears, teeth, food, bathing, fresh air and exercise.

"These essays were part of the regular school work and were graded on penmanship, spelling, composition, neatness, artistic arrangement and illustrations, as well as on subject matter."

We are skeptical regarding any great health value in this form of teaching. When a pupil has to carry in mind the four topics of penmanship, spelling, composition and neatness, he has about all he thinks about and has no mind left for the subject matter. Our idea is to teach health

for its own sake and not as a frame work on which to hang the intensive teaching of spelling and penmanship

This germ from the New York *Tribune* at first we classed a happy prune. But now we see its rhymed disguise. Its seriousness we recognize, and in its gay poetic dress we print it in our *Daily Press*, a model form for him who tries deep facts of health to popularize

## MORE TRUTH THAN POETRY

By JAMES J. MONTAGUE

### THE GERM

A germ is so extremely small,  
The creature has no soul at all,  
But fancies it a clever trick  
To make nice honest people sick  
And that's why men of great renown  
Seek constantly to run him down,  
*For life can never be enjoyed*  
Until the brute is quite destroyed

When germs collect inside of us,  
They do not growl or make a fuss,  
And seldom do we take alarm  
Until they've done a lot of harm  
We cannot see, we cannot hear 'em,  
But if we poison 'em with serum  
They very speedily lose heart  
In what they're doing and depart.

However, if we take great care  
About our food and sleep and air  
And always keep in first rate health  
No germ by violence or stealth  
Can ever very long abide  
And do his stuff in one's inside  
The tiny wretch can put a curse on  
Nobody but a careless person

So we should always be on watch  
This ill intending beast to scotch  
Take vast amounts of exercise,  
Beware of cats and rats and flies,  
And in all sorts of ways attest  
That we regard him as a pest  
And by and by, and bit by bit  
He'll sicken of the game and quit





# PRUNES



*Contributions Solicited*

## An Honest Answer Saves a Lot of Talk

Reporter—"To what do you attribute your long life?"  
Uncle Zachariah (104 years old)—"Don't know a darn thing about it"

## He Also Subscribes for a "Home News"

Sir The fellow who reads the national weather reports and the doings of Congress also reads patent medicine testimonials, drug store almanacs and the booklets in tooth paste containers His idea of a good time is to go window shopping  
BILL NETCH

## Time Will Tell

A youngster visiting his indulgent aunt partook heartily of cake and preserves When asked if he hadn't had all that was good for him, he replied that he didn't know  
"But what do you think?"

"An't any use thinking"

"Well, you're a funny boy," said his aunt "When will you know?"

"In half an hour"

"And how will you know?"

"Well, that's easy If I ain't sick in half an hour, I'll be sorry I didn't take more, and if I'm sick I'll be sorry I took so much That's the only way to tell that I know of"—*Boston Transcript*

The editor was a believer in "yellow" journalism and ran thus a leading editorial "The business man of this town who is in the habit of hugging his stenographer had better quit, or we will publish his name."

The next day thirty-seven business men called at the office, paid up their subscriptions a year in advance, left thirty-seven columns of advertising to run indefinitely, and told the editor not to pay any attention to fool stories

## Gave Him Up

"Do you see that strong, healthy-looking man over there?"

"I was just admiring his physique."

"The doctors gave him up years ago"

"You surprise me."

"Yes They found they couldn't get anything out of him"—*Birmingham Age-Herald*

## Why Doctors Crab

"Say Doc! Meet Doctor Jones, our new chiropractor"

## Often Enough

"How often does your road kill a man," asked a facetious traveling salesman of the Suburban Branch conductor the other day "Just once," replied the conductor, sorrowfully

## A Few Dietary Hints

"Before you swallow a cocktail—especially one made of bootleg gin or whisky—rub a little of it into the corner of your eye Then you will know what it does to the mucous membrane that lines the inside of your stomach"  
—*From a Hearst editorial*

Do you eat grapefruit?

Well, a little of that in the corner of your eye is not so good, either

Or shredded wheat, for that matter Separate a few shreds and ask a friend to hold your eyelids open Then drop several wisps in the eye. Fifteen minutes later look at the inflamed condition of the eye, and be thankful that you did not put that into your stomach

Do you eat baked beans or prunes? Before you do it again, rub a few in your hair, the pasty, messy condition that will shortly result may give you an intimation of the difficulties your stomach has with this type of food

This eye test is of value as a diet determinant in one other way What is good for the eye, *i.e.*, salubrious for the membranes, it must necessarily follow, is good for the stomach Submerge the eye in a medium strong solution of borie acid Notice the manner in which it soothes and mollifies the membranes The answer is obvious drink borie acid exclusively  
—*Life*

## An Aid to Appetite

"Why don't you eat your apple, Johnny?"

"I'm waitin' for Peter It tastes much better when another feller is lookin' on"—*Karikaturen (Christiana)*

## Not Apropos

Employer—"Why did you take down that 'Do It Now' sign hanging over your desk?"

Clerk—"I couldn't stand the way the bill collectors looked at it when I told them to call again tomorrow"  
—*London Mail*

## What Was Needed

"Bridget, run for a doctor!"

"Phat's th' matter, mum?"

"My daughter is hysterical, she has had a quarrel with her betrothed and her engagement is broken!"

"Then, it's a surgeon ye want, mum!"

## Negro Full of Them

The old negro slowly lifted his pipe from his lips to turn his head toward his young offspring, who was poring over a public school manual of the human system  
"Rastus," he inquired, "what am in a colo'd pusson's body?"

"Organs, bone, muscle, fat, nerves and blood!" eagerly rejoined the hopeful student

"De nex' time you's axed dat question," warned the old man, after gazing deprecatingly at the youth, "don't leave out de chuckles!"



# NEW YORK STATE JOURNAL of MEDICINE

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## THE DICK TEST AND ACTIVE IMMUNIZATION WITH SCARLET STREPTOCOCCUS TOXIN\*

By ABRAHAM ZINGHER, MD Dr PH.,

NEW YORK CITY

**A**N important step in the final control of scarlet fever has been the recent work of the Dicks,<sup>1</sup> who definitely identified the hemolytic streptococcus associated with scarlet fever as the causative agent of the disease. They were able to produce experimental scarlet fever in human beings by planting upon the naso-pharyngeal mucous membrane of several volunteers a culture of the hemolytic streptococcus, which was obtained from the infected finger of a nurse taking care of cases of scarlet fever. Their work and that of different investigators, who claimed that the specific hemolytic streptococcus of scarlet fever formed a single agglutinative group, turned the attention of the medical profession once more toward this organism as the primary cause of scarlet fever. Among these observers may be mentioned Gordon,<sup>2</sup> Bliss,<sup>3</sup> Tunnell<sup>4</sup> and Dochez.<sup>5</sup> Williams of the Research Laboratory and the Dicks,<sup>6</sup> on the other hand, found that the different scarlet fever strains fell into different agglutinative groups.

With the identification of certain strains of the hemolytic streptococcus as the specific agent of scarlet fever the Dicks continued their investigations and obtained a soluble toxic filtrate<sup>7</sup> from cultures of this organism, which gave positive skin reactions in early cases of scarlet fever and negative reactions in convalescence. Positive and negative reactions were also observed in normal individuals.

Zingher,<sup>8, 10, 11</sup> has confirmed and extended the observations of the Dicks on the skin test. Branch and Edwards<sup>12</sup> also confirmed the results of the Dicks.

With the toxin the Dicks<sup>13</sup> have succeeded in immunizing actively a number of nurses. Zingher<sup>10, 11</sup> injected with gradually increasing doses of the toxin the positive reactors in a number of schools and institutions.

An antitoxic serum has also been produced by

the Dicks<sup>14</sup> by injecting the toxin into horses. Dochez<sup>15</sup> a few months earlier obtained an antitoxic serum by a different method. He first injected a small amount of liquified agar into the subcutaneous cellular tissue of the neck of a horse and into the center of the agar nodule formed after its solidification he inserted the sedimented bacterial mass from a broth culture of the scarlatinal streptococcus. The bacteria were thus protected from the phagocytes, while the toxin, according to Dochez, could pass through the agar into the lymph spaces and cellular tissues of the animal and stimulate the production of antitoxin. A sloughing ulcer is formed at the site where the agar and bacteria have been injected. Very good therapeutic results have been claimed for the Dochez serum by Blake, Trask and Lynch.<sup>16</sup> At the Willard Parker Hospital the Dochez serum has given encouraging results, but not as striking as those reported by Blake and his associates.

**A. Modern Conception of Scarlet Fever**—The absence of immunity after various infections with the hemolytic streptococcus has always been a strong point against accepting this organism as the specific etiological agent of scarlet fever. With the separation and identification of a toxin produced by the scarlatinal streptococcus our conception of scarlet fever and the immunity following it have undergone a considerable change. We now consider the disease a local infection of the mucous membrane of the naso-pharynx in which a soluble toxin is produced. This is absorbed into the system of the patient, where it gives rise to the rash and other constitutional symptoms. The disease thus resembles to a certain extent diphtheria. It differs, however, from diphtheria in that the toxin stimulates the production of an antitoxic immunity in nearly all patients and in the tendency of the hemolytic streptococcus to invade the body and produce gland, ear and joint infections. The immunity, therefore, to scarlet fever is chiefly antitoxic and

\* Read at the Annual Meeting of the Medical Society of the State of New York at Rochester April 23, 1924.



not antibacterial, since patients who have recovered from scarlet fever either recently or in previous years may develop infections with the specific scarlatinal organism. These infections are not associated, however, with the characteristic clinical criteria of scarlet fever, a rash followed by desquamation. Similar infections without a rash may also occur in those who are "naturally" antitoxically immune to clinical scarlet fever and give a negative Dick reaction.

**B The Dick Test**—The Dick test in relation to scarlet fever closely resembles the Schick test in relation to diphtheria. It consists of the intradermal injection of 0.1-0.2 cc. of a dilution of the soluble toxic filtrate obtained from a culture of the specific hemolytic streptococcus. The toxin is made by growing the streptococcus for five to six days in broth containing 5 per cent defibrinated or citrated horse blood. Carbolic acid is then added to the broth culture in the proportion of 0.5 per cent, the sediment formed allowed to settle and the supernatant fluid passed through a Berkefeld filter. A good toxin should give in a dilution of 1:1000 strong positive as well as negative reactions when tested in a group of young children. The diluted scarlet fever toxin is more stable than the diluted diphtheria toxin used in the Schick test. It can, therefore, be distributed ready for use. A definite standard has not yet been established for the scarlatinal toxin. It cannot be standardized in animals as it has very little effect on rabbits and practically no effect, even in the undiluted form, on guinea pigs and mice. The following method of standardizing a toxin will be found suitable until a better one is developed. The toxin is standardized by finding a dilution which gives negative reactions in convalescent cases of scarlet fever and good positive (+ +) reactions in young and susceptible children. It should be emphasized that with a sufficiently low dilution of a toxin a positive reaction can be brought out in every patient convalescent from scarlet fever. Having established the strength of a standard toxin, it becomes an easy matter to compare by intradermal tests in the same susceptible individual the strength of a newly prepared toxin with that of the standard.

A control test with diluted toxin which has been heated in a water bath at boiling temperature for an hour should be made at the same time that the test is carried out. The control enables us to differentiate with a fair degree of accuracy the four different reactions already well known in connection with the Schick test, the positive, negative, negative-pseudo and the positive-combined reactions.

The *positive* Dick reaction appears more rapidly than the positive Schick reaction. Within 8-12 hours one can tell by the result of the test who is susceptible and who is immune to scarlet

fever. At the end of 18-24 hours the positive Dick reaction resembles closely the positive Schick reaction which has reached its maximum intensity on the fourth day. The Dick reaction, however, fades much more rapidly, only the more strongly positive reactions showing a slight brownish pigmentation at the end of 7-10 days. Desquamation is rare, and if present is very slight. The positive reactions are read as strongly positive (+ +), when there is a marked redness and local induration, positive (+), when there is local redness with little or no induration, moderately positive ( $\pm$ ) or slightly positive ( $\pm$ ) depending on the size and degree of redness in the reaction.

The *negative* reaction shows no change at the site of the test or control.

The *negative-pseudo* reaction shows the same appearance in the test and control. These reactions are due to a protein hypersensitiveness to the autolyzed substance of the hemolytic streptococcus and to the other proteins contained in the test fluid.

The *positive-combined* reaction represents a combination of the positive and pseudo reaction. The reaction in the test with the unheated toxin is usually more pronounced than in the control with the heated toxin.

The positive and positive-combined reactors are susceptible to scarlet fever as far as not having antitoxin is concerned. The negative and negative-pseudo reactors have antitoxin in their blood and are immune to the toxic effects of the scarlatinal streptococcus.

The presence of antitoxin in blood serum (human or horse) can be shown in one of two ways. (1) The serum added to a toxin dilution double the strength used for the Dick test will neutralize the action of the toxin so that no reaction will be produced when the mixture is injected intradermally into a susceptible person, (2) the serum injected in a dose of 1.0 c.c. intradermally into the rash of an early case of scarlet fever will blanch the rash out over an area the size of a twenty-five cent piece to that of a silver dollar (Schultz-Charlton phenomenon).

#### C Results With the Dick Test in Normal Persons

TABLE 1  
THE DICK TEST AT DIFFERENT AGE GROUPS

Age	Total Tested	Dick Positive	Dick Negative	Per Cent Dick Positive
0-6 mo	29	13	16	44.8
6-12 mo	52	34	18	65.3
1-2 years	233	167	66	71.6
2-3 years	204	131	73	64.2
3-4 years	241	146	95	60.5
4-5 years	264	128	136	48.4
5-10 years	1,955	678	1,277	33.6
10-15 years	2,965	677	2,288	22.8
15-20 years	981	166	815	16.8
20 years up	776	112	664	14.4
Total	7,700	2,252	5,448	29.2



Table 1 shows the results with the Dick test in 7,700 persons of different ages. The percentages closely resemble those noted with the Schick test in the same age groups. These tests were made in public schools, institutions and hospitals. In two private schools, attended by children of the more well-to-do classes of the city's population, we found that 83 per cent of 320 children were susceptible to scarlet fever. A similar high susceptibility to diphtheria we had previously found with the Schick test in the same class of children.

Nurses in training schools and students at Teachers College, Columbia University, gave from 40 to 70 per cent positive Dick as well as positive Schick reactions. Many of these individuals came from smaller communities, where they had had but little exposure to infection with the organisms of scarlet fever and diphtheria. The antitoxic immunity to scarlet fever is transmitted from mother to offspring through the placenta just as it is transmitted in the case of diphtheria. At birth infants show slightly posi-

tive or negative reactions when their mothers give respectively positive or negative reactions. The antitoxic immunity persists in these infants for five to six months and is then gradually lost, a large proportion of the children becoming susceptible to scarlet fever at the end of the first year of life.

Several groups of children and adults were tested with both the Dick and Schick tests. The results indicate that two-thirds of the tested gave positive reactions to both tests or negative reactions to both. In groups where the positive Dick reactions predominated, a large proportion was found to be positive to the two tests and where the negative Dick reactions predominated the reverse was found to be the case. The other third of the tested who had different reactions was about evenly divided into two groups (a) those who gave a positive Dick and a negative Schick reaction, and (b) those who showed a negative Dick and a positive Schick reaction.

#### D Results with the Dick Test in Scarlet Fever

TABLE 2. SUMMARY OF RESULTS WITH DICK TEST IN ACUTE AND CONVALESCENT CASES OF SCARLET FEVER

#### 1—RESULTS OF FIRST DICK TEST ON SCARLET FEVER PATIENTS AT TIME OF ADMISSION TO HOSPITAL

Number Days of Illness Before Dick Test	++	+	±	±	—	Number	Dick Positive	Per-Cent Dick Positive
1-5	10	83	97	7	4	201	197	98.0
6 days and over	0	0	9	7	64	80	16	20.0

#### 2—TOTAL NUMBER OF PATIENTS RECEIVING DICK TEST DURING ACUTE STAGE AND DURING CONVALESCENCE FROM SCARLET FEVER

(a) Total number tested	232
(b) Total number Dick positive on admission to hospital and Dick negative during convalescence	213
(c) Total number Dick positive on admission to hospital and Dick positive during convalescence	19
(d) Per cent giving negative Dick reaction during convalescence from scarlet fever	91.3

#### 3—THE DICK TEST AND SCHULTZ CHARLTON PHENOMENON IN SCARLET FEVER DAYS OF ILLNESS

Test	1-4 Days	5-7 Days	8-10 Days	11-15 Days
Dick Test	+ or ±	± or ± or —	± or —	—
Schultz Charlton	—	— or ±	± or +	+

Table 2 gives a summary of the results obtained with the Dick test during the past six months among the scarlet fever patients admitted to the Willard Parker Hospital. It will be seen that of 201 patients who were tested during the first five days of illness 197 or 98 per cent gave positive reactions. These reactions were in the majority of cases + or ±. Strongly positive reactions (++) as seen in normal persons are not as a rule observed in scarlet fever cases. In most cases some antitoxin has already developed by the second or third day of rash, at a time when many of the cases are usually admitted to the hospital. Of 80 patients tested on admission with

a history of six days or more of illness 64 or 80 per cent gave negative or negative-pseudo reactions.

Of 232 patients who were tested on admission and also during convalescence 213 or 91.3 per cent showed a positive reaction on admission and a negative reaction during convalescence. Of the 19 patients who gave a positive reaction during convalescence also, two evidently had had no scarlet fever on admission to the hospital, as they developed the disease five days later and subsequently showed a negative Dick test. Twelve of the remaining 17 patients did not desquamate. It was interesting to note that though 6 of these 12



continued to show a strong positive (++) reaction, indicating that they probably did not have scarlet fever on admission, yet none developed a scarlatinal rash during their stay in the hospital. These patients, although susceptible to the toxin, were probably protected by a local tissue resistance of the naso-pharyngeal mucous membrane, which prevents the invasion and toxic action of infectious organisms even in the absence of a general antibody immunity. This local defense mechanism, however, can be probably destroyed by an inflammatory process, such as a cold, or by an operative procedure such as removal of the tonsils and adenoids.

Five of the patients who continued to show a moderately positive reaction during convalescence desquamated. In two the desquamation was not characteristic. In one of these two patients it was patchy, confined to parts of arms, shoulders and chest, and left behind it eczema like areas of skin, in the other slight desquamation was noted on one hand only.

The important question arises whether we are dealing in scarlet fever with one or several different toxins produced by the different agglutinative strains of the specific hemolytic streptococcus. The negative Dick reactions in most of the convalescents from scarlet fever point at least to a great majority as producing a single toxin, such as we know in diphtheria and tetanus. The few positive reactions during convalescence were noted in cases in most of which there can be serious doubt as to the correct diagnosis of scarlet fever. The few patients who desquamated and yet gave a positive Dick reaction during convalescence leave two possibilities open. Either the amount of antitoxin produced during the course of the disease was not sufficient to neutralize the action of the toxin in the Dick test or there may be occasional strains of hemolytic streptococcus causing scarlet fever that make different toxins, as in the case of *Bacillus botulinus*, which produces two different soluble toxins.

The third part of Table 2 shows that the Dick reaction becomes negative from the sixth to tenth day of illness. This corresponds with the appearance of antitoxic antibodies in the patient's blood. With the presence of antitoxin the serum acquires the property of blanching the rash (Schultz-Charlton phenomenon) in an early case of scarlet fever. This is indicated in the table by the plus signs. It was significant to note that the Dick reaction became negative a little earlier in convalescence, showing that it requires a certain concentration of antitoxin before the patient's serum can blanch the rash. The Schultz-Charlton test is a rather crude method for the quantitative determination of antitoxin in blood serum as it requires not only a definite concentration to produce a permanent blanching, but many scarlatinal rashes are unsuitable for this

test. It is of value, however, as a diagnostic measure to be carried out with a known antitoxic serum in a doubtful case of scarlet fever. Suspicious rashes, especially if well pronounced but not characteristic, could be thus accurately diagnosed. The fine pinpoint rashes do not show the blanching well.

An interesting and significant appearance was noted at the site of the original Dick test in two patients who developed scarlet fever one week after the test. The area on the forearm corresponding to the previous reaction was very pale and surrounded by a sharply defined ring of the scarlet fever rash which was greatly intensified in redness when compared with the rest of the eruption on the forearm. During the height of the eruption a second Dick test was made over the pale area and another one a little to one side. The reaction which developed within the pale area was very slight when compared with the second reaction alongside of it. Apparently a certain amount of cellular immunity had developed at the site of the original positive Dick test. This gave rise to the appearance of the local pallor, which presented such a striking contrast to the rest of the blushed skin and also prevented the development of a good positive reaction during the first day of the disease. The ring of intensified rash making up the border which surrounded the pale area was probably due to the interaction between cells which were sensitized rather than protected by the minute antibody content within their substance and the scarlet fever toxin of the disease. These observations point to the probable local origin in the epidermis of some antitoxin production against scarlet fever.

*E. Immunity Results With Scarlet Fever Toxin*—A convenient method for determining the amount of toxin for active immunization is the skin test dose. The dilution to be used for this purpose depends on the strength of the toxin. If it is used for the Dick test in a dilution of 1/1000 then 1 cc of a 1/100 dilution represents 100 skin test doses, the initial dose for active immunization. The second dose is 250 and the third dose 250 skin test doses for children under 3 years. For children over 3 years and up to 12 years the third dose is gradually increased to 500 skin test doses. For adults the third dose may be increased to 1000 skin test doses. In making the dilutions for injecting larger numbers we add 1 cc, 25 cc or 5 cc of undiluted toxin to 100 cc bottles of salt solution or one-half these amounts to 50 cc bottles of salt solution. Where only a few doses are to be administered it is most convenient to make a dilution of the toxin 1/20 which represents 500 skin test doses per cc. Depending on the age of the person, 0.2 cc, 0.5 cc and 0.5 or 1.0 cc would represent the corresponding three



doses with this toxin dilution. The injections are given intramuscularly or subcutaneously 7-10 days apart.

Local reactions such as slight to moderate redness, induration and tenderness follow as a rule, although they are more frequently seen in older children and adults. The local reactions resemble in degree those noted after the use of 1/10 I + mixtures of diphtheria toxin antitoxin.

Constitutional reactions are occasionally seen but they are rather infrequent if the initial dose as recommended is a small one and the amount of toxin is gradually increased. The symptoms develop after 12-24 hours and consist of varying degrees of temperature, a slight sore throat and occasionally a scarlatiniform rash, that may persist for 24-48 hours. In one adult the rash was followed by desquamation of the palms of the hands. Of more than 2,000 children and adults injected with the toxin only 10 had constitutional symptoms associated with a rash, and of these 6 were children under one year of age who had received 100 skin test doses as the initial injection.

These constitutional reactions are not serious, being seen only in persons who are unusually susceptible to the effects of the toxin, yet it would seem desirable to avoid them. For this purpose the toxin can be purified according to the method of Huntton<sup>18</sup> which consists in precipitating the toxin with sodium chloride and one per cent acetic acid. It is then treated with for-

maldehyde according to the method suggested by Ramon<sup>19</sup> and by Glenny and Hopkins<sup>20</sup> for diphtheria toxin. This consists in adding 0.1 per cent formaldehyde (0.25 per cent commercial formalin) to a toxin containing from 2.5 mgm amino nitrogen per 10 c.c., as determined by the Van Slyke method and allowing the toxin to remain at incubator temperature for 4-5 weeks. In this way the attempt is made to obtain a modified toxin or toxoid, that will retain its immunizing value and can be used in larger doses without producing constitutional symptoms.

We have found that scarlet fever toxin is neutralized in multiple proportions by the antitoxin. Mixtures of toxin-antitoxin could, therefore, also be prepared similar to the ones used for diphtheria immunization.

Table 3 shows the results with the Dick retest among the children of three institutions, who were injected with the scarlet fever toxin. The retests were made 4 to 5 weeks after the immunizing injections. Sixty-one per cent of the retested children gave negative reactions and of these a large majority showed negative-pseudo reactions. An additional 24 per cent gave reactions that were less strongly positive than in the original test. The immunity results obtained after the injection of toxin became difficult of interpretation on account of the numerous pseudo reactions noted in the retest. This can be avoided to a certain extent by using the purified toxin for the Dick test.

TABLE 3 IMMUNITY RESULTS WITH SCARLET FEVER TOXIN

DOSES GIVEN—Under 12 years 100, 250 and 250 skin test doses at weekly intervals  
Over 12 years 100, 250 and 500 skin test doses at weekly intervals  
DICK RETEST AFTER 4-5 WEEKS

INSTITUTIONS	DICK POSITIVE AND COMBINED			DICK NEGATIVE AND PSEUDO		
	Per Cent Positive Dick At Original Test	Total Retested	Number Positive As in Original Test	Number Less Strongly Positive	Per Cent Less Strongly Positive	Number Per Cent
Hebrew Orphan Asylum	29.2	143	19	20	14.0	104 72.7
New York Orphanage	44.4	91	10	36	39.5	45 49.4
Leak and Waits Home	22.0	40	12	10	25.0	18 45.0
Total		274	41	66	24.0	167 61.0

*F Active Immunization of Young Children at Baby Health Stations Against Scarlet Fever and Diphtheria*—During the past summer we have injected about 2,000 children under the age of 6 years in the Baby Health Stations of Manhattan and the Bronx. These children were injected without a preliminary Dick or Schick test against scarlet fever and diphtheria. The results will be noted by following the cases of scarlet fever and diphtheria developing during the coming year and checking them up against an alphabetical card index list of the injected children.

Each child received 3 doses of scarlet fever toxin and 3 doses of a 1/10 I + mixture of diphtheria toxin-antitoxin, one arm being used for the scarlet fever, the other one for the diphtheria inoculations. It is important to note that the local reactions in these young children are as a rule quite mild. If parents realized this fact thoroughly they would be willing to have their children immunized against these two diseases before they enter school.

*G Scarlet Fever Antitoxin*—Dochow as well as the Dicks have described the successful pro-



duction of an antitoxic serum in horses. Such sera are being prepared at the present time by a number of biological laboratories, including our own, and a concentrated serum will probably be available within a few months. The antitoxin can be used for prophylaxis and treatment along the lines so successfully carried out with diphtheria antitoxin. The dose recommended for purposes of passive immunization is 10 c c and for treatment from 20 to 50 c c. The serum injections are best given intramuscularly.

Where animal antitoxic sera are not available good results will be obtained with the serum or citrated whole blood from convalescents as well as from negative Dick reactors. In testing quantitatively normal individuals by the intracutaneous test with increasing concentrations of scarlet fever toxin I found that some of them show even larger amounts of antitoxin than convalescents.

The effect of antitoxic serum in the treatment of scarlet fever is best seen in the more severe toxic cases that have no septic complications, such as sloughing fauces and enlarged cervical glands. There is a rapid, almost critical drop in temperature, an improvement in the character of the pulse and respiration and a more rapid fading of the rash. The improvement in the clinical picture of toxic cases I<sup>21</sup> described a number of years ago after the use of intramuscular injections of citrated convalescent and also of normal blood. There is a similar improvement after the injection of antitoxic horse serum.

To standardize the antibody content of an antitoxic serum we add graduated dilutions of the serum (1:10-1:1000) to an equal amount of diluted toxin double the strength used in the Dick test. The mixtures of serum and toxin are then injected intradermally into a susceptible person and a note is made of the smallest amount of serum that causes the complete neutralization of the scarlet fever toxin. The amount of serum that will neutralize 100 skin test doses can be considered as one antitoxic unit. In standardizing the scarlet fever antitoxin we cannot use animals, such as rabbits, guinea-pigs or mice, as the toxin itself has practically no effect on them.

#### SUMMARY AND CONCLUSIONS

1 The Dick test is a reliable method for determining susceptibility and immunity to scarlet fever. In our experience with the test in over 7,700 cases up to the present time 8 positive reactors and none of the negative reactors have developed scarlet fever.

2 It serves to indicate the susceptible persons who need immediate passive immunization with scarlet fever antitoxin. The rapid appearance of the reaction in 8 to 12 hours is of great clinical value for this purpose.

3 The Dick test helps in the diagnosis of doubtful cases of scarlet fever. A strongly posi-

tive (++) reaction early in the disease and again later in convalescence speaks against the diagnosis of scarlet fever. A definite negative reaction during the first two days of rash should also put one on guard that he may not be dealing with scarlet fever.

4 The Dick test serves for the direct and indirect estimation of the antitoxic content of sera.

5 Active immunization with scarlet fever toxin is a safe procedure and is not to any extent associated with the development of constitutional symptoms if the dose of toxin is gradually increased. The skin test dose is a convenient method for measuring the amount of toxin. Three doses are given at intervals of 7 to 10 days. For children under 3 years the doses are 100, 250 and 250 skin test doses, over 3 years and up to 12 years the third dose is gradually increased to 500 skin test doses. For adults the third dose may be increased to 1,000 skin test doses. A large proportion of the successfully injected individuals show a negative-pseudo reaction at the retest.

6 Purification of the toxin by the sodium chloride and acetic acid precipitation method gives a preparation that is better for the Dick test and for active immunization because of lesser protein reactions.

7 The use of toxin treated with formaldehyde to make it practically non-toxic and of toxin-antitoxin mixtures represents further steps in the development of active immunization against scarlet fever.

8 The Dick test applied to 232 cases of scarlet fever showed that 91.3 per cent gave positive reactions during the early stages of the disease and negative reactions during convalescence. There were 19 patients who gave a persistent positive reaction, of these 2 developed scarlet fever subsequently. Of the remaining 17 patients 12 did not desquamate.

9 It is probable that most of the strains of the scarlatinal streptococcus produce a single toxin. The few cases that show positive Dick reactions in convalescence and yet desquamate point either to an insufficient amount of antitoxin in the patient's blood and tissues to neutralize the action of the toxin in the Dick test or to the production of more than one toxin by a few exceptional strains of the scarlatinal streptococcus.

10 The scarlet fever toxin is neutralized in multiple proportions by the antitoxin.

#### LITERATURE

- 1 Dick, G. F. and Dick, G. H. The Etiology of Scarlet Fever. *J. A. M. A.*, 82:301 (Jan. 26), 1924.
- 2 Gordon, M. H. *Brit. M. J.*, 1:632 (April 30), 1921.
- 3 Bliss, W. P. A Biological Study of Hemolytic Streptococci from Throats of Patients Suffering from Scarlet Fever. *Bulletin Johns Hopkins Hospital*, 31:173 (May), 1920.
- 4 Tunnicliff, R. The Specific Nature of Hemolytic Streptococcus of Scarlet Fever. *J. A. M. A.*, 74:1396 (May 15), 1920.
- 5 Dochez, A. R. Studies Concerning the Significance



- of *Streptococcus Hemolyticus* in Scarlet Fever *Proc Soc. Exper Biol & Med.*, 21 194 (Jan.), 1924
6. Dick, G F and Dick, G H. The Prevention of Scarlet Fever *J A M A.*, 83:84 (July 12), 1924
7. Dick, G F and Dick, G H. A Skin Test for Susceptibility to Scarlet Fever *J A M A.*, 82:265 (Jan 26) 1924
8. Zingher, A. Results Obtained With the Dick Test in Normal Individuals and in Acute and Convalescent Cases of Scarlet Fever *Proc Soc Exper Biol & Med* 21:293 (Mch.), 1924
9. Zingher, A. The Significance of the Pseudo Reaction in the Dick Test and Methods Used for Its Identification. *Proc Soc Exper Biol & Med.*, 21 335 (April) 1924
10. Zingher, A. Further Studies With the Dick Test and Active Immunization With Scarlet Fever Streptococcus Toxin. *Proc Soc Exper Biol & Med.*, 21:508 (May) 1924
11. Zingher, A. The Dick Test in Normal Persons and in Acute and Convalescent Cases of Scarlet Fever Immunity. Results With Scarlet Fever Toxin. *J A M A.*, 83:432 (Aug 9), 1924.
12. Branch, C F and Edwards F G. The Relation of the Dick Test to Scarlet Fever *J A M A* 82:1260 (April 19) 1924
13. Dick, G F and Dick, G H. Scarlet Fever Toxin in Preventative Immunization. *J A M A.*, 82:544 (Feb 16) 1924
14. Dick, G F and Dick, G H. A Scarlet Fever Antitoxin. *J A M A* 82:1246 (April 19), 1924
15. Dochez, A. R. and Sherman L. The Significance of *Streptococcus Hemolyticus* in Scarlet Fever *J A M A.*, 82:542 (Feb 16), 1924
16. Blake, F G. Trask, J D and Lynch, J F. Treatment of Scarlet Fever With Scarletinal Antistreptococcal Serum *J A M A.*, 82:712 (Mch. 1) 1924
17. Zingher, A. The Schick Test Performed on More Than 150,000 Children in Public and Parochial Schools in New York City (Manhattan and the Bronx). *Am J Dis Child* 25:392 (May) 1923
18. Huntoon F M. Properties of the Dick Scarlet Fever Toxin. *Proc Soc Exper Biol & Med* 21:513 (May) 1924
19. Ramon M. G. Ann. d. l'Inst. Pasteur, 38 1 (Jan.), 1924
20. Glenn T A. and Hopkins, B E. Diphtheria Toxoid as an Immunizing Agent. *Brit J Exper Path* 4:283 (Oct) 1923
21. Zingher A. The Use of Convalescent and Normal Blood in the Treatment of Scarlet Fever *J A M A.*, 65:875 (Sept. 4), 1915

## NEWER VIEWPOINTS IN INFANT FEEDING\*

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SOME years ago, when a medical student, I heard the late Doctor Holt refer to the "percentage method of feeding" as the "scientific" or "American" method. The method never merited the word "scientific," and, in conception certainly, was not "American." Since the "percentage system" of feeding failed, it is now interesting to inquire the reason. The primary aim of the "percentage system," as actually practiced, was the imitation of breast milk, and, so, the cows milk used was raw, lactose was the added carbohydrate, the fat was kept high, at least in the feedings designed for the period of early infancy, and the mixture was liberally diluted with water. Of the sugars added to cows milk in infant feeding, lactose is perhaps the most uncertain in its effects, and the combination of raw cows milk, high fat, added lactose and water is treacherous. The butter-flour mixtures now in vogue, while close to the well known "3-6-1" mixture of the "percentage system" in their proportions of fat, carbohydrate, and protein, are less liable to produce digestive disturbances for a variety of reasons, the milk is cooked the carbohydrate is given in the form of flour and cane sugar and the flour and the butter are cooked together at a high temperature. Though now almost completely abandoned, the

"percentage system" was correct and marked a step in the right direction to the extent that it demanded a balance between the fat, carbohydrate, protein, and salts of the infant's food, and postulated that the relations between these latter might have an importance as well as the absolute quantities themselves.

While pediatricians in America pursued the illusive ideal of finding a modification of cows milk which possessed the attributes of human milk progress of a sounder kind, based on pure empiricism, was taking place in Germany and Austria. Slowly, the simpler and more practical German ideas took root in this country. Gradually progress began to halt in Teutonic Europe, also. Under the stimulus of the war, however, indeed, as a direct consequence of the upheaval of economic conditions and existing thought, a sudden forward movement in infant feeding was accomplished, mainly due to von Pirquet and Schick in Vienna and Finkelstein in Berlin. In this forward movement this country also participated through Marriott and Uthoff of St. Louis. The recent progress referred to has lain chiefly in the recognition that stools are not the immediate determining guide to the feeding of the infant, that many infants thrive only when they receive concentrated milk mixtures, that many infants require not less than 150 to 200 calories per

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kilogram of body weight, and, finally, that milk fermented with the lactic acid producing group of bacilli is more easily digested by many infants than is sweet milk

Physicians have long appreciated that a frequency of stools has a different significance in infants breast fed and in infants artificially fed, but they have come to appreciate only recently that even in the artificially fed infant a frequency of stools may have no sinister import. When the feedings are of malt soup, frequent stools are compatible with satisfactory growth and development. The new point of view, however, is not that frequent stools represent the normal condition when certain foods are given, but that many infants, particularly in the first few months of life, may have frequent stools on a variety of foods when in a state of partial starvation, and, further, that to cause the diarrhoea to cease and to make the infant thrive it is necessary to give not less, but more, food, usually with an increase in the carbohydrate. Finkelstein was the first, so far as I am aware, to perceive clearly that diarrhoea, particularly in the young infant, does not necessarily denote indigestion, and that diarrhoea is more frequently the result of an insufficiency of food in a qualitative or quantitative sense or of some peculiarity in the make-up of the infant than of damage to the digestive function. Finkelstein regarded these common, comparatively speaking, harmless diarrhoeas as in the nature of a colitis, the small intestine remaining uninvolved. I do not wish to imply that valuable information may not be obtained from the stools, or that a diarrhoea may not be of such character or severity as of itself to contraindicate feeding altogether. I cannot emphasize, however, too strongly that diarrhoea in large numbers of infants is benign, and that the habit of starving an infant just because he has frequent stools is fallacious and gives rise to disastrous results. I have often thought that many infants in our wards might have been fed more successfully if the stools had been totally disregarded, because of our inability completely to free ourselves from the prejudice of the past.

The discovery that many infants will do better when fed concentrated foods than when fed dilute foods was a direct development of the method of feeding developed by von Pirquet and Schick and of the clinical observations of Finkelstein. The premature infant will not thrive on a dilute mixture either because he is not strong enough to take sufficient or will not retain sufficient of it to meet his nutritional demands. Many feeble infants, not prematurely born, will not thrive so long as the food given them is dilute for the same reasons. Vomiting is more often the result of mechanical conditions than of indi-

gestion, and the secret of successful treatment of vomiting in the great majority of instances is to give small quantities of concentrated food at frequent intervals. Even in pyloric stenosis, all that *may* be necessary is concentration of feeding. Thick cereal mixtures are effective in pyloric stenosis because the consistency of the food is changed, and also because the volume is reduced. The use of concentrated foods is an enormous asset in the treatment of infants and of older children with dysentery and acute infections, who require high calorie feedings but are unable to take or retain more than a small quantity of food at a time. The experience of the New Haven clinic has been chiefly with concentrated foods made from undiluted soured milk. We are unable to find such concentrated foods any less easily digested than dilute foods, even when given to premature and the feeblest of infants.

Examples of the most concentrated foods are whole milk with the addition of 17 per cent sugar (1 L.=1333 cal) as recommended by Schick, protein milk with 20 per cent sugar (1 L.=1170 cal), the butter-flour mixture of Moro made by the addition of 5 per cent fat, 7 per cent sugar, and 5 per cent flour to whole milk (1 L.=1600 cal). Breast milk may be made more concentrated through the addition of 10 per cent sugar, and, so supplemented, is a particularly useful food in the case of feeble new born infants. It can probably be fed with safety only for three or four weeks on account of the diminution in the proportion of protein and salts which results from the addition of sugar.

Discussion of the concentration of foods involves consideration of dilution with water. The reason for the dilution of cows milk is often assigned to Bidert who held that the indigestible element in cows milk was the protein and that the way in which to make cows milk more digestible for the infant was to reduce the protein by diluting the milk and to raise the fat and carbohydrate by adding butter fat and sugar. Since the protein of cows milk is approximately three times as great as the protein of human milk, Bidert advised the dilution of cows milk with at least two volumes of water. Undoubtedly, however, the practice of diluting cows milk sprang up spontaneously among the people as have almost all other practices in infant feeding, when the substitution of undiluted cows milk for breast milk was found to give rise to indigestion. Though numerous physicians have advised the use of undiluted cows milk (Budin, Chavane, Rothschild, Schlesinger, Oppenheimer, Dose, Schick), the practice of dilution has become almost universal.

In regard to the question of the dilution of cows milk mixtures my mind is not entirely clear. It is certain, I think, that the sour milk mixtures need not be diluted and that nothing is



gained by diluting them. I do not believe that any advantage is obtained by diluting sweet cows milk more than one-half and am not sure that undiluted cows milk is not equally well digested by the infant. The reason that cows milk alone (boiled or unboiled) is an unsatisfactory food for the infant is not because it is too concentrated, but because it is improperly balanced. As Dr G F Powers will point out in a forthcoming publication, whole cows milk containing 17 per cent sugar, the commonly used mixture of one third cows milk with 5 per cent added sugar and sweetened condensed milk differ only in respect to dilution. I have often wondered whether the better results attributed to dilution were not incidental to the reduction of fat and protein calories and the great increase in carbohydrate calories resulting from the habit of adding sugar in proportion to the total volume of the mixture.

The chief, if not the sole, object of dilution of cows milk mixtures should be to furnish the infant with a sufficient amount of fluid. If measured in terms of breast milk, the water requirement of the young infant is about 170 to 180 cc per kilogram of body weight and declines during the first year to not more than 120 cc per kilogram. The method of thinking in the feeding of infants encouraged at the New Haven clinic is, first, to determine the number of calories which it seems advisable to give, second, to decide upon the distribution of those calories between protein, fat, and carbohydrate, making sure that the quantity of protein is adequate and, third, to estimate the fluid requirement of the infant on the assumption that the average infant requires about 150 cc of fluid per kilogram of body weight. If there is reason to suppose that the infant will thrive best if given food in concentrated form, the water required in excess of that in the food is given between feedings. If no indication for concentration of the food exists, enough water is added to the feeding to bring up the quantity of mixture to the estimated total fluid requirement. It is scarcely necessary to add that more than 150 cc of fluid per kilogram of body weight may be needed under unusual conditions, as hot weather, fever, or dehydration. I cannot emphasize sufficiently that dilution of a cows milk mixture, certainly beyond one half, does not make that mixture more digestible and often is productive of great harm by causing the child to vomit or refuse food, so that he will receive too few calories to satisfy his nutritional needs. Dilution of milk mixtures is overdue in this country almost everywhere. The majority of infants sent to the New Haven Hospital on account of vomiting vomit solely because fed mixtures of too large volume. The requirement in these cases was

not for a further dilution or reduction of sugar or fat, but for a reduction of the volume of the feeding.

In this connection, it is interesting to point out that the fluid need of the rapidly growing human organism is much greater than that of the slowly growing or mature organism. If the adult of 70 kilograms required as much fluid in proportion to his weight as the infant of 5 kilograms receives in his breast milk, he would take 10.5 liters of fluid in each twenty-four hours.

To Marriott in this country, and to Finklestein, Von Pirquet, and Schick belong the credit for the discovery that many infants require from 150 to 200 calories per kilogram of body weight in order to thrive. Certainly, many premature infants will thrive best when they receive at short intervals concentrated food in amounts approximating 200 calories per kilogram of body weight daily. Atrophic babies often require from 150 to 200 calories per kilogram, and also babies convalescent from infections. Probably it is rarely necessary or advisable to feed an infant more than 200 calories per kilogram. Two hundred calories per kilogram, therefore, represent the upper limit of the caloric requirement. According to Finklestein, it is not necessary to continue the feedings of 150 or more calories per kilogram longer than five or six weeks. In our experience it has been found necessary in some instances to continue the high caloric feedings for several months. Harm can be done by over feeding. It is always advisable, therefore, to aim to make the infant gain consistently at an average rate of speed rather than to make him gain with maximum rapidity, and the number of calories just sufficient to accomplish that end represents the optional quantity of food which should be chosen. In the case of most malnourished infants it is not necessary to give more than 150 calories per kilogram.

In this connection it may be interesting to point out the view of Langstein concerning the feeding of premature infants. Langstein believes that the premature infant requires a greater proportion of protein than breast milk affords and takes as much as 150 to 200 calories per kilogram of body weight merely to satisfy his requirements for protein. Hence, Langstein advises feeding premature infants about 100 calories of breast milk per kilogram of body weight with the addition of 1 to 2 per cent of casein. Though Langstein's hypothesis is not borne out by experiments with animals, namely, that an infant will eat an excessive number of calories of food in order to satisfy a hunger for a particular element in sufficiently represented in that food, the results obtained by him seem to be excellent.

When left to themselves, the young of almost all species of animals suckle at irregular intervals



Nature probably intended that the infant should nurse whenever his mother was available and be hungry. There can be no doubt, however, that the infant thrives best when put to the breast regularly. In the great majority of cases it is immaterial whether the infant is fed at three hour intervals or at four hour intervals. In the case of some infants, however, it is advisable, or essential, to give feedings at two hour or at one and a half hour intervals or, rarely, at hour intervals, or even less. I have reference particularly to premature infants, to feeble infants and to infants who vomit. As already pointed out, the premature infant and the feeble infant become fatigued after taking small quantities of food, and will not consume enough to meet their requirements if fed dilute mixtures at long intervals. As also previously mentioned, the infant inclined to vomit from mechanical causes will usually retain a small amount of concentrated food fed at short intervals, when he will not retain a large amount of a dilute formula fed at long intervals. The physician often does those very things which he should not do in his treatment of the vomiting infant, when he lengthens the interval, reduces the carbohydrate and makes the mixture more dilute. If "four-hour feedings" in a given case work, the four-hour interval is the best, for it is the most convenient, the next best, under ordinary conditions, is the three-hour interval. The point I wish to emphasize is that many premature, feeble, and vomiting infants will first begin to thrive when the interval is shortened to two hours or less, and that all absolute rules, such as that the interval should never be less than four hours, should be relegated to the past.

Cows milk was designed by nature for the calf and not for the human being. For many years pediatricians were unable to perceive this evident truth. There can be no doubt, however, that the digestibility of cows milk for the infant is increased with cooking just as the digestibility of solid food is increased by that means. As has been known for years, the antiscorbutic vitamin of cows milk is injured by heat, hence the clamor against the cooking of cows milk! If condensed milk or dried milk possesses any superiority over fresh cows milk, that superiority lies in the denaturation and chemical change to which the cows milk has been subjected as the result of heat. Cows milk is more easily digested after boiling for five minutes than after pasturization, and I am under the impression that its digestibility may be further increased by longer cooking.

There can be little doubt that milk soured by the lactic acid producing organisms is more easily utilized by some infants whose digestive function is subnormal than sweet milk. Soured milk differs from sweet milk, among other things, in

hydrogen ion concentration and in the physical state of its casein. It is the fashion at the present moment, largely from the writings of Marriott, to think of the superiority of soured milk as resting solely in a hydrogen ion concentration which lies near the point supposed to be optimal for gastric digestion. It is probable, however, that its superiority rests quite as much, and perhaps more, in the fine division of its curd and in other changes about which we have little or no knowledge. Because lactic acid bacilli do not appear in the stools when soured milk containing them is fed, it does not follow that the bacilli themselves exert no favorable influence within the body. At the New Haven clinic we have not had sufficient experience with the sweet milk soured by the addition of lactic acid to be able to compare the effects with those of milk soured by the addition of the bacilli. Finkelstein, who has had an extensive experience with both kinds of sour milk, declares that the milk soured by the addition of lactic acid is inferior to the milk soured through bacterial action.

Many physicians seem to be under the impression that the use of sour milk in infant feeding is new. Sour milk, undoubtedly has been used in Europe for the feeding of infants since artificial feeding began. The "Holländische Nahrung" composed of buttermilk with the addition of cane sugar and flour has been a folks' food for infants in Holland and Flanders from time immemorial, and came from the people to the profession on account of its intrinsic merits. The butter-flour mixtures are also folks' foods used for years in the feeding of infants by peasants in the Swiss Alps and so came to the profession.

Only a few words are necessary concerning the use of carbohydrates in infant feeding. If it is true that lactose is more apt than other sugars to give rise to digestive disturbances in artificially fed children, it is curious that the sugar in the milk of all species of animals should be lactose. One can postulate that lactose must be the best sugar for the young of the species as it naturally exists in the medium of the milk of the species. One can also postulate that nature has suited the milk of a given species to the young of that species with a nicety which gives her a license lacking to us, forced as we are to depend on adaptations of the milk of other species for the artificial feeding of the young of our own. All that is possible to say concerning the use of lactose in the artificial feeding of infants rests on experience which teaches that lactose, when added to cows milk dilutions high in fat, is apt to give rise to digestive disturbances. Cane sugar is probably the equal of any sugar for infant feeding. Two sugars are possibly superior to a single sugar. A sugar and a dextrin are pos-



sibly superior to a single sugar. A sugar and a flour in combination are probably superior to a single sugar. Flour or cereal mixtures are exceedingly well tolerated by most infants. I do not believe that flour is sufficiently used in the feeding of infants. The value of the combination of dextrin and maltose is probably over estimated. Most infants seem to thrive when 7 to 10 grams of carbohydrate are added to every 100 cc of cows milk, but many atrophic, feeble, and premature infants will not gain until the carbohydrate in the feedings has been increased to 14 or 15 grams per 100 cc of milk. The secret to the successful feeding of the groups of infants just mentioned lies in the use of concentrated mixtures rich in carbohydrate, as has recently been pointed out by Finkelstein.

If the infant cannot live for a part of the day in the sunlight, cod liver oil should always be added to the diet. There is probably a great difference in the potency of different cod liver oils with respect to the property which prevents the development of rickets. So far as I know, no cod liver oil has been standardized with respect to this property, though such a standardization would not be difficult. Though a number of cod liver oils are standardized with reference to their content of fat soluble A, we do not know that the content of fat soluble A and of the antirachitic power run parallel. Since the potency against rickets of the cod liver oils on the market is not known, it is a difficult matter to decide upon a fixed dosage. The careful work of Dr. Martha Eliot, and Dr. Edith Jackson, of New Haven,\* indicates that fairly large doses of cod liver oil should be given, if rickets is to be prevented. By the end of the first month the infant should receive from one to one and a half teaspoonful of cod liver oil daily and by the end of the second month two to three teaspoonful daily. In the summer time the dosage of cod liver oil may be diminished or omitted altogether. Sunlight stops rickets, it is probably a more powerful antirachitic agent than cod liver oil. Cod liver oil is to be regarded merely as radiant energy in liquid edible form. I am not sure that it is possible completely to prevent the development of rickets in the premature infant by any means. Cod liver oil, however, certainly exerts a curative influence even in the case of the premature infant, as is evident in radiographs and should be given in large doses. In the experience at New Haven cod liver oil is well borne by almost all infants even in large doses. The prejudice in the minds of adults against the use of cod liver oil for children is in large part the projection upon the child of the adult emotions

If the infant is given the cod liver oil at an early enough age, he will like it, the administration will offer no difficulty if the taste of the infant has been wooed from the beginning. The effect of cod liver oil and of sun light in rickets or tetany is greatly diminished during periods of infection. This is a fact not appreciated.

The importance of the role which infection plays in the infant feeding problem has never been sufficiently emphasized. If the infant has no infection, almost always the problem of feeding is easy. Probably 80 per cent to 90 per cent of the difficult feeding cases in hospitals are in infants with infections. Another fact not generally appreciated is that many infants coming into hospitals greatly dehydrated and with symptoms exactly resembling the so-called intestinal intoxication with acidosis have septicæmia, as can easily be demonstrated by blood culture.

If there is any rationale in regard to infant feeding, why should so great a variety of formulas and proprietary foods exist for the feeding of infants? The reply in part is that there are not so many different foods as there appear to be, because many foods which seem quite different really differ from each other only in dilution and yet other foods differ only in minor respects which amount to nothing. In major part, however, the answer to the question is that the protein can be burned and utilized or can furnish carbohydrate and carbohydrate and fat are to a great extent interchangeable. In all foods fed to infants, at least 10 per cent of the calories must be furnished in protein. Almost all mixtures ordinarily used in infant feeding will be found to contain between 10 and 20 per cent of the calories in protein. It is a matter of little moment in the case of most infants whether the protein stands at 10 or 20 per cent or whether the larger proportion of the remaining 80 to 90 per cent of the calories is furnished chiefly in carbohydrate and to a small extent in fat, or in smaller amounts of carbohydrate and larger amounts of fat. If the infant will gain on a butter flour mixture, he will also gain on a mixture in which the fat has been largely replaced by carbohydrates. If enough cod liver oil is supplied to cover the fat soluble vitamin requirements of the infant and all other fat taken out of the food, most infants will thrive certainly for a period of two or three months and perhaps indefinitely. The vitamins in cod liver oil, however, seem to be incapable of substituting for the fat, that is they will not prevent the development of the increased water retention in the tissues and perhaps not the diminished resistance to infection which have been shown to occur in animals and in adults from feeding diets low in protein, high in carbohydrate and deficient

\*From the New Haven Rickets study of the U. S. Children's Bureau Department of Labor.



in fat Though the fat can be almost entirely replaced by carbohydrate for a limited time, at least, and very largely replaced indefinitely, the carbohydrate can be replaced by fat only to a limited extent. Breast milk probably represents the upper limit of the proportion of fat and the lower limit of the proportion of carbohydrate and of protein which it is ever advisable to use in artificial feeding. In breast milk 53 per cent of the calories are furnished in the form of fat, 40 per cent in the form of carbohydrate, and 7 per cent in the form of protein. For most infants it can be said that the protein in the cows' milk mixture should comprise 10 to 20 per cent of the calories, the carbohydrate from 50 to 70 per cent and the fat from 20 to 40 per cent. As will also be pointed out by Dr Powers in a forthcoming publication, the study of the most important milk mixtures commonly given to infants reveals that from 50 to 66 per cent of the calories are furnished in the milk, regardless whether the milk happens to be whole or skim, the remaining 33 to 50 per cent of the calories are furnished in added carbohydrate. So long as 50 per cent of the calories are furnished in milk, the protein requirement of the infant is covered. There are certain "freak" mixtures often used in infant feeding which fall outside the above mentioned limits. One of these is protein-milk. At the clinic Dr Howland at the St Johns Hopkins Hospital it has repeatedly been demonstrated in the treatment of chronic intestinal indigestion, or coeliac disease, that older infants *can* live apparently indefinitely on protein milk alone, or on protein milk supplemented with curd, eggs, scraped beef, etc., and little or no added carbohydrate. Such mixtures must contain 30 per cent or more of the calories in protein, are high in fat and low in carbohydrate. Young infants cannot live on such foods and older infants and young children do not as a rule thrive on them. Undoubtedly, under such conditions the organism depends for part of its carbohydrate on the protein. Finkelstein, who devised protein milk, no longer uses it except with the addition of at least 5 per cent sugar. Another "freak" mixture is malt soup, which contains about 70 per cent of its calories in carbohydrate and only 15 to 19 per cent in fat. Malt soup is useful in infant feeding only as a temporary food.

Breast milk is not the best food for the infant under all conditions, though it is the best food under almost all conditions. In the case of infants with severe diarrhoea, in particular in those

so emaciated that all superficial fat has been lost, breast milk may add to the diarrhoea and aggravate the condition. Apparently, nature never intended that the infant receiving breast milk should ever reach those serious states of digestive disturbances and malnutrition found in artificially fed infants. It seems necessary to think of breast milk as evolved to keep the infant in a state of health and, therefore, primarily, as a food for healthy infants. It is interesting that all mixtures used in infant feeding, which are imitations of breast milk in respect to the relative proportions of carbohydrate, fat and protein, affect the infant in a manner somewhat similar to breast milk. They are useful only for infants with normal digestions. Healthy infants will thrive extraordinarily well on the butter-flour mixtures, and have the fine state of nutrition and appearance of well being characteristic of the breast fed infant, and stools resembling those of the breast fed infant. The imitations of breast milk have been successful only to a limited extent, they are entirely lacking in those unknown prophylactic or protective properties which make breast milk in spite of its great potential fermentability, when considered in terms of its fat, sugar, and protein, by far the safest and most perfect food for the infant known. In their present state of development, the milk mixtures made in imitation of breast milk must be regarded at best as clumsy imitations and as being perhaps useful but treacherous foods.

Breast milk is a poor repair food. After wasting illnesses infants may not gain for long periods if fed only breast milk, but will gain at once if cows milk protein is added to the breast milk feedings or mixed feeding begun. The same phenomenon is sometimes observed in premature infants who fail to gain on breast milk alone but gain on combinations of breast milk and cows milk feedings. The reason seems to be that the protein and salts in breast milk are not adequate to meet the abnormal requirements of these abnormal infants.

When one surveys the field of infant feeding, it is evident that almost all, if not all, progress in the art of infant feeding has been empirical. We despise the influence of the grandmother in the feeding of the infant, but have derived many ideas from her and are still under her tutelage. To the present science has served merely to explain why empiricism moved in this or in that direction or to show that her steps have been taken on solid ground.



## SOME OBSERVATIONS ON ENDOCRINE THERAPY IN THE FIELD OF PEDIATRICS\*

By FRITZ B TALBOT, M.D.,†

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**Introduction** The functions of the various endocrine glands and the part played by them in the promotion of health or their responsibilities for disease are assuming a prominent place in modern medical science.

Each year several hundred articles appear in the literature on subjects related to the glands of internal secretion but very few are accompanied by data which cannot be criticised because the results are records of subjective impressions and not obtained with instruments of accuracy. Yet there are accumulating data sufficiently controlled to warrant certain conclusions. The recent discovery of insulin has opened such a brilliant page in medical history that like Alice in Wonderland, we can almost say, "For, you see so many out-of-the-way things had happened lately that Alice had begun to think that very few things were really impossible."

That there are internal secretions has been recognized for many decades but the practical application of their hormones in the treatment of disease is comparatively modern. The knowledge of the composition of these hormones is as yet in its infancy and there is only incomplete data concerning their mode of action.

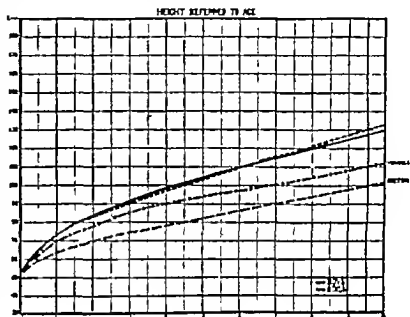
It has long been assumed that the function of the endocrine glands is to transmit to the blood stream their secretions or hormones for the normal physiological development of the body. The glands of internal secretion definitely know to affect growth are the thyroid, pituitary and sex glands, but there is a wide spread and as yet unsubstantiated belief that the thymus gland may play some part in growth and development.

The influence of the endocrine glands upon growth and development may be accurately measured by instruments of precision such as the measuring rod and scales. Their influence on the heat production of the body, that is the "metabolic rate" may be measured by means of metabolism apparatus.

Measurements of the basal metabolism are an accurate check in such diseases as hypo- and hyperthyroidism. In the former the maximum efficient dose of thyroid is obtained when the metabolism is brought up to normal, and in the latter the effect of treatment is measured by the extent to which the metabolism returns to normal.

Curves of normal growth may be used as

standards with which to compare the growth of abnormal cases. A series of studies of body surface measurements of the growth and development of untreated Mongolian idiots and cretins have been made and the former presented in an earlier publication.<sup>1</sup> The accompanying chart shows these growth curves in apposition to the normal.



The results of treatment can be estimated by comparing the growth obtained with the growth expected. Obviously if the child grows faster than expected and the curves approach the normal, it may be said that treatment has affected growth at least in stimulating the growth factor.

The efficiency of endocrine therapy may be seen particularly in the field of thyroid insufficiency. There is a close relationship between a dysfunctioning of the thyroid gland and cretinism and some cases of Mongolianism. In sporadic cretinism it is accompanied by stunted growth and a basal metabolism lower than normal and in my cases varied from minus twenty to forty per cent.

The clinical signs observed are a dwarfed growth and mental dullness, the child usually is placid and disinterested in the things which appeal to a normal child. Growth is retarded, especially that of the extremities. The hair is coarse, dry and scanty and the skin of the body, pale and dry. The face is broad the cheeks puffy, the nose flat and wide and the eyes wide apart. The lips are thick and prominent, and the tongue which is broad and thick, protrudes. The hands are thick and spadelike with short, blunt,

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<sup>1</sup>Talbot, F. B. The Effect of Thyroid Therapy on the Metabolism and Growth of Cretins. *Trans. American Pediatric Society* 1923 35:122.



heavy fingers. There is usually a pronounced anterior curvature of the spine accentuating the large and pendulous abdomen. An umbilical hernia is present in the majority of cases. Treatment with thyroid extract in this condition has been placed upon a firm basis and is of proven value.

Cretinism may be clinically recognized during the first weeks of life and confirmed by determinations of the basal metabolism. If an early diagnosis is made and treatment instituted and persisted in during the period of greatest growth, beneficial improvement may result. If treatment is delayed beyond the first few months of life complete mental and physical development cannot be expected.

*Mongolian Idiocy* is often confused with cretinism. That a certain similarity exists is evidenced by the fact that most text-books on pediatrics devote considerable space to the differential diagnosis of the two conditions. Yet the characteristic Mongolian facies, the tipped eyes, the flat bridge of the nose with the button-like tip, the protruding tongue, which is often narrowed and fissured, the characteristic grimaces, and the flexible extremities should make a differential diagnosis possible.

Mongolianism is similar to cretinism in that growth is somewhat retarded, the basal metabolism frequently below normal, and a slight but definite improvement with thyroid extract is noted in more than half the cases. In other words, three of the important characteristics of cretinism are present in many cases of Mongolianism but to a less degree. On the other hand, there are cases of Mongolianism which show no evidence of hypothyroidism either clinically or as a result of metabolism studies. Such findings lead one to suspect that if Mongolianism is of endocrine origin, it is possibly due to a polyglandular syndrome.

The indications for specific thyroid therapy in Mongolianism are backward growth, with maintenance of infantile body proportions, abnormal fat deposits on the body, and a basal metabolism below the normal.

Occasionally the basal metabolism is found to be low in other abnormalities of development associated with obesity. This also is an indication for thyroid therapy especially if associated with dry skin, hoarse voice, and coarse hair.

*Hyperthyroidism* is relatively uncommon in childhood. About the time of puberty an enlargement of the thyroid gland at times is accompanied by an elevated basal metabolism. This enlargement of the thyroid during a period of rapid growth and sexual development may be considered physiological and frequently disap-

pears without treatment. It can be prevented or corrected by the administration of small doses of iodine. An abnormally large thyroid gland in children before puberty even when associated with exophthalmos and tremor is not accompanied by growth beyond the normal. Although the thyroid gland may stimulate growth up to normal, it has not been found to be a cause of excessive growth.

Many reports have appeared in the literature on thyroid therapy in cutaneous diseases. If basal metabolism studies may be taken as a control, recent studies on the Children's Service at the Massachusetts General Hospital indicate that in most instances thyroid extract is of no value in diseases of the skin.

In a series of eight cases of eczema studied, the basal metabolism was found to be normal or high in seven.<sup>2</sup> In two instances in which the metabolism was normal, the administration of thyroid extract resulted in an increase in the metabolism to plus thirty per cent with no improvement in the skin condition. In one of these cases the administration of thyroid aggravated the skin condition. Thyroid therapy controlled the skin eruption in the eighth case of this series in which myxedema was also present so long as the dose was regulated to maintain the basal metabolism at a normal level. Any variation from this amount was followed by a reappearance of the eruption.<sup>3</sup>

On the basis of these findings the use of thyroid therapy as a therapeutic agent in the treatment of eczema is contraindicated.

Icthyosis was studied in a similar manner and in no instance was a correlation found to exist between this condition and the ductless glands. There was a normal or elevated basal metabolism in the series of five cases studied.<sup>4</sup>

Many reports have appeared in the literature on the effect of thyroid administration in epilepsy, yet the basal metabolism of ten cases of epilepsy varied from normal to plus twenty per cent. Boothby<sup>5</sup> found no evidence of hypothyroidism in seventy-nine per cent of the cases (presumably adults) studied by him. Thyroid extract, therefore, is not indicated in the majority of cases of epilepsy.

These instances show how far afield clinical therapeutics may stray if not controlled by accurate measurements.

*Pituitary* Disorders of the pituitary gland are frequently associated with abnormalities in growth, for example, excessive secretion of the anterior lobe of the pituitary is in some way connected with the abnormal growth in acromegaly.

<sup>2</sup> Not yet published.

<sup>3</sup> Talbot, F. B. *Archives of Pediatrics*, 1922, 39, 419.

<sup>4</sup> Not yet published.

<sup>5</sup> Boothby and Sandiford. *Physiological Reviews*, 1924, 4, 69.



On the other hand, when there is underfunction of the pituitary gland there is sometimes retarded development of the sexual glands

In one case with Frohlich's syndrome<sup>4</sup> no definite improvement was noted after the prolonged use of the whole pituitary gland. The administration of thyroid extract, however, resulted in a definite change in the child's physical appearance. There was a lowered metabolism in this case.

In cases of hypophyseal insufficiency with reported improvement thyroid extract has been given in conjunction with pituitary extract. The burden of proof should lie with the investigator to prove that thyroid extract was not responsible for improvement before concluding that it was due to pituitary extract. As yet oral administration of anterior pituitary extract has not furnished convincing proof of a definite therapeutic action.

Diabetes insipidus is now thought to be connected in some manner with the posterior lobe of the pituitary of which the active principle is pituitrin.<sup>5</sup> In one of my cases followed over a period of time, subcutaneous injections of pituitrin proved to be effective in controlling the polyuria.<sup>6</sup> This action may be non specific similar to that in obstetrics. Studies of the basal metabolism in this case were normal.

It is not necessary to discuss the value of insulin in diabetes mellitus. Its discovery and use is one of the most brilliant additions to therapeutics in this decade.

Although there is considerable evidence that there are certain interactions between the glands of internal secretion, it is by no means possible, in most instances, to predicate the nature of such interactions, whether one acts to stimulate or to inhibit the action of another. So long as the nature of these processes remains unknown, so long must the use of polyglandular mixtures be regarded as a type of the so-called "gun shot" therapy. Such therapy, indeed, will rather retard than advance our knowledge in this important field of medicine.

**Conclusion.** In the field of endocrine therapy certain measures of control should be used in analyzing cases. Although clinical impressions are of value in the hands of a well trained observer the element of the personal equation must always be discounted.

The basal metabolism apparatus provides a means of measuring the intensity of the metabolism and the effect of treatment in cases of hypothyroidism, as well as the effect of X-ray and iodine therapy and operative procedures on hyperthyroidism. Whether it will be of practical value in measuring the action of the other ductless glands remains to be seen.

The respiratory quotient is of value in studying and measuring the effect of insulin, and with measurements of the blood sugar and urinary sugar gives dependable data as to its action in diabetes mellitus.

The measuring rod and tape measure will give reliable data in conditions in which growth is abnormal.

## THE GENERAL PRINCIPLES OF ENDOCRINE DIAGNOSIS AND THERAPY

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IN spite of the fact that so much has been written and is being written concerning the glands of internal secretion, very few of the writers have concerned themselves with the emerging principles or fundamental laws. Though tens of thousands of detailed observations have been accumulated, very few have made the attempt to relate their findings to underlying generalizations. Although the sciences of physics and chemistry, in their early stages, were in possession of thousands of isolated, concrete facts real progress did not take place until the great universal theories were formulated to include, account for and predict the separate observations made. Much of the contemporary confusion and contradictions in the field of endo-

crinology is due to the lack of fundamental view points of approach and classification.

The first great principle emerging from modern clinical endocrine studies is that the study of the endocrine status of his patient enables the physician to understand the patient as an *individual* as a *personality* in whom a change is going on which is named disease. This is in marked contrast to the older attitude of regarding the disease as something which has "attacked" the patient or which the patient has "got." All the therapeutic textbooks of the last century emphasized the importance of treating the patient rather than the disease. But the developments of diagnostic acumen and technique reversed the effect of that exhortation to isolate the disease as something apart from the organism in which it "resided" and which it was undermining. So

<sup>4</sup> Talbot, F. B.: *Am. Jour. Dis. Ch.* 1920, 20:331

<sup>5</sup> Blomgart: *Arch. Int. Med.* 1922, 29:508.

<sup>6</sup> Not yet published.



there has been an overshadowing if not an oblivion of the man, woman or child of whom the disease was a part, as much as the more or less permanent color of the eyes or a fleeting appetite. The elaborations of physical examination and laboratory devices to facilitate focusing upon the diseased area has added to the natural habit of medical thought of concentration upon the lesion. There can be no doubt of the importance of locating the lesion when one exists. But there are innumerable disturbances which tradition has called functional and which in reality include all sorts and kinds of disturbances of the life of the personality, which can be understood and controlled only when the personality is understood and controlled. These functional conditions may vary from malnutrition in a child, or hyperchlorhydria in a working-man to periodic depression or recurrent fatigability in the so-called society woman.

This first principle might be called the principle of endocrine-functional correlation, the principle of correlating disturbances of somatic and psychic function with disturbances of the endocrine glands and the vegetative nervous system.

In attempting to apply this first great principle to any particular, specific, concrete problem presented by an individual case, the second great principle appears—the principle of the individual endocrine formula, also described as the individual glandular constellation (Bauer, Biedl). This principle really states that there is a variation in the endocrine composition of an individual similar to the variation in the chemical composition of related inorganic substances. That just as the difference between water which is  $H_2O$  chemically, and peroxide of hydrogen which is  $H_2O_2$ , is largely dependent upon the extra atom of oxygen present in the latter, so because of differences in the influences exerted by the individual glands of internal secretion, the thyroid, the pituitary anterior and posterior, the pineal, the parathyroids, the thymus, the adrenal cortex and medulla, and the gonads, in so far as each one is either underfunctioning or overfunctioning (*relatively to one another and to the needs of the body as a whole*), there may be constructed an endocrine formula for the individual case under consideration which will be of the greatest assistance in understanding and controlling the somatic and psychic peculiarities of the individual as well as disturbances of function.

The third great principle to take into account, then, having determined with more or less accuracy the endocrine formula with every possible means at our command, is the principle of endocrine centricity. This expresses the fact that in each individual case the influences of the endocrine glands arrange themselves in a series, or

hierarchy of power in the formula, in which one or two glands stand out as dominating the reactions of the endocrine system either because of overfunction or underfunction or instability of function of these glands. To express this fact of dominance simply and without implications that may not endure the further development of knowledge in the field, it is necessary to create a terminology and a nomenclature. I have suggested the addition of the suffix "centric" to the root of the endocrine term as the simplest and most expressive of the meaning of the principle involved. Thus in the cretinoid or myxedematoid individual in whom quite obviously the thyroid is the centre of the functional disturbances presenting, the term "thyrocentric" is most appropriate. The same term may also be applied, however, for purposes of classification to the individual who presents the signs and symptoms of physiological hyperthyroidism, though he is at the exactly opposite pole of the individual who is distinctly hypothyroid, because in him, too, the thyroid is the star of the endocrine cast, so to speak. Also the use of this classificatory term emphasizes that an individual who shows structural signs of hyperthyroidism may present signs of thyroid deficiency because, for various reasons, he has passed from the hyperthyroid to the hypothyroid state. Or the function may vary, may alternate between overfunction and underfunction at different times owing to a state of instability in the thyroid or in one of the other glands, or in the environmental conditions e.g. character of food intake, amount of ultraviolet rays in sunlight, mean temperature and humidity, and so on, when the great desirability of such a term becomes manifest. Another advantage of the conception of centricity and of glandular dominances is that the gland which is thus named the centre is often the most vulnerable of the endocrine chain in the particular individual as regards his responses to stimulating, depressing or injurious agencies, causes or situations. Thus, for example, a general infection like one of the exanthemata, or typhoid fever, or pneumonia will frequently exaggerate the condition of hypothyroidism or hyperthyroidism in a thyrocentric or even produce a transition from one state to the other. Traumatic or emotional shocks may act in the same way.

A few writers who have endeavored to use an endocrine classification of their patients in discussing medical cases have used two other forms of nomenclature. One has been the use of the terminal "trope," e.g. "thyrotrope." It has been based upon the analogy between tropism conceptions in biology as worked out particularly by Jacques Loeb, and the predilection of certain diseases for individuals with characteristic glandular markings. The objection to it is that it



stresses one particular gland in the endocrine chain excessively and tends to withdraw attention from the others. A subtle psychological effect like this of a name must be taken into consideration seriously in reviewing the pros and cons of a proposed new terminology. On the other hand, the word *thyrocentred* or *thyrocentric* simply expresses and emphasizes that the thyroid occupies a central position in the particular endocrine formula of the individual concerned, but that all the other internal secretions are equally important and to be considered in accounting for the functional condition, somatic or psychic, for which he presents himself. The suffix "*trope*," in short, is altogether too limited and hypothetical and misleading in its applications as compared with the suffix "*centred*" or *centric*.

The same objections apply to those who would simply use the name of the gland directly as an adjective, e. g. *thyroid type*, *hyperthyroid type*, *pituitary type*, *hypo pituitary type*. Now in studying the personality of a patient completely the study should embrace the anatomical, physiological, pathological and psychological characteristics or peculiarities. These are determined by the activity and inter-relationship of all the internal secretions. To say that an individual is a *pituitary type* again carries with it that subtle subconscious suggestion that he has been made by his pituitary. As a matter of fact, a great part in his making may have been played not by the pituitary dominance but by pituitary inadequacy or defect. The terms *pituitary type* or *thyroid types* are thus seen to be used altogether too loosely for scientific purposes. Even the addition of the prefixes *hyper* or *hypo* is often misleading as a description of type, because while developmentally an individual may show all the stigmata of a hyper function of his dominant endocrine as shown by various landmarks—the bony relations, the teeth, the developmental history, etc.—a change to hypofunction may have occurred for one reason or another, and the designation of type as *hypo functionally* at present conflicts with the anatomical and functional past. It therefore seems to me that in such cases in particular the suffix *centred* or *centric* is most appropriate and the least confusing.

The fourth great principle, which is one that determines therapeutics as distinguished from diagnosis, is that if an individual originally hyperfunctional as regards a particular gland, develops a hypo-function he will require a much smaller average dose in substitution therapy than one originally relatively or absolutely hypofunctional during development or over a period of time. Thus individuals originally hyperthyroid

who are beginning to pass into a hypothyroid state may show various joint or muscular pains will respond to very small doses of thyroid even though the basal metabolism is not below the lower range of the so-called normal, while large doses will aggravate the symptoms. Why this should be so is a problem. On the other hand originally hypothyroid individuals may show rheumatoid symptoms which will respond to large doses of thyroid given alone or sometimes together with thymus. Thus by no means should be taken to indicate that all metabolic rheumatoid conditions should be considered thyrogenous in origin or always to be treated as such. But it illustrates the therapeutic principle in point.

The fifth great principle is the principle of treatment of the basic endocrine deficiency. That is, in the attempt to coordinate and understand an endocrine syndrome—and most of the endocrine syndromes which we see are unique in themselves, and by no means like those described in the textbooks as the classical endocrine syndromes—one should seek to discover the endocrine gland whose deficiency is at the base of the whole clinical picture even though the latter may be dominated by the hyperfunction of another gland. Thus, to take one of the commonest of these syndromes, *hyperthyroidism*. It may be traced to basic deficiency of either the ovary, the adrenal cortex, the parathyroid or the pituitary. Treatment with extracts or active principles of the basically deficient gland in the proper dosage will cause a retrogression of the hyperfunctioning and often enlarged thyroid. In these cases, surgery or the X-ray is resorted to unnecessarily. And even if improvement is obtained for a time because of the removal of the hyperthyroid symptoms, the underlying disease has not been affected and various symptoms persist while a new syndrome develops as the other glands accommodate themselves to the changed situation. This does not mean that surgery or the X-ray are never indicated.

These two principles of the therapeutic approach to endocrine problems should be emphasized in view of the enormous quantity of contemporary commercial propaganda concerning pluriglandular syndromes and pluriglandular therapy. The physician is given to understand that as every endocrine organ is affected by a pathologic change in the endocrine chain, it is really quite useless for him to attempt to study and analyze his cases and that the best therapeutic endeavor is to prescribe some shot-gun prescription containing several of the gland extracts in the hope of hitting one or more of the right ones. Nothing is more reprehensible and to be severely condemned than this propaganda con-



cerning "pluriglandular syndrome" and "pluriglandular treatment" It has gone so far as the prescribing of mixtures numbered as capsules in patent medicine fashion prescribed for symptoms, such as asthma, lack of growth, or mental deficiency, for any one of the endocrine organs In view also of what has been stressed concerning the variation of the dosage from individual to individual, particularly as regards the preceding degree of hyperfunction or hypofunction before the clinical hypofunctions developed, the fallacy of the reasoning involved is obvious The impossible hypothesis of a "hormone hunger" has also been boomed loudly Whoever has seen good results with one tenth of a grain of thyroid when one half has produced disastrous effects,

or who has seen the alarming effects of parathyroad or pituitary overdosage, will easily appreciate its absurdity These commercial manufacturers, some of them impudently aping the methods of scientific presentation of literature, have done more to harm the proper development of endocrinology than any other agency Nothing is more patent in the field of endocrine therapeutics than that what is one patient's dose may be the next patient's poison, and that each case must be worked out as an individual problem Much of the odium antiendocrinologicum which permeates the atmosphere of much present-day medical discussion is due to a lack of recognition and application of these five great principles of endocrine diagnosis and therapy

### GLANDULAR FEVER \*

By WILLIAM H SWEETING, M D,

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IN this paper, rather hastily written, I am simply giving my experience with Glandular Fever during the recent epidemic in Savannah township and vicinity My deductions are based almost entirely on my observations of the disease, as I have read only one article on the subject and that was written by Osler about thirty years ago and is less than one page in length Undoubtedly there is more literature on the subject but I have not been able to get hold of it

The epidemic of which I speak began about the first of December, 1923, and has continued until recently The first few cases, and indeed many of the cases, which occurred during December, January, February and March very much resembled influenza, and I reported them as such although I realized that the disease if influenza was appearing in a somewhat unusual form I am not the first one nor the only physician who has mistaken Glandular Fever for influenza Doctor C R Hervey of Oswego, our District State Health Officer, says in a recent letter to me, speaking of the disease in question, "that the resemblance to influenza is so marked that until very recent times the disease was supposed to be influenza, indeed, some very good authorities still think so In extenuation of my early supposition as to the diagnosis, I could cite numerous instances where the ordinary respiratory form of influenza occurred in the same household with one or more cases of sickness accompanied by swelling of the cervical and other glands

Among the first cases which I was called upon to treat, which were undoubtedly Glandular Fever, were those of two little girls, four and six years of age, respectively The children were taken about December 1, 1923, soon after a visit to friends in the village of Conquest, N Y

Nausea and vomiting, sore throat and fever were the first symptoms Very soon the glands of the neck began to swell and became exceedingly tender to touch The temperature was highest in the afternoon, often going up to 103 degrees, and occasionally higher One of the little girls had photophobia, both had a cough though not severe These cases ran along, much to my discomfort, for over two weeks The fever was very persistent and the swelling of the glands more so, but finally, after a very slow convalescence, the girls recovered Other cases soon followed these, seemingly due to contagion The time between exposure and the appearance of the first symptoms was hard to determine, in fact I was not at that time watching carefully as to the period of incubation, but later I did try to determine it and think it is about one week As to the contagiousness of Glandular Fever, it seems to me to be about as contagious as influenza In many cases nearly every member of the family, young and old, had the disease, but the older members generally not suffering as severely as the younger ones

After the first of the current year cases became more numerous, with swollen glands Also unmistakable cases of influenza were encountered occurring in the same families and conjointly

\* Read at the Meeting of the Wayne County Medical Society, at Soda Point, June 17, 1924



with the cases developing swollen glands. The symptoms of the two diseases, if there were two, in many respects being practically the same. The grip cases often had abdominal symptoms first and developed respiratory symptoms later. In one family of six members a girl of twelve had a typical attack of what we are now disposed to call Glandular Fever. The fever ran a tedious course, the cervical glands remained largely swollen for three weeks and she had a cough. At the same time a brother and two sisters had sore throats, head colds and cough, but no swelling of the glands. The father developed a Broncho-Pneumonia and the mother a grippy condition which later advanced to a state of Broncho-Pneumonia.

Osler in his one page article on Glandular Fever, subdivision of chapter on infectious diseases of doubtful nature, describes very closely the disease we have been having in Savannah, but I have found that a few of his statements were not confirmed by my cases, for instance, he states that the fever is of short duration, although the enlargement of the glands persists for from ten days to three weeks. In my cases the fever has often lasted ten days or more but not as long as the glandular swelling which in some cases has persisted for five or six weeks. Osler also says in this article, that Glandular Fever is a disease of young children, but I have encountered a number of cases with the characteristic symptoms in people up to, and past middle life. Still, Osler's description, although brief, is excellent. He accounts for the trouble some cough in some cases by saying that it is due to involvement of the tracheal and bronchial glands.

While the chief characteristics of Glandular Fever is the swelling of the glands of the neck, other glands, especially the axillary and inguinal glands are frequently found to be swollen. Swelling of the spleen and liver is very common and swelling of the pancreas in some cases undoubtedly takes place disturbing its functional activity and for the time being, producing an acute diabetes. I have noticed this in the last cases I have had where I have made frequent examinations of the urine. Perhaps this point has not been brought out before namely that there is in severe cases of Glandular Fever a time when the patient is suffering from a condition similar, if not equivalent to acute diabetes.

Acute otitis media should not be omitted in speaking of this fever, as it is a frequent accompaniment, it occurred in a number of the cases. Tonsillitis was a feature with a few of the patients followed by quinsy in two. Suppuration of the glands occurred in but one although it seemed imminent in several. Herpes facialis was not an uncommon sequela and herpes zoster occurred in one. Photophobia was quite common. The mucous membrane of the mouth and throat in nearly all was very red, hot, dry and sensitive—saliva scanty. Pain and soreness of the muscles of the body as in influenza, a common symptom. The pulse is apt to be slow in comparison with the temperature. Sweating and prostration follow the abatement of the fever. Relapses are common.

During the six months that the epidemic prevailed I treated sixty cases. No deaths occurred directly traceable to Glandular Fever.

I am indebted to Miss Marion Coleman of the Albany State Laboratory, who spent about two weeks in Savannah in the month of May, for the blood picture presented by about twenty-five of the cases under my care. In general there was leukemia the leukocyte count ranging from 10,000 to 20,000 per cubic millimeter. In the cases having the higher counts, the ratio of the polymorphonuclear leukocytes to the mononuclear leukocytes and lymphocytes was about the same as in a normal individual. In the cases having the lower leukocyte counts the lymphocytes and mononuclear cells were increased so that they constituted about 50 per cent of the leukocytes. In a few instances where the total leukocyte count was normal and the patient had apparently recovered from the disease, the percentage of lymphocytes and mononuclears was high.

#### To summarize

- 1 Glandular Fever is comparatively a rare disease.
- 2 It is usually of short duration but occasionally it is prolonged.
- 3 It is contagious.
- 4 It is characterized chiefly by swelling of the glands of the body, especially those of the neck.
- 5 The more severe attacks leave the patients quite debilitated.
- 6 It seldom terminates fatally.



## OUR COMMON INTERESTS AND OBLIGATIONS \*

By PAUL B. BROOKS, M.D.,

ALBANY, N. Y.

THE field of preventive medicine is one in which the medical profession and the health departments have closely related interests and obligations. The advantages of friendly understanding and hearty cooperation are so evident that we are glad of opportunities like this to discuss with physicians such of our undertakings as are likely to be of interest to them.

That public health work has affected the practice of medicine is beyond question. Until recently we have looked upon the doctor who gave his moral support to health activities as a martyr sacrificing his "bread and butter" to the common good. Far sighted physicians are now coming to see that the ascendancy of preventive medicine means not necessarily less practice but rather adjustment to a different type of practice. Intelligent laymen already are grasping the idea that it is worth more to be kept from getting sick than it is to be cured of sickness which might have been prevented.

The Health Department through its clinics and its general correspondence, is constantly advising people to go or take their children to their physicians for examination, immunization or for advice, often regarding minor defects or ailments. The doctor with a vision no longer says "Go home and forget it." There is nothing serious the matter with you." He examines and reassures his patient, gives him treatment and advice designed to keep him from having anything serious the matter with him, and charges according to the value of his services. As this type of practice increases and physicians give more consideration to the minor ailments of their patients, the demand for the services of "quacks" will correspondingly decrease.

The Department at present is conducting four kinds of field clinics. Those for tuberculosis receive only cases referred by physicians, the aim being to stimulate interest in early diagnosis. Reports are made only to the attending physicians. In the "polioaftercare" clinics many of the cases, but not all, are referred or brought in by physicians. If there is a family physician a report is made to him. With his consent a nurse experienced in handling orthopedic cases assists in carrying out treatment advised at the clinic. Physicians usually are glad to have this skilled assistance, especially as many of these patients

are unable to pay for the long continued care that is required.

Prenatal clinics, which are primarily educational, are held chiefly in cities where there are midwives. A patient who has a physician is required to have his written consent to attend the clinic and a report is made to him. In several instances, after one or two experiences with these clinics, physicians have given "blanket permits" to admit and examine any of their patients. No internal pelvic examinations are made. When midwives bring in cases showing abnormalities, they are advised to turn them over to physicians.

Children's consultations, sometimes called "well-baby clinics," are for apparently normal pre-school children. A general invitation is extended to mothers, the chief aim being to interest them in the idea of discovering defects and minor ailments while they are remediable. Physicians are invited to attend. Four or five hundred children are examined monthly. Whenever abnormalities are discovered, as they are in about 80 per cent, mothers are advised to take them to their family physicians for advice.

Through its prenatal clinics, maternity nursing and breast feeding demonstrations and in other ways, the Department is trying to impress upon expectant mothers—and fathers as well—the importance of care from beginning to end of the maternity period, and to bring them to appreciate high standards in obstetrical practice.

Eight years ago the *Ladies Home Journal*, in an article on Safety First for Mothers, pointed to the prevailing low estimate among the laity of the value of efficient maternity care and its effect in invalidism and loss of life.

Recently two national associations of obstetricians, gynecologists and surgeons, with the American Child Health Association, have appointed a joint committee, of which Dr. Kosmak and Dr. Lobenstine, of New York, are members, to promote general adherence among the medical profession, to high standards in obstetrical practice. Although the United States has the third highest mortality from sepsis and eclampsia among 17 civilized countries, this committee has pointed out, in sections where prenatal care has become general and aseptic precautions are observed in labor, maternal mortality has been reduced one-third to one-half.

In this State there has been a steady decline in infant mortality since 1905. It has been a "neck

\* Read at the Annual Meeting of the First District Branch of the Medical Society of the State of New York at Briarcliff Lodge, October 22, 1924.



and neck race" between New York City and the rest of the State, with the city usually a little in the lead. Dr Rankin, of North Carolina, humorously intimates that the practicing physician is well paid for his contribution to this reduction, since hundreds of babies, instead of dying after a brief illness in their first year, live to employ physicians many times, finally dying of some chronic condition requiring a great deal of medical attention.

The prevention of the degenerative diseases of adult life is another problem in which we have common interests and obligations. The death rate from these diseases has not followed the decline in the general death rate. The logical measure for combating them is general resort to the periodic "health" examination.

Several private organizations in New York State are carrying on active publicity campaigns directed toward popularizing the idea. We have directed our efforts chiefly toward interesting physicians in preparing themselves to make such examinations. Recently a New York physician took serious exceptions to an intimation in the State medical journal that not all physicians were prepared to make "health" examinations. However, the fact remains that most of us know little about the normal human body. We are accustomed to dealing with pathological conditions. To discover and evaluate slight departures from normal, and to give practical advice on how to keep well, is a new departure for the average physician and at least calls for a readjustment of methods.

The Kings County Medical Society is setting a good example not only in supporting the movement, but 91 of its members have had "health" examinations. Incidentally the examinations revealed a much smaller proportion of "total wrecks" than might have been expected, considering the alleged high mortality among physicians.

Time permits me to refer but briefly to the important duty of the physician as a public health educator. Education is the essential foundation of our entire public health program. The Health Department is like the fireman who stands in the street and throws a great deal of water over the top of a burning building—a little of it reaches the fire, the rest helps to keep it from spreading. The physician is the fireman inside the building, fighting the fire at close range. His local newspapers are glad to get his contributions and the

people of his community will read with interest anything he writes. Let me add that their interest will be increased if he will forget that he is a scientist and write in what Dr Overton calls "words of one syllable." He is in a position to do effective educational work, and opportunity creates responsibility.

Many physicians write well and would be willing to use their talent in the interest of public health, but are deterred by what appears to me to be a misapprehension as to medical ethics. It is no more a breach of ethics for a physician to publish an article on a subject of legitimate public interest than it is for him to address a public meeting or express his views in personal conversation. If it increases his prestige in the community, that is his due.

People are beginning to show an intelligent interest in matters pertaining to their health. When Pope wrote that "a little learning is a dangerous thing," he had not heard the song that ran "Every little bit added to what you've got, makes a little bit more." Incidentally, in increasing doses it ultimately will produce immunity against the wiles of the charlatan. We are getting away from the old idea—symbolized by the Latin prescription—that medicine must be enshrouded in mystery. Dr David Riesman in his address as President of the American Gastro-Enterological Association, says, "The time has come—when some of the ancient ritual that has stood between us and the laity should be discarded" and, "If we step down a little from our pedestal we shall surely come to a better understanding with the laity."

It has been my chief aim, in this more or less incomplete paper, to bring out the fact that the interests of practicing physicians and health workers are not conflicting interests, but rather that they are in many respects identical. This also is true of some of our obligations. The Department of Health has no ambition to control the practice of medicine—referring to the old "Bug aboo" of "State Medicine", nor is it interested in creating for doctors of our "school"—whatever that may mean—a monopoly in the alleviation of human ills, as charged by the chiropractors. Our objective is simply the promotion of public health. We believe that we do some things well, and we realize that we make some mistakes. We have few official secrets and we welcome friendly constructive criticism.



# MEDICAL SOCIETIES AND THEIR RELATIONS TO THE PROBLEM OF MEDICAL LICENSURE\*

By GEORGE W. WHITESIDE, Esq.,

NEW YORK CITY

**M**EDICAL societies in this state have existed as bodies "corporate and politic" since 1806. This form of organization constitutes a compact by which the whole covenants with each individual and each individual with the whole, that all shall be governed by certain laws for the common good. By some authorities such organization has been traced back to the time of Cicero and even to the laws of Solon of Athens. There is underlying the principle of such organization, a common interest on the part of those participating and a necessity for action in behalf of that common interest.

Medical organization based on a body "corporate and politic" is an historical development and has been proved by time and experience as absolutely necessary to the individual physician and to the profession as a class. No one physician or small group of physicians is strong enough or effective enough alone to win support for the maintenance of proper professional standards, scientific progress or professional honor. The individual physician must act with other physicians through and by the body "corporate and politic" to which they severally belong, to bring the profession's needs, accomplishments and welfare to adequate public recognition.

The individual doctor who finds himself out of step with the organization and insists upon his voice being heard in the public forum to oppose the society's programs, may satisfy his own ego, may act from the best motives, but his action but advertises a lack of discipline of the organization and creates public distrust of the society's power.

The viewpoint of the society in any matter affecting the profession or the public as a whole cannot be the parochial attitude of the individual, nor can it be circumscribed by the local prejudices or conditions or individual emotions.

The medical society has a relation to the problem of medical licensure that requires a most comprehensive appreciation of the various elements, political, legal, social and individual that make up the ultimate position that the society takes for the solution of the problem. The individual physician as a rule sees the problem from his own particular station, influenced by his individual necessities, affected by his personal environment and colored by his professional interests. The society must view the problems with sympathetic understanding of the

individual physician's view, but with adequate appreciation of the broader aspects of government policy and community interest.

As one goes from point to point in the state and meets with physicians, he cannot but be impressed with the fact that each locality has its distinct local problem to deal with. In one place, the physicians will be found agitated over the administration of the medical features of the Workmen's Compensation Law, in another, over the enforcement of the penalty provisions of the Medical Practice Act against illegal practitioners, in another, against the inroads of state medicine, in another, the extension of pay clinics, in another, the position of the Department of Education on the matter of annual registration of physicians, in another, the attitude of certain physicians in instigating malpractice actions against their competitors. And so from point to point throughout the state will be found particular local conditions giving unusual importance to the local issue.

It is necessary, therefore, for the profession as a whole, irrespective of the particular local problem that may effect it in various places in the state to have a state-wide organization that can look beyond the particular hardship or benefit to the individual in his particular locality and can formulate a program for the profession as a whole that the individual can accept and thereby obtain the viewpoint that enlarges the horizon of his vision.

It is the business of the medical society to consider medical licensure, first as *political*, that is, as a policy or function of government. It is a proper function of government for the state to exercise its power to protect its citizens in their health by providing safeguards against the practice of healing by those not qualified, to establish and by adequate penalties maintain a high standard of qualification. The policy of government in this connection is not to create a favored class or arbitrarily confer privileges upon a few to the exclusion of the many. Under the thirteenth article of our state constitution the legislature is forbidden to pass a private bill granting an individual an exclusive privilege. A license is granted, not for the benefit of the licensee, but for the protection of the public. In the state's effort to give this protection it must keep open to all classes, irrespective of wealth, social position, race, color or creed, the opportunity to qualify, and the policy of licensure must be such as to supply an adequate number of doctors to meet the demand of service. The state's power does not end with simply the grant-

\* Read at the Annual Meetings of the First, Sixth and Eighth District Branches of the Medical Society of the State of New York.



ing of licenses, but extends to the enactment of reasonable regulations to be continued during the life of the privilege conferred by the license, to make sure that the privilege granted is not made the subject of abuse and to provide means by which it may be revoked. These are all political aspects of the problem of medical licensure and must be given their due weight in any discussion of this subject. The cultists who have clamored for special privilege for some years past have made their chief arguments on purely political grounds. They attack the beneficial effects to the medical profession of the state's policy rather than the fundamental reasons and basis for that policy. They urge an extension of privilege for their benefit because they claim there is a public demand therefor. They omit the weighty arguments against their program that rest upon social and legal foundations.

Having considered the matter of state policy or political aspect of medical licensure, let us briefly examine the legal effect of this policy, as well as the legal limitations. A license creates a privilege, not primarily for the benefit of one upon whom it is conferred, but only incidentally as a means of control that is deemed necessary for the public's protection. In earlier days licenses or monopolies were granted to confer a benefit upon the King's favorite and ultimately at public expense. Such procedures are now beyond the pale of law. The purpose of creating a certain class of licensed persons and confining the exercise of the privilege of practice to them, is not for the purpose of creating state revenue, but solely for the purpose of regulating a vocation affected with a public interest. A license confers a definite right in the licensee, but that is solely for the purpose of forbidding others who are unqualified from doing damage to the public health. The reward to the individual licensee, though incidental, raises on his part the obligation to provide a health service for the people and as the art progresses his duty is to keep abreast of the times in his science and to improve the service which he renders for the public benefit.

The state may from time to time keep pace with the improvements that are made in therapeutic procedure and raise the standards accordingly. The state is the judge of the standard that is reasonably necessary to maintain to give the public the protection which is deemed adequate and necessary. The extent to which education, both preliminary and scientific, is necessary as a qualification is determined by the legislative branch of the government,—it may make that standard high or put it low as it sees fit. The position of the court in considering a legislative act to determine its validity is definitely circumscribed and in the case of *Pco v Gris*

*wold*, reported in 213 N Y at page 96 the Court of Appeals had before it the statute licensing dentists in this state and in considering this point, said

"When the legislature has power to legislate on a subject the courts may only look into its enactment far enough to see whether it is in any view adapted to the end intended."

A statute enacted to set up general qualifications for the practice of healing cannot be said to be "adapted to the end intended" when it contains a broad waiver of qualification in favor of a privileged person or class. Two cases that came before the New Hampshire upper courts illustrate well this point. The New Hampshire legislature passed a statute regulating the practice of dentistry and medicine, but excepted those "who had resided and practiced their profession in the town or city of their present address during all the time since January 1, 1875." The basis of this exemption was residence in a city or town for a certain time—this had no reference to skill, learning or fitness but was wholly arbitrary. The court held the statute invalid as arbitrary and "not adapted to the end intended" (*State v Hunnan State v Pennoyer*, 65 N H 103, 113).

It is evident, therefore that while the legislature is the judge of whether regulation of the profession of healing is necessary and how such regulation shall be effected by granting licenses to practice healing it cannot while ostensibly legislating for that purpose arbitrarily and without reference to skill, learning or fitness, grant licenses to certain exempted classes.

In the past licensing statutes have been passed which conferred licenses upon those already practicing who held medical diplomas, but that was in effect a recognition of the adequacy of the test of qualification that those already licensed had been submitted to and furthermore, medical doctors who were so licensed under a waiver clause had been "lawfully engaged" in the pursuit regulated. The court in the *Griswold* case was careful in passing upon the legality of such exemption for dentists in this state to refer to the fact that those benefited by the exemption had been "lawfully engaged" in dental practice before the act was passed.

A cult whose practitioners now practice medicine as it is defined by the statute, without license violate the law. Can they in any legislative bill reasonably ask license by exemption from examination based upon past law breaking? Can they satisfy the grounds of exemption earlier recognized in the dental and medical licensing laws by proof that they have been "lawfully engaged" in practice? Their claim to exemption is based upon past defiance of law and if they are to be rewarded by license by reason of their



lawlessness, then indeed, are rewards for the wrongdoer and not the righteous. Then indeed, the race goes to the sluggish, not the swift and the world is topsy turvy.

Let us, in this connection, consider the waiver clauses in some chiropractic bills that have been before our legislature during the past four years.

The first Wiswall bill of 1921 granted license without test to all graduates of chiropractic schools who had had two years study. This bill made the commercial chiropractic schools under no state regulation or supervision and interested primarily in tuition fees they obtain from their students—because they exist for profit—the real licensing power rather than the State of New York, it conferred upon a private enterprise, not recognized by this state, not regulated or controlled by the laws of this state, the power to determine fitness and that private enterprise thus made the judge of fitness had a financial interest in the issue.

The Dunnigan bill of 1922 merely required chiropractic school attendance for no specified time, coupled with one year's practice. This had the same defects as the Wiswall bill and if the schools saw fit to admit the illiterate as they did and the illiterate and unqualified practiced, as they did, they were entitled to license.

The Leininger bill of 1923 gave licenses away to graduates of chiropractic schools who had practiced one year. This bill practically legalized the diploma mill and required the state to license anyone who had so practiced.

The Burchill bill of 1923 offered licenses to those holding a diploma from an incorporated school of drugless therapy who had practiced two years. What is an incorporated school of drugless therapy? It is the same privately owned and operated for profit institution that we have seen appear as favored in the other bills. It is as safe to trust such an institution with the power to decide fitness as it would for the widow seeking to invest the small insurance money left by her husband to save her and her children from starvation to trust the privately owned and operated for profit wild cat oil company.

The Snyder bill of 1924 sought to confer a state license upon anyone who had two years practice in chiropractic,—education or attendance upon instruction were quite unnecessary. Under this act persons whose mistakes and ignorance were responsible for numerous deaths of patients would pass the test, *magna cum laude*.

The Nicoll bill of 1924 was well staged by the chiropractic lobby, but contained the essential elements of the other bills with a little finer window dressing. The waiver clause also gave a free pass to those sublimated scholars who had graduated from a resident course—note the foul blow to the correspondence schools—irrespective of the length of the course and who

had in addition practiced for three years. A further exemption was given to those who had graduated from a high school or had an equivalent education and had practiced for one year. A further exemption was given to "those possessing a working knowledge of chiropractic, qualified to pass intelligence tests equivalent to that of a high school graduate and had had two years' practice." The medical profession and the Department of Education were invited to get behind this bill. They did with all the power behind the boot that any football player ever put into a kick on the kick-off.

Each one of these bills sought to divest the constituted state authorities of discretion and power to determine the qualification of applicants under the waiver clause. If a man had spent the time specified in the kind of a school specified and had practiced for the time specified—whether his time was well spent—the school good or bad, or the practice criminal or otherwise, he was entitled to receive a license. These waiver clauses that seek to make the state accept the results of these privately owned schools without power to rate the school or pass upon their standards, and furthermore, that make licensure utterly lacking in any real test of fitness, are wholly arbitrary and as measures for the regulating of the practice of a branch of healing are not "in any view adapted to the end intended," and are mere cloaks for conferring an exclusive privilege and are in contravention of the constitution.

The social aspects of medical licensure pertain to society, to the community as a body.

Once government determines that its policy shall be a high educational standard for medical licensure and that state functions shall be exercised through medical examiners, boards of health and sanitary officers who perform their duties on generally accepted scientific truths, such policy should not be reversed in the interests of any cult, the precepts of which are a total negation of the previous long existing state policy.

We find more and more that the social considerations are becoming the motive power for political action and even the law bends with the social demand. The state through its board of health is charged with a duty to the community at large to protect the people from infectious diseases. The germ theory in diagnosis, treatment and prevention of disease is the creed to which the state subscribes in its health work. The public get immunity from smallpox by vaccination, typhoid is traced to its source and the contamination stopped, diphtheria is controlled, yellow fever practically eliminated, and so on through the gamut of these infectious diseases.

All these state activities, through the Health



Department, to carry on health protection for the people are based upon the germ theory of disease. Can the state without being guilty of patent hypocrisy and destroying that which has been built up and found safe after many years, grant licenses to a cult that denies the value of the germ theory in the healing art merely to satisfy a selfish and commercially interested group?

The community cannot readily determine a man's fitness to practice healing and must depend upon the representation of qualification shown by his license. Should the state issue licenses under a waiver clause as mentioned above in the chiropractic bills, the state's representation of fitness would be false and would be calculated to deceive the public to the public's harm. The state owes the duty to the public to test honestly the qualification of the practitioners and not to endanger public health in order to grant an improper, unjust and unfair privilege to a favored few.

The test of licensure must be what is the protection given thereby to the community, not what is the advantage to be gained by the licensee. This protection can be had only by keeping out the unscientific, the uninformed and the ignorant and basing licensure that presupposes mental ability upon strict educational qualifications.

The individual aspects of the question need but brief mention, because they find their place

in the scale after the political, legal and social and must assume importance accordingly. That it is a great hardship to undergo the preparation for a medical license is probably true, that the regulations affecting practice are often onerous may also be true, but if they are fair, reasonable and necessary the individual's objections are of minor weight when the object sought is a profession well qualified and equipped.

These problems from the various aspects must be studied and solved and the right principles fought for by bodies strong enough to prevail. The individual alone is helpless and the organization to be effective must have a unity of purpose and unity of ideals.

It has been stated that the sounds that come so strongly through the radio loud speaker represent a force that at the point of origin is not stronger than the power exerted by a lighted match upon a person half a mile away. It is the amplification of that very fine force at distant points that produces the wonderful effect of strength, power and volume.

Let the Medical Society of the State of New York be the amplifier that will make the physicians' whisper in Buffalo sound like a shout in New York and the protests from all parts of the state by the individual physicians against breaking down the licensing standards sound like a thunder clap in Albany.

## PUBLIC HEALTH APHORISMS

By MATTHIAS NICOLL JR., M.D.,  
State Commissioner of Health.

NEW YORK

The conclusion of the DeLamar lecture before the School of Hygiene, Johns Hopkins University January 28 1924 reprinted from the New York State Department of Health Quarterly April 1924

Choose a public health career for two reasons only—because it attracts you and because you believe yourself fitted for it.

You have broad technical knowledge. Give others the benefit of it, but only as occasion requires and not for personal glorification.

Official representatives of the people and the people themselves may not understand public health work, but frequently possess other knowledge which may be of service to you.

Maintain your dignity at all times, but do not stand aloof from human contact.

If you feel superior to those about you, don't show it. Perhaps it is only imagination.

Make many friends, but few intimates.

Be a good listener, but not a too ready talker.

Practice public speaking. Eloquence is a rare gift, but is essential to the command of respectful attention.

Be loyal to your associates and true to yourself.

Never permit political sympathy to influence an official act.

Be not oversuspicious of evil intent. Give everyone the benefit of a doubt.

Be willing to grant favors to all those that seek them worthily, provided that it is not incompatible with the performance of your sworn duty.

Have vision but be not visionary.

Lead the procession always, but look behind once in a while to see if you are being followed.

If you cannot obtain all your objectives, take what you can get and try again.

Know when you are beaten, and take your defeat gracefully.

Be willing to compromise in order to reach an objective, but never with your conscience.

Frankly acknowledge a mistake, but do not make it a second time.





# EDITORIALS



The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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JOSHUA M. VAN COTT, M.D., Brooklyn  
*Scientific Work*—ANDREW MACFARLANE, M.D. Albany  
*Medical Economics*—HENRY LYLE WINTER, M.D. Cornwall  
*Legislation*—JAMES N. VANDER VEER, M.D. Albany

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*Eighth District*—HARRY R. TRICK, M.D. Buffalo

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For a list of the officers of the county medical societies, see October issue, advertising page \vvi

## THE PRINCIPLES OF MEDICAL LICENSURE

Why should a physician be LICENSED to practice medicine?

Why should a chiropractor NOT be licensed?

What is the yardstick with which to measure one's capabilities to treat human ailments?

Who shall measure the measuring rod?

Shall every one who CLAIMS to have unusual healing powers be allowed to impose himself on a patient who is grasping at every floating straw for relief?

Physicians have been trying for years to answer these questions clearly and convincingly, and yet every year there spring up the same old bills to legalize quackery, and the legislators give heed to the same specious arguments for the recognition of the quacks.

Legislators are wise, and find abundant justification for their support of quacks in the failure of physicians to give convincing arguments against the quacks. It is not sufficient merely to abuse the quacks, it takes deep thought to attack the deep foundations of their claims.

We ask our readers to turn to page 936 of this Journal and read the article by our counsel, Mr. George W. Whiteside, setting forth the principles of medical licensure. Then preserve the article with care and read it over again so that you will become familiar with its arguments and will be able to talk legal principles convincingly with your legislator.



## THE DISTRICT BRANCH MEETINGS

Seven of the eight District Branches of the New York State Medical Society have held their meetings, and we have attended all of them and reported them in this Journal. We have always been received cordially and taken into the inner circles of intimacy of the members. We have even made bold to give suggestions to the leaders of the Branches and the constituent county societies, and have brought them word of what other societies have been doing.

We believe that the members appreciate the attempt of the leaders of the State Medical Society to come into close touch with the members scattered throughout the State. We hope and expect that the State Society will be able to render substantial aid to the county societies in putting on practical programs both of their meetings and also of their general activities. Certainly the leaders of the State Society will profit by their knowledge of medical affairs throughout the State.

Of one thing we are convinced—and that is that the members of the county medical societies throughout the State are earnestly striving to do their full duty both to their patients and to the

community. Here and there medical societies are starting new lines of civic endeavor, and are acting quietly and modestly, half fearful lest their activities should be UNETHICAL. We hope to give publicity to these endeavors, and encouragement to those who will assume and extend them.

We have prepared a table of the number in attendance at the District Branch meetings, the counties represented, the kind of papers given, and other dry statistical facts, but we have thrown it into the waste basket—for no set of dry statistics can evaluate the earnestness and high aims of those who attended the meetings. The only statistical statement that we will give is this: We have discovered that scattered through New York State there are at least three hundred medical leaders who are ready to give their time and energy to the advancement of medical practice, especially its newer developments in CIVIC MEDICINE.

A new day in the practice of civic medicine and public health is dawning in New York State.

F O

## AN EXECUTIVE OFFICER

The medical fraternity of New York State centers in the Medical Society of the State of New York, which has advisory duties to sixty constituent county societies with over ten thousand members. The experience and information gained during the medical surveys and attendance at the District Branch meetings have demonstrated not only the need for a capable physician to act as an executive officer employed on full time, but also the readiness of the members to receive such an officer with cordiality. The Council has therefore filled this position by drafting Dr. Joseph S. Lawrence from the State Department of Health where he has formed a wide

acquaintance with physicians throughout the State, and has achieved marked success in their education along both scientific and civic lines.

Dr. Lawrence will make his headquarters in Albany and for the present will concern himself principally with medical legislation under the direction of Dr. James N. VanderVeer, Chairman of the Committee on Legislation, who has to deal with practically every phase of civic medicine. But Dr. Lawrence will also give assistance to local leaders of county societies in problems of their programs and local activities.

N B V E.





# LEGAL



By GEORGE W. WHITESIDE, Esq  
Counsel, Medical Society of the State of New York

## GAUZE CLAIMED TO HAVE BEEN LEFT IN ABDOMINAL CAVITY ON PERFORMANCE OF APPENDIX OPERATION WITH RESULTANT VENTRAL HERNIA.

A middle-aged corpulent man was under the care of a physician for treatment for appendicitis. The treatment not alleviating the condition, he was referred to a surgeon for operative interference and entered the hospital on April 12th. After careful examination, a diagnosis of appendicitis was made and an operation advised, which was performed upon the following day under proper aseptic conditions. Upon the operation the appendix was found adherent to the cecum, both of which were inflamed. There was no pus in the wound and no hemorrhage and it was not necessary to use any laparotomy pads or sponges.

During the course of the operation, there was an impairment of respiration and it was necessary to suspend the operation until the patient was revived. The abdomen of the patient being large and flabby, the operation was more difficult than the usual appendectomy. Upon the completion of the operation, the wound was dressed with the usual sterile dressings and the patient returned to bed under the care of the house surgeon. He was visited daily by the surgeon, who examined him and observed that his condition was good.

On April 26th the patient complaining of painful breathing, X-rays of his chest were taken and a diagnosis made of hydrothorax of the right base and axilla. The necessary treatment and medication was administered to relieve his condition. The abdominal incision healed by primary union, the stitches were removed on April 25th and the patient was discharged from the hospital on April 29th.

Several weeks after leaving the hospital, the patient returned to the physician who had referred him to the surgeon for operation, for treatment of a discharging abdominal sinus. Toward the end of June, the patient returned to the surgeon for treatment of the sinus condition. The wound was probed to determine the cause. It was then painted with iodine and a small drain inserted. For several weeks, the sinus was dressed and a new drain inserted every other day. As the drainage was slow, the sinus was enlarged through the skin and fat, but not

through the fascia, at which time some necrotic tissue was found around the fat and along the sinus to the fascia. The necrotic tissue was cut away, the wound cleansed with iodine and repacked with sterile gauze. The patient continued to receive treatment from the surgeon and there was a gradual healing of the sinus condition. At each of the visits, the old drain was removed and a clean drain placed in the sinus. When last seen by the surgeon, about the end of July, there was a drain in the sinus which the surgeon intended to remove upon the patient's next visit to him.

The patient, instead of returning to the surgeon, again went to the physician and continued to receive treatment from the physician for several months. Under the physician's treatment, about eight months after the appendectomy, a piece of gauze was removed from the sinus. Several months thereafter the patient suffered from a ventral hernia.

A malpractice action was instituted against the surgeon, charging him with having left the piece of gauze in the abdominal cavity at the time of the performance of the appendectomy. The patient also charged that the presence of the gauze caused him to suffer from indigestion, nervousness, sleeplessness and continuously from cramps, and that the alleged failure of the surgeon to remove the gauze was the cause of the ventral hernia.

Upon the trial, the surgeon testified in detail as to his operation and treatment of the patient, the method of treating the discharging sinus by the insertion of iodoform gauze, the removal of the old piece of gauze and the placing in of a new piece of iodoform gauze at each dressing and the instructions to the patient to continue to return for further treatment, that the patient had failed to continue his treatment with the surgeon, that the surgeon knew, the last time that he had treated the patient, there was a piece of gauze in the sinus which would have been removed by the surgeon had the patient returned. Chiefly upon the testimony of the surgeon showing negligence upon the part of the plaintiff in failing to obey the instructions of the surgeon, a judgment was rendered in favor of the surgeon.





# State Department of Health



## PHYSICIANS REALIZE THEIR OBLIGATION TO FILE CERTIFICATES OF BIRTHS

It is a fundamental right of every child to have its birth officially recorded, and there is hardly a relation of life—social, legal, or economic—in which the evidence furnished by accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. Day by day and year by year this is demonstrated by the increasing demands for records of birth, both of local offices of registration and the central bureau—the State Department of Health.

The total number of searches made in 1923 in the Division of Vital Statistics for records of birth, death and marriage was 3,231, and for births alone there were issued 849 certified copies (attested and complete copies of originals), and 1,232 certifications (official statement that record is on file in the Department). The purpose for which these records were requested were for various causes as following:

- (1) Evidence for school entrance (required by compulsory education law)
- (2) Proof of age for enlistment in military service or exemption from same
- (3) Proof of claims of widows and orphans for widows' pension, and of claims for compensation under the Federal pension law
- (4) Evidence to establish age and proof of citizenship
- (5) Evidence of legal age to marry
- (6) Proof of citizenship in order to obtain a passport

Recently this office and local offices have been overwhelmed with requests for records of births of persons seeking to prove they are 18 years of age and eligible under the Motor Vehicle Law to be licensed as motor vehicle operators. Fully fifty per cent of these requests could not be complied with inasmuch as no records could be found—the attending physician having apparently failed to file the certificate at the time of birth. The procedure necessary to place an unrecorded birth on file is complicated and involves a sworn statement from the attending physician or person certifying, in addition to two affidavits from other persons.

That many physicians now realize the inconvenience and injustice that their inattention to or neglect of the requirements of the law have occasioned, is evidenced by recent com-

munications received in the Department. Several have acknowledged their attendance at birth and failure to file the birth certificate. One owned himself "deeply chagrined," one has offered to compare his records with those of the registrar of two districts in which he has attended births, and to file at this time certificates for any births in his books which fail to appear in the local records. This offer is the first of its kind ever received in the Department and is worthy of imitation by other physicians, therefore, it is presented for their information.

State Board of Health,  
Division of Vital Statistics

Gentlemen

A physician practicing in this village has been kind enough to offer to go over the records with us and issue certificates of birth in place of all omissions (of births attended by him) in order that our records may be complete. He believes, however, that all of his cases have been recorded, and information given us would be taken from his private records.

Later the registrar of an adjoining town wrote

"Doctor ——— of ——— has very kindly offered to file in this office all the old birth certificates of which he has a record in his office, that have not already been filed subject to your approval.

'Doctor ——— stated that he has your approval to do this in the village ——— of and feels confident of your approval of his completing the birth records of ——— to agree with the records as kept in his office.'

As indicated above, this offer was promptly accepted.

## CENTRAL LABORATORY STATION GIVES RELIABLE SERVICE

Dr. F. G. Metzger, health officer of the Carthage district, who is also custodian of the laboratory station which supplies Jefferson County, with the exception of the City of Watertown, believes that a large central supply station solves the problem of supplying physicians with effective sera, vaccines and fresh culture tubes.

There is, Dr. Metzger states, a growing tendency for physicians to carry in their offices only small emergency stocks and to obtain



larger quantities direct from the central station when needed. The plan of central laboratory stations is thus successful in two ways. It conserves the supplies, and, where the supplies are well kept, old material weeded out, and even temperature maintained, it insures dependable material. Where good train, trolley or bus service exists, Dr Metzger finds that a laboratory station has no difficulty in getting supplies to applicants over a large district within a short time, and with State roads, trips to the central station in emergencies are possible without hardship or much loss of time to the physician or patient.

### WHO WAS ASLEEP AT HIS POST?

During the recent typhoid fever outbreak among employees of the Hotel Champlain at Bluff Point, one of the employees, feeling ill, consulted a physician in Plattsburg, who took a blood specimen in order to determine if the patient was in the early stage of typhoid. Before the laboratory report on the specimen was received the patient left by automobile for S—, without leaving a street address in that city. This Department communicated with the health officer of S— to ascertain if the case had been reported to him after the arrival in that city, for the name of the patient did not appear on the daily reports from health officers. Definite information was given the health officer of S— that the patient had gone to that city from a known focus of infection and that a positive Widal had been reported by the laboratory. It could be assumed that he would consult a physician or go to a hospital, so his whereabouts should have been easy to discover. Still his name failed to appear among the typhoid cases in S—. Finally a nurse attached to the Division of Communicable Diseases was sent to S— to find out who in that city had treated the man.

Her first inquiry was at the local hospital. There she learned that the patient had been under treatment in that institution for three weeks, that the diagnosis was typhoid, that he had been discharged, and that no report of this imported case of typhoid had been made to the local health officer.

### TYPHOID CARRIER DISAPPEARS

During a routine examination of the employees of a dairy farm on which it was proposed to produce certified milk, a specimen of feces from one of the men was found at the State Laboratory to contain typhoid bacilli. Notice was immediately sent to the health officer, but in the meantime this man had been discharged. Through patient inquiry and search made by a district state health officer, and several local health officers, he was traced

from place to place and from position to position. The last definite information secured was from the superintendent of the Rome State School for Mental Defectives, who reported that this man had been employed there as a helper in the main kitchen from July 17 to September 18. At the time of taking the specimens the man denied any history of typhoid.

Thus far there have been no cases of typhoid reported from the State School, although the nature of the man's employment while there suggests abundant chances of spreading infection.

### NEW YORK STATE MIDWIVES HOLD LOCAL CONFERENCES

During the last two years the midwives of this State have shown a growing interest in matters relating to their practice, an interest which recently has led to the holding of several local conferences of midwives. On September 30 such a conference was held in Buffalo, a total of 71 midwives being present, many coming from Niagara Falls, North Tonawanda, Lackawanna, Dunkirk, and other places. Informal addresses were made by Dr Luize Diez, Miss Mary Muldowney, and Dr Edward Clark of this Department. The women were especially interested in having prenatal consultations established for midwives' cases.

On October 7 a midwives' conference was held in Yonkers with a total attendance of 23 midwives. Informal addresses were made by representatives of this Department and by Dr Waldron, Director of the Division of Child Hygiene of the Yonkers Health Department. Dr Waldron's subject was "Calling the Physician in Time." The women presented many personal problems which made the session one of great interest. The conference adjourned to meet at 8 p. m. November 3. As related in the January 28, 1924, issue of Health News, the Yonkers group has already established an association of midwives. At their request, Miss Lines, one of the Yonkers health nurses, accepted the office of president of the association.

At Port Chester on October 8 a midwives' conference was held at which 10 midwives were present. Dr Diez spoke to them on the importance to mother and baby of proper prenatal care, and Miss Muldowney made some practical suggestions on their work. The sterile obstetric package was demonstrated for the benefit of those who were not already familiar with it, and each midwife was presented with a sample package of sterile umbilical dressings. After a discussion on the proposed formation of a local association of midwives, the meeting adjourned until 7:30 p. m., November 7.





# MEDICAL SURVEY



## NUMBER 5

### MEDICINE IN GENESEE AND ORLEANS COUNTIES

**EDITOR'S NOTE**—The data for this Survey were obtained on October 15, 1924, during the meeting of the Fifth District Branch of the Medical Society of the State of New York. For the information we are especially indebted to Dr C L Davis, of Batavia, President of the Genesee County Medical Society, Dr H H LeSeur, of Batavia, and Dr Ralph E Brodie, of Albion

Genesee and Orleans counties are located in the northwestern part of New York State, one county removed from Lake Erie. Orleans County borders on Lake Ontario, and Genesee is the next one south.

The two counties are much alike in every way. The area of Genesee is 496 square miles, and of Orleans is 396 square miles. The surface of each is rolling and fertile, and farming is the principal industry.

The population of the two countries has been nearly stationary for over fifty years, as would be expected in a farming county. The population of Genesee County was 37,976 in 1920, and Orleans County had 28,619 population. The people of both counties are prosperous, and their houses and buildings are well kept.

Batavia, in Genesee County, is the only city in the two counties. It had a population of 13,541 in 1920, and has grown less than one per cent annually. It is one of the oldest settlements in Western New York. It is the center for practically all the local activities of the two counties, including medicine and business. However other cities are readily accessible, among them being Rochester 30 miles east from the center of the counties, and Buffalo, 50 miles west.

Genesee county has six incorporated villages, the largest of which, LeRoy, has 4,203 inhabitants and the next in size, Oakfield, 1,422 people. Genesee County has 20,000 people living in incorporated places, and 17,000 in strictly rural communities.

Orleans County has no city. It has four villages—Medina population, 6,011; Albion population, 4,683; Hollev population 1,625, and Lyndonville, population 738. The total population of the incorporated places in Orleans County is 12,000 while 16,000 persons live in strictly rural communities.

**Physicians** There are 40 physicians listed in Genesee County in eleven communities, by the 1924 Medical Directory of the Medical Society of the State of New York, or one physician to every 950 persons. Batavia has 22 physicians, or one physician to about every 700 population.

There are 35 physicians listed in Orleans County in eleven communities or one doctor in every 800 population. There are 29 physicians located in the four villages of Orleans County, or one to every 400 population. But the practice of each of the village physicians covers a radius of ten miles around his village. The roads are excellent, and people in every part of both Orleans and Genesee counties can readily obtain medical service.

The migration of physicians from the rural sections to the villages is marked in both counties. Darien Center, for example, has supported a physician until recently when the physician moved to town, but the people readily get their medical attendants from Attica, eight miles away.

The doctor in Alexander died, and no one has come to take his place. But the people call the doctors from Attica, five miles away, and Batavia, six miles distant.

The physicians of Genesee and Orleans counties rate high in professional standing, for they live among intelligent farmers and are removed from the greater medical centers sufficiently far to develop their own resources. An outstanding product of this environment is Dr William D Johnson of Batavia, who is widely known throughout New York State as a surgeon, consultant and medical speaker.

The only medical societies in Genesee and Orleans counties are the two county societies. The Genesee County society has 24 members, or 60 per cent of the physicians who are listed in the county. Four meetings are held annually with an attendance of fifteen or twenty.

The Orleans County Medical Society has 20 members, or 57 per cent of the physicians listed in the county. Two meetings are held annually with an average attendance of about twelve members.

**Hospitals** There are two hospitals in Genesee County, both located in Batavia.

St. Jerome a Hospital is a general hospital with 50 beds. It has an excellent x-ray outfit



and a laboratory Staff meetings are held monthly, and histories are well kept The hospital conforms to the standards of the American College of Surgeons It has a nurses' training school with twelve pupil nurses

The Batavia Hospital is an excellent general hospital with 50 beds, and is conducted by the Women's Hospital Association

Orleans County has two hospitals The Arnold Gregory Memorial Hospital is located in Albion It has a capacity of 20 beds Staff meetings are held regularly, and the standards of the American College of Surgeons are observed It has an excellent x-ray outfit

Medina has a small hospital of 10 beds A new 36 bed building is now under construction

Neither Genesee nor Orleans County has a tuberculosis hospital Christmas seals are sold in each county by its County Tuberculosis Committee Genesee County supports a County Tuberculosis Nurse whose salary is paid by the County, and her field expenses by the Tuberculosis Committee The Committee also supports a camp for children at Stafford Two groups of about 35 children each are taken in the camp during the summer

Tuberculosis clinics are held in each county under the auspices of the State Department of Health

Batavia has a Community Chest of about \$50,000 annually About one-third of the money is devoted to medical purposes Each of the two hospitals receives \$6,000, and \$2,000 is used in tuberculosis work

The after-care of poliomyelites cases in the two counties is supervised by Miss Mahoney, of the New York State Department of Health.

The public health work of Batavia is under a health officer The principal public health activities in the city are child welfare, tuberculosis clinics, and tonsil clinics General corrective and dental work is carried on among the school children The Schick Test and toxin-antitoxin treatments have been generally administered in Batavia, and their use has been extended into the rural section to some extent, through the efforts of the Parent-Teachers Association

Genesee County has 20 health officer districts, which are served by 15 health officers Each health officer outside of the city of Batavia serves an average of 1,700 population

Orleans County has 14 health officer districts, which are served by 11 health officers Each health officer serves an average of 2,500 population

Genesee County has a county laboratory, half of whose expenses are borne by the county and half by the State of New York

Six public health nurses are employed in Genesee County Batavia has a child welfare nurse and a school nurse, and a Metropolitan Life Insurance nurse LeRoy has a school nurse, and a Red Cross nurse Genesee County has a tuberculosis nurse Orleans County has two public health nurses, a school nurse in Albion, and a community nurse in Medina

## MEDICINE IN OTSEGO COUNTY, NEW YORK

EDITOR'S NOTE —This report is based on information gained while waiting for the annual meeting of the Sixth District Branch of the Medical Society of the State of New York to convene in Oneonta For the data contained in this Survey we are indebted principally to Dr George W Augustin, Health Officer of the city of Oneonta, and to Dr Floyd J Atwell, of Cooperstown

Otsego County is situated in the east-central part of New York State Its area is 1,000 square miles, and its population was 46,200 in 1920 The population of the county has not changed ten per cent since 1850 The county is rural, and the principal industry is dairying The people are prosperous, and the farmers produce more than ever, but labor-saving machinery now enables each man to do the work for which three were required seventy years ago.

Oneonta is the only city in Otsego County

It is situated on the Susquehanna River It had a population of 11,582 in 1920 Its people are well-to-do, and it is the political, social and medical center of Otsego County It has 27 physicians, or one doctor to every 425 inhabitants But this figure is extremely misleading, for the physicians of Oneonta practice in the surrounding rural territory, and on the other hand the rural physicians for miles around send their cases to consultants in Oneonta Moreover, several of the physicians who are listed as practicing in Oneonta have practically retired The physicians of the city have an excellent reputation for skill and knowledge, and form an independent center of their own where skilled specialists in nearly all lines of medicine can be obtained Oneonta has just lost, by death, one of its best known medical men, Dr Arthur W Cutler, whose fame as a surgeon was State-wide

Otsego County, outside of Oneonta, has 45 physicians, according to the Medical Directory



of the Medical Society of the State of New York. This is one physician to every 750 of population. Otsego is a county that has been quoted as an example of the lack of doctors in the rural communities. The village of Middlefield, for example, had two doctors up to five years ago, and now there is no physician in the town. But medical service is supplied by physicians from Cooperstown and Milford, and medical attention in Middlefield in these days of rapid automobile travel is more readily available than it was when the doctors depended on horses for transportation.

Oneonta has two hospitals. The Fox Memorial Hospital has 65 beds. It was founded by Col. Ruhen Fox, and well endowed by him at his death eight years ago. It has a laboratory technician, and an excellent X-Ray outfit, but no interne. Staff meetings are held monthly, and the standards of the American College of Surgeons are observed. Patients come to the hospital from all the surrounding counties—Delaware, Sullivan, Chenango, and Schoharie.

The Fox Hospital is the center of relief work for a large section of the Delaware and Hudson Railroad. A clinic for injured railroad men is held each morning, and from ten to fifteen dressings are done daily.

The Parshall Private Hospital has 20 beds. There are also two nursing homes with a total capacity of about 20 beds.

Cooperstown is the largest village in Otsego County. It has a population of 2,725. It has a large hospital called the Mary Imogene Bassett Hospital, which is one of the best equipped in the State of New York. It has a capacity of 65 beds. It was privately equipped and endowed, but has proved too elaborate for the needs of the village. Plans are under way to remodel and refurnish an older hospital, the Thanksgiving Hospital, to be used in place of the Memorial Hospital. The Thanksgiving Hospital will have a capacity of 40 beds. Otsego County also has a tuberculosis hospital with 25 beds.

The total bed capacity of Otsego County is about 170 beds, or 3.7 beds per thousand inhabitants. While this is a low standard, it is made still lower by the fact that many cases are taken from the surrounding counties, especially Delaware and Schoharie.

**Department of Health.** The city of Oneonta has a Department of Health which is managed by a Health Commission with six members. Its health officer, Dr. George W. Augustin, is active and runs his office efficiently. He conducts a venereal disease clinic in the Fox Hospital once a week, and gives treatments at other times as necessary.

A baby welfare station is maintained in the Community House, and is supported by funds from a Community Chest and also from the Red Cross, which contributes the supplies and the nurse.

A dental clinic is also run by the school authorities during the school year.

Milk inspections are made regularly, and 75 per cent of the supply of the city is pasteurized. Since Otsego is a dairy county, the milk supply of its municipalities is easily handled.

The Red Cross supports a visiting nurse in Oneonta. There is a school nurse, and a nurse in the State Normal School, making three public health nurses in the city.

Otsego County has 35 health districts in its rural sections, which are served by 19 health officers, or one health officer to 1800 inhabitants. There is no county laboratory, and cultures are sent to the State Laboratory in Albany for examination.

**Tuberculosis Work.** The tuberculosis work of Otsego County centers in the County Hospital in Mt. Vision. The director of the Hospital, Dr. Frank Winsor, is not on full time, but he is health officer for four municipalities. He holds tuberculosis clinics in the rural sections of the County. He is assisted by a county nurse. A tuberculosis clinic is held in the Community House in Oneonta once a month. The county has a tuberculosis committee, which sells Christmas seals, and supports an executive secretary with the proceeds.

**Medical Societies.** Otsego County has an active County Medical Society with 42 members or 60 per cent of the physicians in the County. The Society holds two meetings, which are well attended by physicians from the whole County.

The monthly staff meetings of the Fox Hospital in Oneonta fulfill the functions of meetings of a medical society.

**Impressions.** The physicians of Otsego County impressed us favorably. They represent the best type of doctor who develops skill and self-reliance in a rural community where he is a skilled family physician in the best sense of the term. Yet the county also supports a few specialists who have graduated from general practice into their own lines of work.

The physicians from whom we obtained our information had a broad knowledge of medical affairs throughout the county, and gave us the required information readily and completely. This is excellent evidence that the physicians of Otsego County are united and mutually helpful to an unusual degree.





# NEWS NOTES



## STUDIES IN CHIROPRACTIC

*(Continued from the October Journal)*

We have already called attention to the serious dissensions within the ranks of the chiropractors. B. J. Palmer's abuse of all those who do not graduate from his own school or who fail to buy his neurocalometer, is evidence of that dissension. A further evidence is the legislative program that is proposed by B. J. in distinction from that proposed by the practising chiros. It has been openly stated by one faction that it will oppose whatever the other wants.

One faction of chiros holds that competition is already too great for profit, and so it proposes to raise the standards of chiropractic. The methods of this faction are indicated by the laws which they have introduced in past years. While the details of the bills vary, their object was to permit those already in practice to continue to treat people, and at the same time to raise the standard of new entrants so as to make it difficult for them to secure licenses. The details of these bills are set forth in an article by Mr. Whiteside which we are publishing on page 936 of this issue. The sponsors of the bills were ready to assent to any requirement, no matter how high, so long as the present practitioners could continue in practice without examination or restriction.

B. J. Palmer expresses a withering scorn for those who pretend to wish to raise the standard of qualifications to practice chiropractic. According to him, it takes only a small amount of brains and education to acquire a full knowledge of chiropractic, and so brains and an education are not needed.

B. J., moreover, answers the argument of an over-crowding of the ranks of chiros by presenting figures showing that less than two per cent of the people of the United States patronize chiros. (See this Journal, September, 1924, page 862.) The conclusion is that the country can give employment to thousands more chiros if the chiros themselves will only go out and get the business.

B. J. Palmer's very existence depends on a steady influx of new students into his school, and of course he opposes all laws that would raise the standard of the practice of chiropractic. His Universal Chiropractic Association has drawn up a "Model bill," a copy of which we have studied. Its title reads "An act to create a board of chiropractic examiners, and to regulate the practice of chiropractic, and to provide penalties for

violation of this act, and to prohibit the practice of any other mode or system under the name of chiropractic."

Section 1 provides that the governor shall appoint a board of examiners to be chosen from those who have practiced chiropractic continuously for two years prior to the passage of the bill. It further provides that no one may be appointed who practices anything but chiropractic as hereinafter provided. Of course, no medical man could ever get on the board.

Sections 2 and 3 provide for the meetings and offices of the board.

Section 4 defines the qualifications of a candidate to be licensed and reads:

"**ELIGIBILITY** Any person of good moral character who is a graduate of a chiropractic school or college teaching chiropractic, and giving a course of at least three years of six months each in the subjects enumerated in section one (anatomy, physiology, symptomatology, hygiene, sanitation, chiropractic analysis, and the principles and practice of chiropractic) and requiring actual attendance upon the classes. No one may be appointed who practices anything but chiropractic as hereinafter defined."

A medical man could not practice chiropractic under this section. We wonder if he would be allowed to adjust a broken back.

Section 5 defines chiropractic, and reads as follows:

"**Chiropractic defined** Chiropractic is defined to be the science of palpating and adjusting the articulations of the human spinal column by hand only. This definition is inclusive, and any and all other methods are hereby declared not to be chiropractic."

B. J. Palmer is afraid that chiros will make chiropractic only a part of their healing methods. He scorns those who attempt to use a little judgment and to apply other methods of treatment, and calls them "mixers." He has no use for mixers as is shown by Section 6, which reads:

"**PRACTITIONERS** No person shall practice chiropractic without a license, which license shall not entitle him to practice anything else. And no one may hold himself out as a chiropractor without having a license."

Section 7 provides the manner of conducting examinations of candidates. The closing sentences read:



"The Board shall prepare reasonable questions, and fairly mark and grade the answers thereto all of which shall be done solely for the purpose of determining whether the applicant is reasonably qualified to practice chiropractic. All applicants reasonably qualified to practice chiropractic shall be granted a license."

The joker in Section 7 is in the expression "reasonably qualified." No standard of attainment is even suggested anywhere in the law.

Section 8 relates to fees

Section 9 reads

"LICENSES WITHOUT EXAMINATION Any person of good moral character who has been continuously engaged in the practice of chiropractic in the state for two years prior to the passage of this act shall be licensed without examination upon payment of twenty dollars, if he applies for a license within twenty days after the organization of the board."

This section disregards all qualifications relating to science and skill

Section 10 reads

"RECIPROCITY Any person of good moral character licensed by a chiropractic board of any state or territory, or holding a certificate from the National Board of Chiropractic Examiners, shall be licensed without examination upon payment of twenty dollars."

This section multiplies by fifty times the chances of any person's getting a license, for a candidate could surely find a board which will license him

Section 11 provides that a license may be

revoked if it is found that the licensee "practices anything other than chiropractic to cure or relieve disease or to remove the cause thereof without having a separate license therefor, or if it is found that he no longer possesses a good moral character, is addicted to the use of narcotic drugs or in any way is guilty of deception or fraud in the practice of chiropractic."

The remaining sections, 12 to 15 inclusive, relate to administration details only

This is the Model bill to which B. J. Palmer often refers in his *Universal Chiropractors Association Herald*. It represents the standards of the leading school of chiropractic. Those standards are so extremely low that they are not worthy to be called standards.

We cannot refrain from adding the following advertisement which appeared in the *Fauntleroy Head News* of October 11, 1924

"The Jail Fund for Jail Widows"

"The Jail Fund ran low away back in last July. When you figure it out at \$100 per person, per month it doesn't take long to run over several thousand dollars a month. And then again when you figure, it only takes ten people at \$10 to make one man happy in jail for thirty days."

"Now is one of your chances to help feed the cow to help carry on the work of chiropractic in its purity for posterity, for that is what this going to jail means in these various states. It's a fight for a principle with them—it should be with you."

"Please mail me a check for \$10 at once so that I can keep the cow fed for the widows and orphans outside of the jails." F. O.

## THE HOSPITAL STAFF MEETING

A DEMONSTRATION BEFORE THE AMERICAN COLLEGE OF SURGEONS AT ITS MEETING IN NEW YORK ON OCTOBER 21, 1924

THE American College of Surgeons held a Clinical Congress during the week beginning October 20, with headquarters at the Waldorf Astoria Hotel, New York City. The first two days were given over to a hospital conference and 'Round Table'. The program was lengthy and varied but eminently practical.

One of the most original and useful features of the program was a demonstration of an actual staff conference. In preparation for the demonstration, each chair in the meeting room was provided with a folder entitled "The Essentials of a Staff Conference." The inside pages contained the following outline of argument and description.

### Why?

- 1 It is paramount as a staff stimulus
- 2 It is the most valuable single factor in producing good records

3 It is one of the most efficient means of post graduate medical education

4 It provides unlimited opportunity for staff review of current work

5 It is a deterrent to unnecessary surgery

6 It is a check on the incompetent, a boon to the competent.

7 It lifts a hospital and its staff above the level of mediocrity

### When?

1 Once a month at the most convenient time for the majority of the staff

### How?

1 Best managed through and by a Staff Conference Committee

2 Regularity and punctuality in holding the meetings



3 Essential and primary recognition of the fact that Staff Conferences are not clinical or county society meetings, but are designed for Staff review of Staff work

4 Must be impartial, just, fearless, dignified

5 Agenda should always include mortality, and may include morbidity

6 The abstracting of case reports and limiting them to five minutes is highly advantageous

7 Every case report should have a record critic who closes discussion on the case

The subject was introduced by Dr Charles A. Gordon, of Brooklyn, President of the Medical Society of the County of Kings and Clinical Professor of Obstetrics and Gynecology, Long Island College Hospital

Dr Gordon in his paper stressed the importance of records (adequate in content, properly handled and readily available) to the staff. He brought out the responsibility of the management of the hospital for selection of the staff and provision of facilities, as well as the responsibility of the staff for meeting its obligation in the medical and surgical care of the patients. The staff conference through critical self analysis creates group consciousness, evaluates and develops the capabilities of individual staff members, and is not a hardship but part of the routine business of taking care of patients.

"When every hospital, large and small, begins to see that continuous research is easy and practical through the operation of the staff conference, much will have been accomplished. The principles involved in the institution of the staff review are the same for hospitals everywhere. The staff cannot shirk its responsibility in the matter of the staff conference, but the final responsibility rests with the administration whose plain duty it is to see that the hospital functions properly."

A demonstration of a staff meeting was then staged by the staffs of St Catherine's and Greenpoint Hospitals of Brooklyn. Dr Frank D. Jennings presided. About seventy members of the Visiting Staffs of these two hospitals took seats on the platform before the audience, which numbered over a thousand, and filled the ballroom of the hotel.

Dr Jennings explained that ordinarily statistical data of the past month's work would be presented first, and then would come a discussion of cases. He explained that the cases to be discussed would be chosen by a committee of three, and that every doctor whose case was chosen was in duty bound to describe the case and stand interrogation regarding its management.

The first case presented was one in which

death followed post-partum sepsis. The steps in the case were easy labor, placenta retained throughout, some bleeding, sepsis, blood transfusion, phlebitis of left leg, pulmonary embolism, and death on the fifth day. In the discussion which followed, one doctor asked what was meant by the term "mild toxemia" which had been used by the reporting physician. Another asked what kind of bacterial infection might be expected in a normal placenta which had been retained for several days. Another physician suggested that death might have been the result of embolism caused by the transfusion. The questions were such as would put the attending physician on his mettle to justify his judgment regarding things done and those left undone. The case was closed with a critical review of the hospital record of the case by a staff member appointed for the purpose. He pointed out grave defects in the record of the blood counts, blood pressure, blood culture, urine findings, bleeding, and transfusion, and said the history bore no date. He commended the diagnoses and the nurses' record, and the record of the progress of the case.

The second case was that of a girl 8 months old, with double ureters, pyelitis, and pyonephrosis of both kidneys. A cystoscopy was done, and the pyonephrosis was determined, but death occurred within a few days after admission. At autopsy the kidneys were found cystic and degenerated to thin shells. Each ureter was strictured where it divided.

An interesting feature of the discussion was the report of the history critic who pointed out contradictions regarding the presence of a palpable tumor, vague reports of an x-ray examination, and the absence of notes regarding feeding the baby.

The third case was one of gastric carcinoma with death following an operation lasting two and a half hours. The discussion centered around the lengthy period of the operation, which was explained as having been started under spinal anesthesia and changed to ether. Some questioned the wisdom of giving liquids during the stage of post operative vomiting. The records in this case were fully commended.

The last two cases presented were those of pneumococcal peritonitis. The first was that of a girl of 8 years old who had nausea, vomiting, diarrhoea, abdominal pain, and mild lung signs. The suspected diagnosis was tuberculosis peritonitis, but the autopsy disclosed pus and pneumococci.

Dr Jennings then explained that a member of the Staff, who had been detailed to look up the subject of pneumococcal peritonitis, gave a summary of the causes of the disease, its signs and course, at the next Staff meeting,



and as a result another case which came into the Hospital within a month with signs of peritonitis and pyelitis, was properly diagnosed and successfully treated by abdominal drainage.

The impression made by the demonstration was that a Staff meeting was a powerful means of stimulating physicians to study their cases thoroughly, and to prepare themselves to give standard reasons for the course that they adopt. The demonstration was not one of perfection in the management of the cases,

nor an idealistic method of conducting a meeting. One defect of the demonstration, for example, was the poor enunciation of many of the speakers,—a defect all too common among doctors. But after all, the demonstration was the more effectual because it was intended to illustrate actual conditions under which the average Staff works and holds its meetings.

Any hospital, large or small, city or rural, public or private could profitably hold regular staff meetings like the one demonstrated.

F O

## THE AMERICAN HOSPITAL ASSOCIATION CONVENTION AT BUFFALO OCTOBER 6-12, 1924

No matter what you went to the convention for—it was there. If you went to meet Who's Who in the dispensary, social service, nursing or occupational therapy field of the hospital world you found them. If you went to see hospital equipment—anything from a safety pin to a two-ton laundry outfit, you saw it. If you went to discuss your problems with other workers in your field, the round tables, luncheons, the exhibits gave you ample opportunity to do so. Did you go to hear excellent papers covering the philosophy, the standards, the most recent discoveries on all matters pertaining to the well being of His Majesty, the Patient, you heard them.

Thirty-five hundred enthusiastic, information-hunting individuals journeyed from all parts of the compass to Buffalo to get the last word in hospital practices. Not only were all parts of the United States and Canada represented in the register but other countries as well, among them England, Australia, China. And never was a convention gathered together with a group more eager to ask questions—more eager to learn the best way of doing things and more eager to carry back to their respective posts the news of the latest developments in their fields.

The convention was superb not only in the variety of its offerings but in the efficiency of its organization. The visitors were amazed with the smooth functioning of this five day convention representing such a variety of activities. Everything was under one roof, everything was in its proper place. The daily bulletin appeared as regularly and as completely as though it were a permanent rather than a temporary affair. Registration moved rapidly—messages were transmitted promptly. All of the convention machinery functioned with a celerity and a smoothness that bespoke the months of painstaking and business like planning that preceded it.

Meeting jointly with the American Hospital Association were the affiliated or allied organizations, The American Occupational Therapy Association, The American Association of Hospital Social Workers and the Hospital Dietetic Council. The American Protestant Hospital Association held its convention immediately preceding the A H A convention. The Nursing section of the A H A assisted by the New York State Association of Graduate Nurses made of the convention a special event and in addition to holding a series of luncheon round tables, served tea daily to a large group of visitors.

The 106th Field Artillery Armory, the largest of its kind in New York, and the second largest building in the country offering so much unobstructed floor space, was taxed to capacity with the exhibits. Almost two acres of floor space all on one level were covered from end to end with the most complete and attractive exhibition of hospital equipment ever gathered together in the history of hospital organization. The Hospital Exhibitors Association organized two years ago by the concerns exhibiting for the purpose of collaborating with the A H A. in this feature of the annual convention, attained its aim of making the exhibit not merely a display of wares but an educational exposition.

Among the exhibits were many of a non-commercial nature representing the Association's standing committees such as the Committee on Out-Patient Work or allied agencies, such as the Occupational Therapy. These booths served as a focal point for the workers interested in particular lines, the informal discussions occurring were exceedingly interesting and beneficial.

The dominant note in the many excellent papers read before the Convention was service—service to the patient service to the community. Underlying the discussion of technical subjects such as Accounting, Administra-



tive problems, Internes, Nursing, etc., was the value of each to the patient

The patient was discussed not as an interesting isolated medical problem to be treated only in terms of his disease, but as an individual with a disability in relation to his family

and community The whole trend of formal presentation and informal discussion indicated the modern conception of the hospital as a positive health factor in the community

ALEC N THOMSON, MD



A good gardener doesn't merely plant a crop - he tends it till its ripe

A good clinic doesn't merely make a diagnosis - it holds its patients and gives them thorough treatment



He must provide  
for his wife  
and baby  
on a  
total yearly income  
of \$1800

If the baby has a five dollar cold the private physician's fee may be afforded

But

If his wife has a five hundred dollar disease what's the answer?

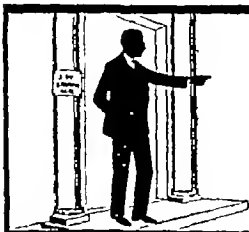
Private medical charity  
or  
The Pay Clinic?



She waited  
one hour and thirteen minutes in the dispensary before she saw the doctor

This is the average waiting time of 23 dispensaries

She waited  
only thirty five minutes before seeing the doctor  
This dispensary sees patients by appointment and it's still working to shorten the waiting time



Doctors!

When your patients' maladies call for consultation and Laboratory service which they can not afford, wouldn't a well-equipped diagnostic clinic fill the need?



Exhibits by the Committee on Dispensary Development of the United Hospital Fund, of New York City, shown at the American Hospital Association Convention at Buffalo, during the week beginning October 6, 1924





## DISTRICT BRANCHES



### FIRST DISTRICT BRANCH

The First District Branch of the Medical Society of the State of New York held its Annual Meeting at Briarcliff Lodge, Westchester County, on the afternoon of October 22nd, with seventy members present. After lunching together, the President, Dr. E. C. Rushmore of Tuxedo Park, announced that the officers had planned a program on civic medicine, or the relation of the doctor to his medical society and to public health. He said that the natural evolution of the science of medicine requires that the medical profession asserts itself as a group of doctors in distinction from their action as individuals. Doctors in private practice have civic responsibilities, and if they fail in their duties, other agencies will do the work and displace the doctors.

The first speaker was Dr. Owen E. Jones, President of the Medical Society of the State of New York. He described the duties of the Executive Officer who would fill a new position that had been created by the State Medical Society. The officer would have both legislative and educational duties. He will give full time to his duties as executive officer of the Committee on Legislation during the sessions of the Legislature, and during the rest of the year he would do field work among the county societies, assisting them in their programs, and bringing to the members the experience of other societies. Dr. Jones said that if doctors realized their leadership of the public in medical affairs, there would be no field for cultists and quacks. He urged a process of education coming from the medical societies for the public good.

The outstanding address of the afternoon was made by Dr. Edward Martin, Professor of Surgical Physiology at the University of Pennsylvania, and late Commissioner of Health of the State of Pennsylvania. He said his subject was 'Organized Medicine as the Driving Factor in all that Concerns Public Health.' He spoke simply, plainly and freely and yet kindly, from a wide experience as an educator and public health administrator. He exposed the doctors' sins—principally of omission of

civic duties—and gave a simple prescription for their cure. The public believes that the only purpose of the county society is to educate the individual members in scientific medicine, and the society has little power and less respect when it attempts civic duties. As a result of the failure of the physicians to do their civic duties public health has been monopolized by welfare workers who have made masons and workmen out of the physicians. He urged the doctors to assert themselves and become *directors* of public health instead of helpers. The physicians can do this by means of unified organization. As an example of a definite program for the physicians of a community to adopt Dr. Martin suggested the suppression of diphtheria along the lines of the investigation of every death, the promotion of the use of antitoxin, the use of preventive immunizations, and an active campaign of education among the people so that they will call a doctor early and will accept the modern methods of treatment and prevention.

Dr. Martin said that if a county society has a definite object of direct interest to the public, it will soon become a great civic power, and the people will support it in preference to lay organizations.

The impression made by Dr. Martin was most happy, and confirms the opinion of medical leaders that physicians welcome the truth when it is presented candidly and constructively.

George W. Whiteside, Esq., Counsel for the Medical Society of the State of New York, gave a paper on "Medical Societies and their Relation to Legislative and Legal Problems." This was a study of the principles which underlie medical law, and should be read and studied by every member of the State Society. We are publishing it in full on page 936 of this Journal.

'Our Mutual Interests and Obligations' was the subject of a paper by Dr. Paul B. Brooks, Deputy State Commissioner of Health. This paper dealt with the fundamental principles of public health practice is published on page 934 of this Journal.



## THIRD DISTRICT BRANCH

The annual meeting of the Third District Branch of the Medical Society of the State of New York was held in the Loomis Sanatorium, Loomis, N. Y., on Thursday, October 9, 1924, with the President, Dr. Arthur J. Bedell, of Albany, presiding. The day was warm and clear, and the members enjoyed the magnificent view from the porch of the medical building, across the deep valley and up its slopes red and orange with autumn foliage, and beyond to the blue line of the Shawangunk Mountains in the southeast, and the Poconos in the southwest. The physicians were welcomed to the Loomis Sanatorium by its superintendent, Dr. Bertram H. Waters, who described the history and aims of the institution. The sanatorium originated in the mind of Dr. Alfred Lee Loomis, Professor of Medicine in the University of New York. In 1895 he founded the first dispensary in New York City for the care of tuberculosis patients, and from this small beginning the plans for a larger institution grew rapidly until within a year a large tract of land had been secured near Liberty, Sullivan County, N. Y., and the first buildings of the present sanatorium were opened—the gift of Mr. J. Pierpont Morgan and other philanthropists. The sanatorium was named as a memorial to Dr. Loomis who died just before his ideals were realized.

The Loomis Sanatorium is the largest private tuberculosis sanatorium in the United States, and has a capacity of 225 beds. It receives patients in all stages of the disease, and is equipped to give every kind of treatment and to conduct advanced research work. It is a self-contained institution, and its grounds contain everything necessary to enable the patients to live normal, enjoyable lives, without leaving the grounds. The rates are adapted to patients in moderate circumstances, as well as for those who expect the luxuries of life. It has some endowment, and the surplus, when there is any, is turned back into the maintenance fund.

Dr. J. Burns Amberson, President of the Medical Society of the County of Sullivan, welcomed the District Branch in the name of the County Society.

Dr. Owen E. Jones, President of the Medical Society of the State of New York, explained the legislative program of the Medical Society of the State of New York, especially that relating to nursing, the Workmen's Compensation, and the Medical Practice Act. He said that a bill embodying the principal features of last year's Medical Practice Bill would be introduced by the State Department of Education, and he asked the physicians to consider the bill and unite on its features before the Legislature meets.

On motion, the following resolution was unanimously adopted:

*Resolved*, That the members of the Third District Branch of the Medical Society of the State of New York, do hereby go on record as being in favor of the State Department of Education's bill of last year, and the further legislation proposed, as outlined in the address of the President of the Medical Society of the State of New York.

President Bedell urged that the publicity campaign against certain sects be discontinued. He said that every time a sect was mentioned it was an advertisement for the illegal practitioners and did more harm than good to the public. He said that the real way to combat quack practice was for each of us to become better practicing physicians.

Dr. Frank Overton, Executive Editor of the New York State Journal of Medicine, asked for news from the County Societies in order that each Society may both impart and receive new ideas.

The following officers were elected for two years, beginning at the close of the annual meeting of the Medical Society of the State of New York: President, Charles P. McCabe, M. D., Greenville; First Vice-President, Edgar A. Vander Veer, M. D., Albany; Second Vice-President, Herbert L. Odell, Sharon Springs; Secretary, Clark G. Rossman, Hudson; Treasurer, Ernest E. Billings, Kingston.

The scientific program was on the general subject of tuberculosis. Dr. Harry Golembe of Liberty read a paper on "The Value of Publicity and Education in Promoting the Early Diagnosis of Tuberculosis." He dwelled especially on the education of physicians, and emphasized the need of their education by an analysis of 145 cases referred to a sanatorium by physicians. No sputum examinations had been made within three months of beginning the treatment in 90 per cent of the cases.

A diagnosis had been delayed for six months in 68 per cent.

An X-ray within three months of suspicion of disease had been made in only 10 per cent.

The conclusion is that physicians need to be educated in promptness in the use of diagnostic tests.

Dr. Andrew Peters, of Loomis Sanatorium, described the uses of artificial pneumo-thorax and theraco-plasty in immobilizing the lungs in tuberculosis, and showed cases illustrating the good effects of the procedure.

Dr. Arthur J. Bedell of Albany, President of



the Third District Branch, described the signs of tuberculosis of the eye, including periostitis and paralysis of the extra-ocular muscles, particularly the external recti. He referred to interstitial keratitis, phlyctenular conjunctivitis and keratitis, tuberculous iritis and uveitis. He made a plea for the more careful diagnosis of the suspected tuberculous lesions and called attention to the end results of neglected phlyctenular keratitis.

Dr J Stanley Woolley, of Loomis Sanatorium discussed the practical application of various laboratory tests in diagnosing tuberculosis. He took up the examination of tuberculous sputum, urine, pleural fluid, feces and other discharges

finally stating his experience with the complement fixation test for tuberculosis which he considered of great value in individual cases.

Dr J Burns Amberson Jr, of Loomis Sanatorium, gave a talk on "The Differential Diagnosis of Tuberculosis of the Lung," which was supplemented with a lantern slide demonstration.

There were 55 physicians in attendance, coming from the following counties of the district, besides three visiting from other districts: Albany, 23, Rensselaer, 1, Schoharie, 1, Greene, 1, Columbia 2, Ulster, 6, Sullivan, 21. Total, 55.

Those attending the meeting were the guests of the Loomis Sanatorium at luncheon. F O

#### THE FOURTH DISTRICT BRANCH

The annual meeting of the Fourth District Branch of the Medical Society of the State of New York was held on October 29th, 1924, in the Armory at Glens Falls. The President Dr Charles G Trembley of Saranac Lake presided. There were seventy members present representing every county in the District.

The following officers were elected for two years:

President, Horace M Hicks, Amsterdam, First Vice-President, Lyman G Barton, Plattsburg, Second Vice-President, William L Munson, Granville, Secretary, Carl R Comstock, Saratoga Springs, Treasurer, Sidney F Blanchet, Saranac Lake.

Dr Frank Overton, Executive Editor of the New York State Journal of Medicine, spoke briefly on the newer developments in the work of the State Medical Society. In response to questions he outlined the reasons for the annual registration of physicians and for the payment of a registration fee. He said that physicians felt it was absolutely necessary for them to sponsor an effective medical practice act, and that they would find that an annual registration and the payment of a fee were by far the least burdensome of all the acts that had been proposed for the control of quackery. If, for example, the members of each Society should check up the list of qualified practitioners, as had been done by one Society, the members would find the work to be ineffective, and far more burdensome than a simple registration, and the payment of a small fee.

The scientific session was of unusual interest. Three of the speakers used lantern slides to illustrate their lectures. The program was as follows:

'Pneumitis,' Leo F Schuff, M D, Plattsburg

'Penetration of the Diaphragm,' Charles Stover, M D, Amsterdam

'Tuberculosis and Syphilis in Private Practice,' Maxwell Lauterman, M D, Montreal, Quebec

'Thoracic Surgery,' Edward S Welles, M D, Saranac Lake

'Accessory Sinuses,' John M Griffin M D, Glens Falls

'Peptic Ulcer,' Charles W Woodall, M D, Schenectady

An unusual feature of the meeting was the exhibition of the original minute book of the Medical Society of the County of Washington, by Dr Banker, the Secretary of the Society. The book was begun in 1806 when the Society was organized and is still in use (See page 959 of this issue).

The meeting was marked by sociability and comradeship. A luncheon was given to those in attendance through the courtesy of the Warren County Medical Society.

We were much gratified by the interest which an unusual number of physicians showed in the newer policies of the Medical Society of the State of New York, as shown by their private conversations with the Executive Editor of the Journal.



## THE SIXTH DISTRICT BRANCH

The Sixth District Branch of the Medical Society of the State of New York was held at the Elks Club House, Oneonta, on Tuesday, October 7th. The President, Dr George H Fox, of Binghamton, presided. The attendance was sixty-six. The number of physicians from each county in the District was as follows:

Broome	28
Chenango	6
Chemung	3
Cortland	6
Delaware	4
Otsego	12
Schuyler	2
Steuben	0
Tompkins	4
Tioga	1
Total	66

The program of the scientific part of the meeting was of unusual practical value and interest. Dr Howard Fox, of New York, gave a talk and lantern slide demonstration of the "Treatment of Skin Diseases with Special Reference to X-ray." He described the modern methods of giving measured doses of X-rays adapted to the particular lesion, and he illustrated the results of treatments with photographs of the lesions before and after treatment. The very great value of the talk of Dr Fox was the deep impression that was made by the pictures which he showed. Dr Fox was rather optimistic in his estimate of the value of the X-ray in skin lesions. Those who saw his demonstrations gained a new appreciation of what may and may not be expected from the treatments. The diseases in which the X-rays were of value included such widely different conditions as simple inflammations, infectious granulomata and neoplasms. It was also of great service in localized hyperidrosis and pruritis.

Dr H L Liddell, of the Medical Department of Cornell University, gave a lantern slide and moving picture demonstration of the effects of the removal of the thyroid gland from young sheep and goats. Those who saw the muscular weakness and stunted growth of the thyroidectomized animals gained a vivid idea of the origin of cretinism in the human being.

Dr Arthur Chittenden, of Binghamton, President of the Broome County Medical Society, gave a paper on the "Clinical Uses of Cisternal Puncture," and illustrated his remarks with large

diagrams showing the location of the larger reservoirs of cerebro-spinal fluid, and the sites at which blocking of the routes of flow of the fluid frequently occur. He illustrated the method of doing a cisternal puncture by introducing a needle between the axis and the base of the skull, and by that means obtained cerebro-spinal fluid when blocking was present at the level of the medulla.

About one-third of the time of the meeting was devoted to the consideration of questions relating to civic medicine. Dr Owen E Jones, President of the Medical Society of the State of New York, outlined the legislative program of the State Society, especially in relation to a medical practice act. He showed how the leaders of the Society, in cooperation with the State Department of Education, had considered a model bill from every angle for years, and had come to the conclusion that a bill embodying annual registration with a fee was the only one which could be passed by the Legislature. One great reason for this attitude taken by the state authorities was that the state has long had a definite policy in licensing professions and occupations, and that physicians would have to accept the same procedures which nurses, dentists, engineers and other professional men have accepted.

On motion, the meeting approved the legislative plan which was outlined by President Jones.

Mr Robert Oliver, Attorney of the State Society, read a paper on "The Doctor and the Law," which had been prepared by Mr George W Whiteside, Counsel of the Medical Society of the State of New York, who was detained at the trial of a suit against a member of the State Society. Mr Whiteside's paper dealt with the illegal practice of medicine and developed its legal phases in a way which was seldom considered by physicians. We are publishing Mr Whiteside's paper on page 936 of this Journal.

One of the most striking talks at the meeting was given by Dr Julian C Smith, Member of the Assembly from Oneonta. He gave an inside account of how chiropractors and other cultists get their friends to besiege the legislators with appeals of all kinds, and he contrasted those appeals with the few that are received from physicians and their friends. The obvious lesson is that physicians need to give greater attention to legislation and other problems relating to civic medicine.

THE NEW YORK STATE JOURNAL OF MEDICINE, as a means of the dissemination of medical knowledge, especially that of a civic nature, was the subject of a brief address by Dr Frank Overton, Executive Editor of the JOURNAL.

F. O.



## THE EIGHTH DISTRICT BRANCH

The annual meeting of the Eighth District Branch of the Medical Society of the State of New York was held on October 15th in the historic city of Batavia with the President, Dr Harry R. Trick, of Buffalo, in the chair, and the Secretary, Dr W W Britt, of Tonawanda recording. Batavia is the oldest town in western New York, and was founded in 1801 on the old Indian Trail leading from the Niagara frontier to the Genesee River. The town site had been bought from the Seneca Indians some years previously by the Holland Land Company. The first frame building in the new town was a store built in 1802 by James Brisbane, an ancestor of the noted editorial writer. A commodious brick house built by one of his descendants is now the city hall. Odd Fellows Hall, in which the meeting was held was formerly the St James Episcopal Church, and was built in 1835.

There were 150 physicians present from the several counties of the district as follows: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. The physicians were welcomed by Dr Charles L Davis, President of the Medical Society of the County of Genesee.

Dr Owen E Jones, President of the Medical Society of the State of New York, spoke on the activities of the State Society. He gave an historical sketch of the medical practice laws of ancient times and showed that at present New York State needs a practice of medicine act whose standard shall at least be equal to that of the acts passed hundreds of years ago. He outlined the legal requirements which had been found necessary in New York State, and told of the preparation of a legislative bill similar to that of last year.

On motion, the legislative program as outlined by Dr Jones, was approved.

A paper on 'The Doctor and the Law,' which was prepared by Mr George W Whiteside Counsel for the State Medical Society, was read by his assistant Mr Robert Oliver, in his absence on court duty. (See page 936)

Dr James N Vander Veer, Chairman of the Committee on Legislation of the Medical Society of the State of New York, gave an address which was entitled "Aspects of State Legislation, but which was an impassioned plea for every member of the State Medical Society to give active support to all the activities of the Medical Societies of the State and its counties. His address was an excellent summary of the modern practice of *civic medicine* in New York State. Among the topics which he discussed were the following:

- Group influence in contrast to individualism
- Social duties of the Medical Society
- The State Journal

- Publications by county societies
- Education of doctors in civic medicine
- Newspaper publicity
- Medical advertising
- Sub groups among medical men.
- How to influence a legislator
- Teaching clinics for county medical societies

Dr Vander Veer said to the doctors "Get away from individualism! Get the group idea. Make an impression in proportion to the size of our organization."

The new features of the Journal were described by Dr Frank Overton, Executive Editor.

Dr McClellan Myers, resident physician of the Physicians' Home, Inc., at Canadua, Allegany County, gave a description of the Home, and said that it was intended for physicians who were aged and incapacitated. It is national in scope, and is officered by physicians of wide reputation. It has a farm and a building which now houses twelve inmates. The present equipment is only a nucleus for a large institution worthy of the great medical profession of the country. Dr Myers asked for the endorsement of the District Branch which, on motion, was given. (See January 1924, page 42)

A luncheon was served at noon in the basement of the hall by the ladies of the Odd Fellows Lodge, and the afternoon was given over to a scientific session.

Dr Albert M Rooker of Niagara Falls, read a practical paper on "The Pathologic Tonsil," in which he gave arguments for the use of accurate diagnostic methods and described the use of suction in determining the presence of pus in the tonsil. Discussed by Dr W J M Wurtz, of Buffalo, and Dr R C Conklio, of Batavia. The Dick Test and immunization against scarlet fever were described by Dr Henry P Hoffman and Dr Frank E. Brundage, of Buffalo.

Dr William R Thomson of Warsaw, gave a practical paper on "Blood Transfusion in Septic States." Discussed by Dr Baldwin Mann of Buffalo, and Dr W D Johnson, of Batavia.

"Thrombo-angitis obliterans" was the subject of a paper by Dr Marshall Clifton of Buffalo. Dr Clinton described an operation of removing the adventitia from a short section of the brachial artery in order to relieve a painful arterial spasm which was producing gangrene of the fingers.

Dr Algeo A. Jones of Buffalo gave a paper on "Endocarditis Lepta." Discussion opened by Dr Frank Goodwin of Jamestown.

A free discussion of all the papers was convincing evidence of the interesting character of the meeting.

F O



# COUNTY SOCIETIES

## HISTORICAL—WASHINGTON COUNTY MEDICAL SOCIETY

We have been privileged to see the original minute book of the Medical Society of the County of Washington, which is still in use and is kept by Dr S J Banker of Fort Edward, who has been secretary of the society for seventeen years. It is a thick, heavy book, and the writing on each page covers an area slightly larger than the printing on a page of this Journal. We are printing a photographic reproduction of the first page. The minutes of the Organization Meeting read as follows

"July 1st, 1806

"Agreeable to an act of the Legislature of the State of New York, passed the fourth day of April, in the year of our Lord One Thousand Eight Hundred and Six, entitled 'An Act to Incorporate Medical Societies for the Purpose of Regulating the Practice of Physic and Surgery in This State the following physicians and surgeons to wit Zina Hitchcock, Andrew Proudfit, Isaac Sargeant, Leonard Gibbs, Isa Stower, Cyrus Baldwin, William Livingston, Asa Fitch, Abram Allen Philip Smith, James Green, Ephraim Allen, Jonathan Mosher, John McKinney, Robert Cook, Daniel Hervey, Thomas Pattenison, Liberty Branch, Israel P Baldwin, Artemus Robins, Asahel Morris, Penfield Goodsell and Cornelius Holman, met at the Court House at Sandy Hill, being the place where the last term of the Court of Common Pleas was held in and for the County of Washington, on Tuesday, the first day of July, in the year of our Lord One Thousand Eight Hundred and Six, and after resolving that the said several physicians and surgeons form themselves into a medical society agreeable to the directions of the above recited act, by the name and style of the Medical Society of the County of Washington, they proceeded to choose by ballot the officers of the said Society, when on counting the ballots for each office respectfully it appeared that the following were duly chosen, to wit

"Andrew Proudfit, M D, President

Isaac Fitch, M D, Vice-President

William Livingston, M D, Secretary  
and James Green, M D, Treasurer

"The Society being thus organized, proceeded to elect by ballot one delegate to

meet with delegates from the several counties in the State on the first Tuesday of February next in Albany, to form a general medical society, called the Medical Society of the State of New York, and also five censors, and on counting the ballots, it appeared that Doctor Philip Smith was duly chosen to be such delegate, and that Doctors Jonathan Mosher, Abram Allen, Isaac Sargeant, Asa Stower and Cyrus Baldwin were duly chosen to be the five censors

"The Society then adopted the following resolutions

"1st Resolved, That Zina Hitchcock, Philip Smith and Ephraim Allen be a committee to form Bye laws for the regulation of this Society (Pro Tempora) until a regular Code of Bye Laws can be framed and adopted, who accordingly reported the following which were for the present adopted, to wit, that in the absence, Death, or Inability of the President, the Vice-President shall preside, that the President shall give Diplomas to candidates to Practice on the recommendation of a Majority of the Censors, that it shall be the duty of the censors on the request of any candidate or candidates, to meet for the purpose of examining such candidate or candidates relative to the Practice of Physick and Surgery, &c on the second day of the then next term of the Court of Common Pleas held in and for said County, and at the place where said Court shall be held, and that each candidate so examined shall pay to each censor so examining the sum of One Dollar,—

"2nd Resolved that the president be directed to issue his warrant on the Treasury for such sum as shall be necessary for the purchase of a book and seal for the use of this Society

"3rd Resolved that Andrew Proudfit, William Livingston, Asa Fitch, Philip Smith and Abram Allen be a Committee to form a Code of Bye Laws and report the same to the Society at their next meeting

"4th Resolved that each member of this Society pay to the Treasurer, Instantly, the sum of one dollar—which sum each member accordingly paid



July 1<sup>st</sup> 1806

Agreeable to an Act of the Legislature of the State of New York passed the fourth day of April in the Year of our Lord one thousand Eight hundred and six Entitled an Act to Incorporate Medical Societies for the purpose of regulating the practice of Physic and Surgery in this State

The following Physicians and surgeons to wit: (Zenas Hitchcock, Philippe Sonthe, Asa Fitch, Isaac Sargent, Leonard Gibbs, Asa Stower, Cyrus Baldwin, William Livingston, Asa Fitch, Abner Allen, James Green, Ephraim Allen, Jonathan Mather, John M. Kneeney, Robert Cook, Daniel Hervey, Thomas Patterson Liberty, Dr. Smith, Israel P. Baldwin, Artemus Robins, Michael Mayes, Benfield Goodsell, and Cornelius Holmes. Met at the Court House at Concord (being the place where the last term of the Court of Common Pleas was held) and for the County of Washington on Tuesday the first day of July in the Year of our Lord one thousand Eight hundred and six and after

Resolving that the said several Physicians and Surgeons form themselves into a Medical Society agreeable to the directions of the above recited Act, by the name and title of the Medical Society of the County of Washington they proceeded to Choose by Ballot the Officers of said Society when on Counting the Ballots for each office respectively it appeared that the following were duly chosen

Asa Fitch M.D. President  
William Livingston M.D. Secretary  
And James Green M.D. Treasurer

Photographic reproduction of the first page of the original Minute Book of the Medical Society of the County of Washington.



"5th Resolved that the president issue his warrant on the Treasurer of this Society for the sum of five dollars, which sum the said Treasurer is directed to pay to Dr Abram Allen for his services as Commissioner to meet with a number of Physicians in the County of Saratoga

"6th Resolved that this Society adjourn to meet again at the Court House in the Town of Salem on the first Tuesday in July next at ten o'clock in the forenoon Adjourned accordingly'

"Attest W Livingston, Secretary"

At the second meeting on July 5th, 1808, ten members were present, and six new members were elected, and the Rev Alexander Denham was made an honorary member.

The third meeting was held "In the house of Joseph Rouse, Inkeeper, in the town of Argyle, on the first Tuesday of January (3rd day) 1809," with eight members present The Rev Alexander Denham, honorary member, was also present and was made Chairman pro tempore The minutes then say

"The Society having come to order, Doctor Jonathan Dorr, agreeable to appointment delivered a dissertation on the Typhus fever, with the method of cure,—and received the unanimous thanks of the Society The members then proceeded to discuss a number of medical topics Dr Green instanced a case of a lesion of a tendon producing Erythmatic Inflammation and yielding immediately to the application of an epispastic

"Dr Stower instanced a case of uterine hemorrhage yielding to Injections of the Cortex Quercu

"Doctors Stower, Green and Dorr gave opinions on the Scrofula Dr Dorr instanced the effects of a Quart of strong beer, copperas, resin, etc, as the same are directed in a recipe in the hands of Joseph Steward, Esque, of Cambridge, in the aforesaid complaint Dr Green instanced the effects of muriate of lime.

"A young woman was then presented by Dr Green with an eruption on the face which succeeded the Cynanchia maligna All gave opinions tho somewhat different, but the weight of opinion was that it was a local affection and consisted in a morbid action of the vessels and glands of the part, and required topical applications"

This Minute Book is the only known original record of any county medical society in New York State It has a unique historical value, and should be preserved with great care Dr Banker, its present custodian, places it in a bank vault during his summer vacation, but it is subject to damage and loss during the rest of the year Suggestions have been made that several copies of the records be typewritten, and that if possible, they be printed, but the cost of the typewriting alone would be a few hundred dollars After the typewritten copies have been made, the book should be deposited for safe keeping in some central, fireproof library, such as the Medical Library of the State Department of Education in Albany

The Editor hereby subscribes the sum of ten dollars toward having the minutes typewritten This will cover the records of the first two or three meetings Who will respond toward copying the remainder of the book?

F O

## BRONX COUNTY MEDICAL SOCIETY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on October 15, 1924, was called to order at 9 P M, the President, Dr Podvin, in the Chair

Stratford F Corbett, Herman L Frosch, Harold C Kelley, Marcus Schramm and Giuseppe A Siragusa were elected to membership

Dr Friedman reported for the Committee on Public Health, with special reference to the Physicians' Service Bureau

Dr Keller reported for The Bulletin Committee and appealed to the members to secure advertisements

Dr Cuniffe reported for the Committee on Legislation, with special reference to the coming election, and appealed to the members to support those candidates for office who were friendly to the Medical Profession

Dr Landsman introduced the following Resolutions

"Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate, Selian Neuhoof, M D,

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr Neuhoof and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member"

The above Resolutions were passed by a rising vote

The Scientific Program then proceeded as follows



SCIENTIFIC SESSION

"Trans-Peritoneal Caesarian Section, Report of two cases," S S Rosenfeld

"A Plea for Discontinuing the Use of Pituitrin in Intrapartum Practice," David Deutschman, M.D.

"The Value of Blood Transfusion in Sub-acute and Chronic Infections" (illustrated by lantern slides), Martin L. Jones

The meeting adjourned at 11.20 P M

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MEDICAL SOCIETY OF THE COUNTY OF ALBANY

The regular meeting of the Medical Society of the County of Albany was held October 21 1924, at the auditorium of the Municipal Gas Company, Albany, and was called to order by the chairman at 8.30 p m

Forty-six members were present

The minutes of the meetings of May and June were read and adopted as read

Drs. Anthony Avata and Joseph Sell Lawrence were unanimously elected to membership

The Society went on record as favoring periodic health examination, and it was voted to

devote the next meeting entirely to this matter

A motion was passed whereby the matter of periodic health examinations was referred to the Committee on Public Health, and they were instructed to report at the next meeting with a plan for putting this matter into effect in this county

SCIENTIFIC SESSION

Vice-presidential address "Periodic Health Examination," Harry L. K. Shaw, M D, Albany

"Physiotherapy," Arthur H. Holding, M D, Albany

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THE MEDICAL SOCIETY OF THE COUNTY OF GREENE

The annual meeting of the Medical Society of the County of Greene was held Tuesday, October 14th, 1924, at Cairo.

In the absence of the President, the Vice-President, Dr J L. Louthian, called the meeting to order at 1.45 p.m.

After the reading of the minutes of the last meeting, the Chair declared the polls open for one hour and appointed Drs Willard and Honeyford tellers

Dr Charles P McCabe of Greenville, recently elected President of the Third District Branch was voted the privilege of asking the Branch to meet in Greene County at his pleasure.

The Society voted to go on record as approving the employment of two Public Health nurses instead of one tuberculosis nurse, as at present, and a committee was appointed to appear before the Board and urge the appropriation of sufficient funds for this purpose

The Society also went on record as favoring a compulsory vaccination law in view of the fact that smallpox is again becoming prevalent.

Dr Huntington Williams, District State Health Officer addressed the Society and reported an interesting experience of a group of children who were attacked by a gastro-enteritis. This

was thought to be milk borne, as the water was beyond suspicion and as a matter of fact it was proven that all the cases were using milk from one dairy that was thought to be particularly careful

Laboratory analysis of the stools of some of the children showed streptococcus hemolyticus, and this was thought to be the cause. Further laboratory work showed paratyphoid B and on examination of the stools of employees at the dairy one man was found to be discharging paratyphoid B. The milk was then pasteurized and no more cases developed

Dr R. E. Persons reported an interesting case of poisoning by gas bacillus

The following officers were elected for 1925: President, Lyle B. Honeyford, Catskill; Vice-President, Isaac Ernest Van Hoesen, Coxsack; Secretary, William M. Rapp, Catskill; Treasurer, Charles E. Willard, Catskill; Delegate to the State Society, Alton Brooks Daley, Athens; Chairman, Committee on Legislation, Percy Gardiner Waller, New Baltimore; Chairman, Committee on Public Health and Hygiene, Ray E. Persons, Cairo

There being no further business the meeting adjourned to meet in Catskill in January



## ONTARIO COUNTY MEDICAL SOCIETY

The annual meeting of the Ontario County Medical Society was held on Tuesday, October 14, 1924

The following officers were elected for 1925  
President A T Halstead, Rushville, Vice-President, J A Lichty, Clifton Springs, Secretary and Treasurer, D A Eiseline, Shortsville,

Censors, H C Burgess, C H Jewett, A M Mead, Delegate to State Society, H J Knickerbocker, Geneva, Alternate to State Society, D A Eiseline, Shortsville, Chairman Legislative Committee, H J Knickerbocker, Geneva, Chairman Public Health Committee, J H Jewett, Canandaigua

## THE SCHOHARIE COUNTY MEDICAL SOCIETY

The annual meeting of The Schoharie County Medical Society was held at the Library of the State School of Agriculture, Cobleskill, Saturday, October 18, 1924

The following were present Drs Pomeroy, D W Beard, Bruce, J J Beard, Tiernan, Rivenburgh, Bentley, Nicoll, Williams, Bartholomew, Best, Myers, Simpkins, Driesbach, Wright, Odell, Hon and Mrs Alberti Baker and Mrs H R Bentley

The following officers were elected for 1925  
President, Lyman Driesbach, Vice-President, Meleatus Bruce, Treasurer, LeRoy Becker, Secretary, Herbert L Odell, Censor, Willard T Rivenburgh Committee on Legislation H R Bentley, Chairman, L R Becker, C L Olendorf, H J Wright Committee on Public Health C S Best, Chairman, W T Rivenburgh, L Driesbach Delegate to State Society, L R Becker Alternate D W Beard

Dr Charles B Tiernan was elected to membership

It was moved, seconded and carried that the State Department of Health be requested to have

the Healthmobile again visit the several localities in Schoharie County, and that Child Clinics be held

Dr J J Beard stated that the Shriners are offering free treatment to each crippled child in the United States, who is under sixteen years of age, and who is unable to obtain such necessary treatment otherwise

At the Scientific Session a most excellent and comprehensive address was given by Dr Matthias Nicoll, Jr, Commissioner State Department of Health on "Is the Medical Profession Losing Prestige?" A rising vote of thanks was given Commissioner Nicoll for his very practical talk

A very interesting and poetical address on "Forensic Medicine" was then given by Hon Alberti Baker, our District Attorney, which received the commendation of all present

The annual meeting of The Schoharie County Chapter of the American Red Cross was held at the same time and place, and they most generously entertained the physicians and visitors at a very sumptuous luncheon

## TOMPKINS COUNTY MEDICAL SOCIETY

The October meeting of the Tompkins County Medical Society was held Tuesday evening, the 21st, in the Parlors of the Board of Commerce, Ithaca, N Y, President Parker in the chair

The minutes of the September meeting were read and approved

Bills to the amount of \$36 60 were ordered paid The Treasurer reported less than \$30 in the treasury and 16 members in arrears This report was followed by an informal discussion as the result of which the Treasurer stated he would take immediate steps to collect from the delinquents

The Scientific Program was then taken up Richard S Farr, M D, of Syracuse, presented "The Treatment of Potts Disease."

Dr Farr thinks that under the modern methods of surgical treatment the unfortunate victim of Potts Disease can be placed in a position to enjoy a reasonably long, happy and useful life, especially if operated early in the course of the disease.

He described very clearly the technic since it permanently immobilizes the diseased portions of the spine and results in less crippling than other methods

Many lantern slides were shown illustrating diseased conditions and results obtained The paper was received with marked attention and an interesting discussion followed Dr Farr was given a rising vote of thanks

Following the meeting light refreshments were served and a social hour enjoyed



## MEDICAL SOCIETY OF THE COUNTY OF WASHINGTON

The annual meeting of the Medical Society of the County of Washington was held at Hudson Falls October 7, 1924

Meeting called at 11 a m Members present Drs Casey, Byrnes Prescott, Leonard, Paris, Blackfan, Huntington, Pashley, Banker, Hulsebosch, Park, Bennett, Davies, Munson, La Grange, Heath, Tillotson, Bailey Visitors R C Bennett, Jr, DDS

The minutes of the last meeting were read and approved as read

The report of the Comitia Minora was read The following officers were elected for 1925 President, J L Byrnes, M D, Vice-President, M A Rogers Secretary, S J Banker, Treasurer R C Paris, Censors, C A Prescott, M D, Chairman, B C Tillotson, M D, S T Fortune, M D

The President appointed the following members of the Legislative Committee W A Leonard, Chairman, G M Stillman, H S Blackfan.

Dr Byrnes reported for the Board of Censors two registrations Dr Charles I Bailey and Dr John D Thomas The name of Dr Charles L. Bailey was presented for membership and he was duly elected

The Treasurer's report was complete and showed a balance of \$61 55 Received and placed on file

Report of the Committees on death of Drs Lee and Madison received and ordered placed in minutes

Report of Committee on Tuberculosis Clinic given by Dr Leonard The Committee went before the Board of Supervisors and persuaded them to appropriate \$6,000 for the Clinic

Miss Kilrane the county nurse, gave a complete report of the work done at the Clinics, 126 cases having been examined since May, which was received with applause.

The Society passed the following

Resolved That the work of the committee

be approved and the committee be continued

Dr Leonard reported for the Legislative Committee that a bill similar to the Medical Practice Act of last year would come before the Legislature this next session, and the society went on record as being in favor of an act

The President gave as his address a very interesting paper on the importance of early recognition of carcinoma of the cervix.

Dr Munson's paper stated the importance of the vaccinations for smallpox, typhoid and diphtheria, and the Society passed a resolution favoring these vaccinations and especially urging upon the public smallpox vaccination at this time

Dr Park read a paper on The Kidney, its Function and Disorders, giving views he had gleaned in Germany during his recent trip

Dr Hulsebosch gave an exhaustive paper on Congenital Pyloric Stenosis and reported two cases, one of his own, operated upon early and recovered, one of Dr Elliott's of Glens Falls, that did not recover

There being no further business, the meeting adjourned to meet in Greenwich in May

## MEDICAL SOCIETY OF THE COUNTY OF SARATOGA

The annual meeting of the Saratoga County Medical Society was held at Newman's Lake House, October 21st, 1924

Following luncheon the business program was taken up

The following officers were nominated and the secretary instructed to cast one vote for each

President, John Rankin MacElroy, M D, Jonesville Vice-President, Edward J Callahan, M D, Schuylerville, Treasurer, John B Ledlie,

M D, Saratoga Springs, Secretary, R B Post, M D, Ballston, Spa, Censors, M E Van Aernem, M D, Saratoga Springs, George H Fish, M D, Saratoga Springs, Walter C Crombie, M D Mechanicville Delegate to State Society Carl R Comstock, M D, Saratoga Springs

Following the business part of the program, Dr Whittington Gorham, Albany gave a very interesting and instructive paper on "Discussion of So-called Acute Indigestion with Special Reference to Cardiac Disease."





# THE DAILY PRESS



The physicians of Brooklyn are making an earnest effort to secure truthfulness in the medical items that appear in the daily newspapers. Press cooperation was the subject of the meeting of the Medical Society of the County of Kings on March 18th, 1924, at which the editors of the Brooklyn dailies were present and spoke. At that meeting a committee on press cooperation was formed with the object of providing an authoritative body of physicians from whom the editors of the daily newspapers could obtain information and advice regarding medical items of news. While the actual results so far accomplished have not been great, yet it is a great step in advance to get all the editors of dailies in a big city to agree to discuss the question of medical publicity with a representative committee of physicians. The step is worthy of imitation by other medical societies.

The Congress of American Surgeons of the Eastern Society of Anesthetists held in New York City during the third week in October, was the source from which reporters gathered tales of wonderful medical discoveries which were seldom anything more than old ideas restated. Among the headlines we noticed this in the New York *Herald*, October 23d

"Psychic Anesthetist making Operation Pleasure all around keeps Patient's Mind off Surgeon's knife, while Local application deadens pain and appendix pops out without shock or ill after effects"  
The account begins

"The latest recruit to science is the psychic anesthetist. This person is the attractive physician or the pretty nurse who keeps a patient happily entertained while the surgeon cuts out his appendix. The psychic anesthetist is essential to the new school of surgery which places its faith in local anesthetics only, banishing ether and other general anesthetics from the operating room because of the complications which often follow their use."

The source of the inspiration of this delightful account was a paper on local anesthetics.

The *Herald* of October 22d carried the headlines "New Twilight Sleep makes Babies Lusty"

"Mothers assured of absence of Pain"

Texas expert tells of Felons confessing under 'Truth Serum's' influence"

Then follows half a column of telling of the well-known effects of the scopalamine and morphine

The Brooklyn *Eagle* of October 23d carries the headlines

"Sympathectomy Discovery Has Established New Operation Principle, Medical Experts Assert at Academy of Music Symposium"

Then follows an account of a meeting held in the Academy of Medicine under the auspices of the American College of Surgeons, in which there was an address on the results of operations on the sympathetic nerves for the relief of certain forms of spastic paralysis. The paper was highly technical and was of no interest to the general public. It demonstrates the need that the Brooklyn editors should consult the Press Reference Committee of the County Medical Society.

The daily papers of New York City have recently carried accounts of the wonder works of a faith healer, Robert R. H. Bell, in the Church of the Ascension, an Episcopal Church in Mount Vernon during October. The papers gave sane, truthful accounts of the healing services, and the accounts would tend to discourage patients from patronizing the healer. The New York *Herald* of October 18th carried an account of one of the services.

"The chancel was packed with patients afflicted with old chronic organic diseases. These patients stood so that they obstructed the view of the audience, who were thus unable to see what Dr. Bell was doing."

"Dr. Bell would approach a patient absolutely deaf, demand that he be healed in the name of Christ Jesus, that the nerve ganglia which had been destroyed be restored—and then yell 'Can you hear? Do you hear? Can you hear?' The patient, unable to hear, would not respond. Then Dr. Bell stooping forward and looking into his eyes, would shake him and shout the question again, and the patient would mumble a half-idiotic 'Ya-a-a'."

"Then Dr. Bell raises his hand to the audience, crying 'The Lord Jesus has answered our prayer. He has restored hearing to another one of His Children.'"

"Then the patient is ushered out of a side door. And so the children of Christ Jesus go home with the same deafness, the same lameness, the same disease. Many of these people will be deluded, some for a month, some possibly for two months, some even for three months—hoping and praying—plunged at the last into despair and misery."



because Christ has refused to see them, to hear them, to heal them

"Dr Bell is a menace to the Church and to religion. The Episcopal Church, which throughout the centuries has stood for education, religious dignity and devotion he brings into disrepute. He steals the faith of the people, dashes their hope and leaves them in their physical and mental misery."

The metropolitan dailies have been carrying accounts of several fatalities during the manufacture of tetra-ethyl-lead, a compound which is added to gasoline in order to prevent "knocking" in an automobile engine. The reporters evidently got news of poison cases in a New Jersey hospital and followed them up with conjectures regarding the mysterious gas which caused the trouble, until at last something approaching the truth was written. Judging by the newspaper accounts the facts seem to be that the compound has long been known. Its poisonous qualities have been appreciated and great precautions have been taken to prevent poisoning of the workmen. The effects of the compound seem to be an acute delirium caused by the absorption of the gas and the retention of its lead in the brain.

It is doubtful that any of the poisonous compounds is on the market. The anti knock compounds that are sold, do not seem to be either poisonous or efficient, for the scientific descriptions which we have read in the *Scientific American* state that the ethyl lead is the only efficient anti-knock compound so far discovered.

It is hoped that a full description of the compound and its effects on the human body will soon be made available to physicians.

Of much more practical importance to automobilists is a warning against carbon monoxide in the exhaust gases from automobiles while their engines are running in closed rooms. The *Ogdenburg Republican*, October 23, carries a quotation from a warning sent out by the United States Public Health Service which says

"In tests of the exhaust of a small twenty-three horsepower automobile engine it has been found that it discharged approximately twenty-five cubic feet of gas per minute, samples of which gave an average of 6 per cent carbon monoxide or fifteen cubic feet of dead carbon monoxide gas per minute. Of course larger engines will give off more. Now a ratio of fifteen parts carbon monoxide to 10,000 parts of air is considered a dangerous concentration to be exposed to for a considerable time, and the small twenty-three horsepower engine in 'warming up' and giving off only one cubic foot of carbon

monoxide per minute would contaminate the air of a small closed garage, 10 by 10 by 20 feet to the danger point in about three minutes.

"The attack of carbon monoxide poisoning comes on insidiously and consciousness is gradually lost. Even though the victim may become aware of the danger he is often unable to escape from it because of the great loss of motor power.

"The automobile worker in a small garage is most frequently the victim. It therefore behooves every person who runs his engine in a small garage to see to it that the room is properly ventilated by having the windows and door opened if he expects to run his engine for even a few minutes.

This is an excellent example of a sane, sensible warning made public through the daily press. The article was suggested by an account of a prominent Baltimore man found dead in his closed garage with his automobile engine still running. Physicians and health officers can use such incidents as occasions to warn the people of a common danger to life.

We have received an unusually large number of routine clippings taken from the daily papers throughout the state during October. We have hitherto had occasion to comment on the inspiration of the health items from a common source in a few lay organizations whose object has seemed to be self-advertisement as well as health promotion. But this feature is almost entirely absent from October's clippings. The items are nearly all accounts of local activities which are sponsored largely by doctors, among them being mental clinics, child welfare stations, activities of boards of health, and school inspections. The absence of evident self-advertising is gratifying to practising physicians on whom the responsibility for health work ultimately falls. This we consider to be a distinct sign of progress.

The *New York World*, October 31, carries a brief notice of the action of the Medical Society of the District of Columbia in advising a scale of fees. The peculiarity of the fee is that it fixes maximum as well as minimum. The list receives editorial criticism from the *Washington Eagle* and the *New York Times*. The *World* in its issue of November 1st carries a satirical cartoon on the psychological effect of the fee upon the lay mind. While the cartoon contains much good sense, yet its intention is so appealing that we are tempted to say it prunes section, with some fairly successful result is on the doctor or his patient.



# BOOK REVIEWS

**THE HYGIENE OF MARRIAGE.** By ISABEL EMSLIE HUTTON, M.D, with foreword by Prof A LOUISE MCILROY, M.D, S.Sc, O.B.E William Heinemann, London, 1923

There has been quite a flood of literature from the English press recently on sexual hygiene and wide discussion of the question of Birth Control Dr Hutton's work is much along the lines of many recent publications and takes up, in order, Hygiene Before Marriage, Consummation of Marriage, Married Life, Birth Control, and Contraceptives Contraceptives are described, says the author, that reliable information may be available on this subject which is so full of popular misinformation, it is stated that they should be employed only when absolutely necessary and for the gravest reason

Birth Control is said to be a question that cannot be answered in a general way, but which should be taken up with the help of medical opinion In this regard this book would seem to be in accord with the general trend of recent writings in England

WM HENRY DONNELLY

**THE MEDICAL YEAR BOOK, 1924** Edited by CHARLES R HEWITT 12mo of 560 pages London, William Heinemann, Ltd, 1924 Cloth, 12/6 net

This handy little book has a vast amount of useful and interesting information between its covers It contains data conveniently classified and well arranged in a form in which it cannot be found elsewhere upon the current activities of the Medical Profession in the United Kingdom It has been compiled by one who has had a large experience in endeavoring to supply the needs of those seeking the kind of material presented in this volume While especially valuable to the Profession in the United Kingdom, it will prove helpful to physicians of other countries who contemplate visiting English medical institutions or who wish concise information relating to them and to the Medical Profession It is a worth-while addition to our medical reference works

F

**INTERNATIONAL CLINICS** A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles, by leading members of the Medical Profession throughout the World Vol IV, Thirty-third Series, 1923 J B Lippincott Co, 1923

This volume of the International Clinics covers the field in the usual thorough, instructive manner A symposium on gastrointestinal ulcers presents the anatomical and pathological conditions, and a series of carefully studied and explained X-ray pictures of these ulcers The meaning of the term acidosis is explained by White in a way which makes this difficult conception easy to understand An article by Thayer on Fever in Tertiary Syphilis recalls how easily we may forget that syphilis may be responsible for obscure cases with fever Interesting articles are presented in the different branches of medicine and surgery J J Walsh urges a knowledge of the history of medicine as prophylaxis for medical fads The Alvarenga Prize Essay of the College of Physicians of Philadelphia for the year 1923, A Treatise on Echinococcus Disease, is given in this volume, and is a very thorough presentation of this condition

H M M

**OPERATIVE SURGERY** Covering the Operative Technique Involved in the Operations of General and Special Surgery By WARREN STONE BICKHAM, M.D, F.A.C.S (In six volumes, totaling approximately 5,400 pages, with 6,378 illustrations) Vol III, containing 1,001 pages, with 1,249 illustrations Phila and London, W B Saunders Company, 1924 Cloth, \$10 per volume. Sold by subscription only

The third volume of this set of six books is fresh from the press, and one's preconceived ideas obtained after a perusal of the first two are justified The present volume contains about 1,000 pages, with more than one illustration for each page It contains the surgery of the eyes, the ears, and the nose. Both phases of the more highly specialized aspects of these tissues, as well as that which commonly interests the general surgeon—namely, plastic surgery of the lips, the cheek, and the palate are described Herein are also covered surgery of the pharynx and its contents, the larynx, the trachea, the esophagus, and neck, including the thyroid and the thymus One finds description of operation for cervical rib and the carotid gland He next describes operation upon the thoracic wall, and includes the breast. The general principles of intra-thoracic surgery are set forth, then follow chapters upon the methods of exposure of the thoracic cavity, operations upon the pleura, the lungs, and the mediastina

ROYALE H FOWLER

**AN INTRODUCTION TO SURGICAL UROLOGY** By WILLIAM KNOX IRWIN, M.D, Aberd, F.R.C.S, Edin, Hon. Cas Out-Patient Surgeon St Paul's Hospital for Genito-Urinary Diseases William Wood & Co, New York, 1924 Price, \$2.50

In this book the author gives the main facts of Genito-Urinary Surgery, emphasizing and elucidating the most important points of each topic

The first chapter is devoted to the surgical anatomy of the Genito-urinary organs including the congenital abnormalities of the kidneys and ureter

The second chapter is devoted to the examination of the patient which includes the examination of the urine and the physiology of the act of urination. He believes as we do in this country that every surgical condition of the kidneys and ureters warrants a complete cystoscopic examination including catheterization of the ureters with opaque catheters He believes that pyelograms should be attempted only when absolutely necessary, by specially skilled persons, and with the patient in a hospital We have made pyelograms in over 500 cases and have had no serious accidents in any one case.

The next seven chapters are devoted to the chief genito-urinary "symptoms"—which includes frequent micturition, incontinence of urine, difficult micturition, retention of urine, genito-urinary pain, hematuria and pyuria.

In each chapter he discusses the pathological conditions giving rise to these symptoms from the point of view of causation, diagnosis and treatment

The last two chapters are devoted to Glandular hyperplasia and malignant disease of the prostate. In post-operative treatment of a suprapubic prostatectomy he advises bladder irrigations with boracic or weak silver nitrate solution two or three times a day beginning from the morning after the operation In this country we do not irrigate our prostates following prostatectomy as we have found that the bleeding has been increased by the irrigations The book is well written and has the advantage of emphasizing important points by involving a certain amount of repetition

PHILIP GOLDFADER



**AIMS TO MEDICAL DIAGNOSIS.** By ARTHUR WHITTING, M.D. 16mo of 177 pages. William Wood & Co., New York, 1924. Price, \$1.50

This is the third edition of this handy little manual on diagnosis. The work shows careful effort by the author in describing the diseases, and much is given concerning the differential diagnosis of diseased conditions. Much has had to be sacrificed for brevity which detracts from the value of the book. If the author had more fully covered his subject in detail, this manual would be of greater value to the American physician.

H. M. M.

**AIMS TO PRACTICAL PATHOLOGY** By F. W. W. GRIFFIN, M.A., M.D., B.C. (Cantab.) M.R.C.S. (Eng.) L.R.C.P. (Lond.), Assistant Virol Pathological Research Laboratories, and W. F. M. THOMPSON, Chief Technical Assistant, Virol Pathological Research Laboratories. William Wood & Co., New York, 1923. Price, \$1.50

This is a pocket size manual of clinical laboratory technique based upon the long personal experience of the authors. It covers the entire field of clinical pathology very comprehensively and is up to date and standard in its methods. The reviewer would call attention to a useful index of bacteria and to some formulae for culture media which are not commonly used in this country but which appear to be worth trying. Considerable space is given to the chemistry of the blood and urine. The section on puncture fluids is a condensation of matter found only in the largest reference works.

E. B. SMITH

**APPLIED BACTERIOLOGY FOR NURSES** By CHARLES F. BOLIVAN, M.D., and MARIE GRUNO, M.D. Fourth edition, thoroughly revised. 12mo of 195 pages illustrated. Philadelphia and London, W. B. Saunders Co., 1923. Cloth, \$1.75

This book is practically a condensed textbook of bacteriology, clearly and understandably written, and especially adapted to the needs of the pupil nurse. The essential parts in general bacteriology—history, growth and study of organisms—and the individual bacteria are briefly noted, but more detail and emphasis are given to those subjects which more vitally concern the nurse in practice—disinfectants and antiseptics, sterilization, practice of disinfection, and any especial care needed for prophylaxis in the various diseases.

ISIDOR COHEN

**PRACTICAL CHEMICAL ANALYSIS OF BLOOD—A BOOK DESIGNED AS A BRIEF SURVEY OF THIS SUBJECT FOR PHYSICIANS AND LABORATORY WORKERS** By VICTOR CARL MYERS, M.A., Ph.D. Professor and Director Department of Biochemistry, N. Y. Post Graduate Medical School and Hospital. Second Revised Edition Illustrated. C. V. Mosby Co. St. Louis 1924. Price \$4.50.

In this second edition many new methods in the field of blood chemistry have been added. The plan was to present briefly a discussion of the chemical blood determinations which have been found of definite value in the diagnosis and treatment of disease. A separate chapter has been added in order to give the Folin Wu system of blood analysis in one group. Methods are included for the determination of such substances as hemoglobin, oxygen capacity and content, calcium, inorganic phosphorus, and acetone bodies. There is a discussion of types of colorimeters and their use, a list of standard solutions and reagents, tables of atomic weights and metric equivalents, and a four place logarithm table appended.

HENRY M. FEINELATT

**HEALTHY MOTHERS, HEALTHY BABIES. HEALTHY CHILDREN.** Three Volumes. By S. JOSEPHINE BAKER, M.D., D.P.H. Little, Brown & Co., Boston, 1923. Price, \$1.25

Dr. S. Josephine Baker, Director of Child Hygiene of the Department of Health, New York City, has crystallized in book form her extensive knowledge and experience in the care of the babies of New York City.

The title of the first of her three volumes is "Healthy Mothers." In this book she gives most explicit and direct teaching to expectant mothers to enable them to make a science of child bearing rather than the old-fashioned way of ignorantly permitting pregnancy to progress without direction and without intelligent oversight.

"Healthy Babies" is the title of the second book of the series. Its teaching is directed to keeping babies well rather than curing them when sick.

The author in her preface wisely says, "A great deal of common sense is needed in handling babies." While regularity in feeding, correct methods of hygiene, proper adherence to the rules regarding the right kind of clothes, fresh air, exercise, sleep, etc., are necessary, these must not take the form of rigid routine to be carried out to the exclusion of the babies' human needs. All babies demand that intimate contact which we call "mothering."

Forty-five pages are devoted to infant feeding, etc. If the book contained only these pages it would be invaluable to mothers for every phase of this important subject is considered with scientific exactness and yet with the utmost simplicity.

Half a dozen pages are devoted to minor illnesses and nursery remedies, although the author does not encourage home medication to any great extent.

"Healthy Children," the third book of the series, Dr. S. Josephine Baker has written "is devoted to that period of childhood which falls between babyhood and school age." It deals with the health problems of the years in which children are especially susceptible to infectious diseases. It is the purpose of this book, as of the other two of the series, to accustom health, not disease, and to show the mother how she may give the child of pre-school age the same health care that is now so freely available for the baby.

The manner of clothing children is discussed and patterns for healthful garments given. The care of the teeth, the prevention and correction of malformations of the jaws, mouth breathing, etc., are considered and excellent suggestions made regarding those conditions. Ear disease, eyestrain, their prevention, and the urgent need of prompt medical attention, is emphasized.

The chapter on foods and feeding brings the teaching on this subject up to date, sample dietaries in health and in illness are given, and the importance of establishing correct feeding habits at this time is urgently advised.

Less space is given than we could wish to the establishing of good habits of posture and the correction of habits which are unhygienic and harmful. If children enter school with a definite idea of good posture they are less likely to acquire the bad postural habits so difficult to avoid during school life.

The value of the teaching in these three books by Dr. Baker can scarcely be estimated. Women naturally pay more attention to details than do men, and these books, written by a medical woman, give to mothers more specific teaching than has usually been presented on the subjects treated.

ELIZA M. MOSHER



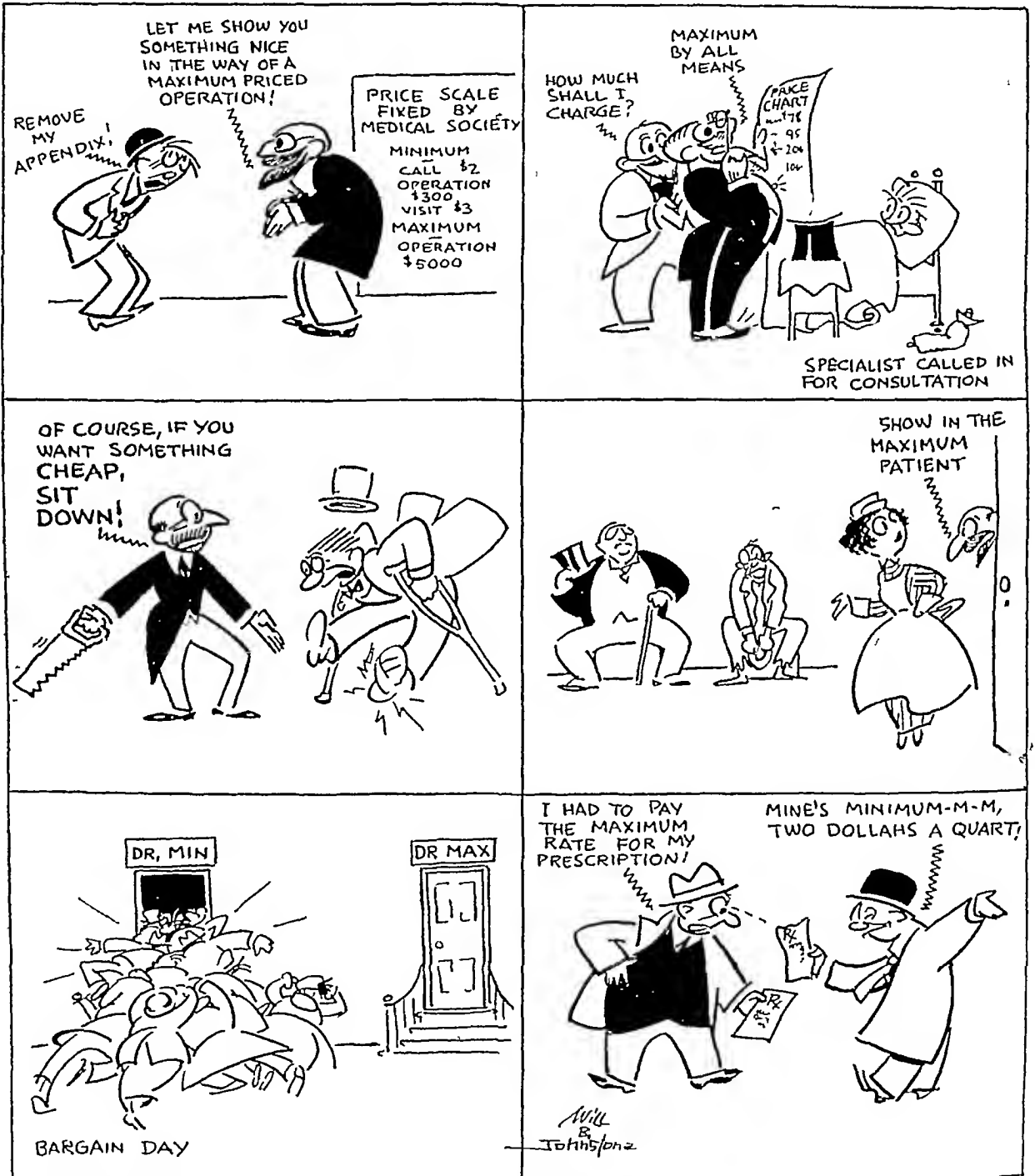


# PRUNES



Contributions Solicited

## DOCTORS' WAGE SCALE FIXED



Cartoon by Will B. Johnstone, published in the New York *World*, November 1, 1924, referring to the fee list of the Medical Society of the District of Columbia



# NEW YORK STATE JOURNAL of MEDICINE

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## NYSTAGMUS IN RELATION TO THE EYE AND EAR.\*

By CONRAD BERENS M.D., F.A.C.S.

NEW YORK CITY

THE eye and ear are in closest relation in the domain of neuro ophthalmology and neuro otology and it is important for the internist, neurologist and brain surgeon as well as the ophthalmologist and otologist, to realize the importance of the eye and ear in relation to general diagnosis. The eye has held an important place in general diagnosis for years, but it is only in the last 15 or 20 years that the importance of the kinetic-static labyrinth has been appreciated and careful study made of its close relationship with the musculature of the body. It is evident that if the vertigo and nystagmus tracts can be definitely demonstrated, a complete analysis of the reactions following stimulation of the various canals may hold an important place in cerebral localization, and it is important for the ophthalmologist as well as the otologist to be familiar with this work if he is to see his specialty in its broader relationship.

The title of this paper covers so many interesting points, that we must limit our discussions, as closely as possible, to the consideration of nystagmus in its clinical or practical application, but it seems advisable to outline present views in regard to the anatomy of the connecting pathways.

**Anatomy and Physiology.**—In order that we may better understand the physiology and physiopathology of nystagmus we will review the anatomy realizing that our present knowledge, even in the light of a vast amount of experimental, clinical and pathological data is imperfect, and that the tracts outlined are merely suggestive. It has been shown by Pike (Pike F. H. The Function of the Vestibular Apparatus. *Physiol. Rev.*, 1923), that labyrinthine stimulation can produce nystagmus in the dog when the cerebellum has been extirpated, and Magnus has

confirmed this for other mammals. We find the third, fourth, and sixth cranial nerve nuclei, those concerned in nystagmus, located in the brain stem. The nuclei of the sixth cranial nerves are found in the lower part of the pons and the third and fourth nuclei in the lower portion of the mid brain.

The nuclei lie in pairs, one on each side of the median line connected by the posterior longitudinal fasciculi. To understand the part that these nuclei play in nystagmus, we must return to a study of the tracts. The eighth nerve arises from the crista of the three semicircular canals, Corti's organ of the Cochlea and macula of the utricle and saccule. When the nerve enters the medulla it divides into the auditory and vestibular portions and it is with the vestibular fibres that we are concerned.

It is probable that there is further subdivision of the vestibular part of the eighth nerve, into fibres from the horizontal and fibres from the vertical canals, each carrying stimuli toward and away from the ampulla. The fibres from the crista of the vertical canals enter the medulla and possibly (Langdon and Jones, *Amer Jour Ophth.*, 1918 p. 348) extend into the upper half of the pons external to the posterior longitudinal fasciculus where a decussation occurs. One set of fibres forms the afferent portion of the vestibulo-ocular tract producing nystagmus and joins the posterior longitudinal fasciculus which distributes the fibres to the nuclei of the third and fourth cranial nerves, the other set of fibres enter the cerebellum and forms part of the vestibulo-cerebellar tract for vertigo. There are two distinct pathways for fibres from the vertical canals—one for stimulation toward, and the other for stimulation away from the ampulla of the semicircular canals. These two secondary tracts have different paths for vertigo and nystagmus.



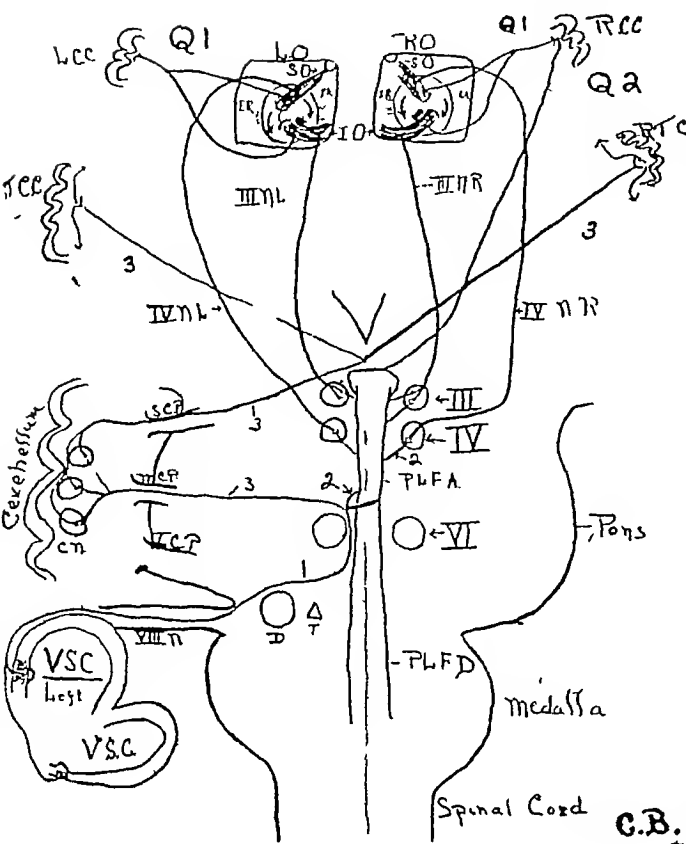


FIG 1

Tract 1 Vestibulo Pontine Fibres from vertical canals 2 Vestibulo-ocular tracts for Nystagmus from Vertical canals 3 Vestibulo-cerebellar tracts for Vertigo L O Left orbit R O Right orbit I R Internal rectus S O Superior oblique I C P Inferior cerebellar peduncle. C N Cerebellar nuclei E R. External rectus I O Inferior oblique. L C C Left cerebral cortex. R C C Right cerebral cortex R T C C Right temporal cerebral cortex. L T C C Left temporal cerebral cortex S C P Superior Cerebellar Peduncle. P L F A and D Posterior longitudinal fasciculus, ascending and descending D Deiters' nucleus T Triangular nucleus Q1 and 2 Tracts for quick component of nystagmus

1a Vestibulo-ocular tract producing nystagmus in stimulation toward the ampulla of the right vertical canals. The inferior oblique of the right eye is stimulated through the third nerve producing extorsion of the right eye. The left superior oblique is stimulated through the fourth nerve, producing intorsion of the left eye. This results in torsion of the upper end of the vertical meridians of each eye anti clockwise or to the right, this is the slow component of nystagmus but we speak of nystagmus in terms of quick component which is, in this case, rotary nystagmus clockwise or to the left. This is nystagmus in the opposite direction to the stimulus in the semicircular canals.

It is probable that inhibitory impulses go to the antagonists of these two muscles at the same time. This entire mechanism only produces the slow component of the nystagmus. Most authori-

ties agree that the cerebrum gives rise to the impulses that cause the quick component, although Magnus and De Kleijn think that no cerebral mechanism is necessary in rabbits, and Pike's (Pike, F. H. Proc Soc for Exper Biology and Med, 1917, xiv, pp 75-77) work on the effect of decerebration in higher types upon the quick component of labyrinthine nystagmus would seem to prove that the cerebrum was necessary, when coupled with the fact that profound anaesthesia also abolishes this part of the reflex. However the tracts have not been even as clearly determined as the vestibulo-ocular tracts controlling the slow component. The afferent impulses to the cerebrum probably originate in the eye muscles (Tozer and Sherrington, Proc Roy Soc, London, B L XXXII, 1910, p 450) which are stretched, for the blind have true labyrinthine nystagmus and vision therefore cannot be a great factor.

The quick component to the left of both eyes is probably controlled by stimulatory and inhibitory impulses which originate in the right cerebral hemisphere, extend downward through the internal capsule to decussate completely and enter (Duane, A. A. J. O., 1924, vol 7, 1) the upper extremity of the posterior longitudinal fasciculus and are then distributed to the nuclei of the extrinsic eye muscles. A case reported by Jones (Jones, I. H., Equilibrium and Vertigo, J. B. Lippencott, 1918, p 382), as well as Pike's work in which he extirpated half of the cerebrum, would seem to indicate that the centre controlling the quick component of nystagmus to the left is probably located in the right cerebral hemisphere.

Miss C., age 23—the patient gave a history of headache, nausea and vomiting, duration one month. Doctor Holloway reported marked bilateral papilloedema. Neurological examination by Doctor C. K. Mills revealed complete atonic or flaccid paralysis of the left upper and lower extremities, facial paresis, cerebral type, Jacksonian epilepsy, beginning in the left side of the face, astereognosis, some impairment of cutaneous and muscular sensibility, somewhat increased deep and superficial reflexes, negative Babinski and considerable mental hebetude. Diagnosis by Doctor Mills: "Tumor involving both the parietal and frontal regions on the right side." Ear examination: there is no spontaneous past pointing of the right arm, the pointing tests of the left arm could not be undertaken because of the paralysis. The essential features of the caloric tests were:

1 The noticeable impairment of vertigo from all semicircular canals, showing that there was a block somewhere along the vestibulo-cerebellar pathways.

2 The slow component of nystagmus was present showing functioning vestibulo-ocular tracts but the quick component of nystagmus to



the left was absent. The ear diagnosis was a probable cerebral lesion on the right between the crura and the cortex. Autopsy revealed a large subcortical abscess in the right parietal region. In order that we may better understand the vestibular tests and nystagmus we may be permitted to digress for a moment and consider the tract for the production of vertigo.

1b Vestibulo-cerebello-cerebral tract for vertigo, stimulus toward the ampullæ of the right vertical canals. These fibres after decussation in the pons, probably enter the middle cerebellar peduncle and are distributed to the three cerebellar nuclei, globosus, emboliformis and fastigii. The fibres then pass through the superior cerebellar peduncle to the base of the crura cerebri where a partial decussation occurs, the major bundle of fibres goes to the contra lateral temporal lobe through the crus cerebri and the minor bundle to the homolateral temporal lobe through the crus cerebri. Stimulation causes a sensation of falling to the left, opposite to the direction of the stimulus in the semicircular canal. The cortical centre for receiving vestibular impulses has been postulated by Mills (Mills, C. K., Definite Concept Areas 1894) and Dana in the posterior portions of the first and second temporal convolutions, the more highly specialized group of cells is probably on the right. Association fibres connect with other groups of brain cells and the sensation of vertigo, described as a disturbed relationship of objects in space, is appreciated by the cerebrum. This sensation can be produced by stimulating or depressing any part of the vestibular apparatus.

2a Vestibulo-ocular tracts for nystagmus, stimulation away from the ampullæ, of the right vertical semicircular canals. The pathway for these tracts is the same as for stimulation toward the ampullæ as far as the upper half of the pons, here the fibres are distributed to the fourth nucleus of the right side and through the fourth nerve, to the superior oblique muscle of the right eye, producing intorsion of the right eye. Other fibres go to the third nerve nucleus and are distributed through the third nerve to

the inferior oblique muscle of the left eye, causing extorsion of the left eye. The resulting action is rotary nystagmus with the slow component, clockwise, or to the left in the direction of the stimulation. The quick component is to the right and the nystagmus is spoken of as rotary nystagmus anti-clockwise, or to the right.

2b Vestibulo-cerebello-cerebral tracts for vertigo stimulation away from the ampullæ of the right vertical semicircular canals.

The tracts are the same as for stimulation towards the ampulla of the vertical semicircular canal but the resulting action is a subjective sensation of falling to the right, in the direction against the direction of the stimulus in the canals. There are also two pathways for stimulation from the horizontal semicircular canal.

- 1 Stimulus toward the ampulla
- 2 Stimulus away from the ampulla

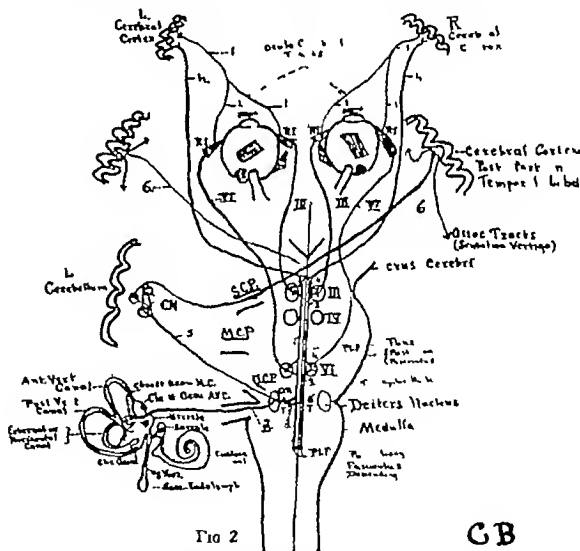


FIG 2

CB

- 1 Oculo Cerebral Tracts
- 2 Vestibular fibres from horizontal semicircular canal.
- 3 Vestibulo-ocular fibres. Tract for horizontal nystagmus
- 4 Cerebro-ocular tracts to nuclei of III and VI nerves
- 5 Vestibulo-cerebellar tract (vertigo)
- 6 Vestibulo-cerebello-cerebral tract (main fibres crossed)
- 6a Vestibulo-cerebello-cerebral tract (secondary fibres)
- P.L.F. Posterior longitudinal fasciculus (ascending)
- P.L.F. Posterior longitudinal fasciculus (descending)
- C.N. Cerebellar nuclei
- SCP Superior cerebellar peduncle
- MCP Middle cerebellar peduncle
- ICP Inferior cerebellar peduncle
- DN Deiters nucleus
- T Triangular nucleus
- Horizontal nystagmus



1a Vestibulo-ocular tracts for nystagmus—stimulus toward the ampulla of the right horizontal semicircular canal. The fibres pass through the eighth nerve, medulla oblongata, Deiters' nucleus and triangular nucleus, and end in the posterior longitudinal fasciculus. The fibres are then distributed to the right third nerve nucleus, and through the third nerve to the internal rectus of the right eye, other fibres go to the sixth nucleus on the left side and are carried by the left sixth nerve to the external rectus of the left eye. Stimulation of this tract produces the slow component of nystagmus to the left.

1b Vestibulo-cerebello-cerebral tract for vertigo—stimulus toward the ampulla of the right horizontal canal. The tract is the same as the tract for nystagmus as far as Deiters' nucleus, here the fibres are distributed to the vestibular cerebellar nuclei through the inferior peduncle and from here the pathways are the same as for the vertical canals. The stimulation of this tract produces a subjective sensation of turning to the right in a direction opposite to the stimulus (endolymph movement) in the canal.

2a Vestibulo-ocular tract for nystagmus stimulus—away from the ampulla of the horizontal canal. The pathway for stimuli toward the ampulla is the same as for stimulation away from the ampulla of the horizontal canal, as far as the posterior longitudinal fasciculus. Here the fibres are distributed to the sixth nucleus and nerve of the right side then to the right external rectus, also through the left third nucleus and nerve to the left internal rectus. Stimulation of this tract causes the slow component of nystagmus to the right.

2b Vestibulo-cerebello-cerebral—tract for vertigo stimulus away from the ampulla and the resulting nystagmus and the resulting subjective sensation is one of turning to the left. It would seem from this that vertigo is in the opposite direction to the stimulus.

Clinical significance of nystagmus. It is well known that nystagmus may be incited from any point in the paths which associate the eyes and labyrinths but time will only permit us to consider a few of these points which are of clinical interest in the study of nystagmus.

1 Nystagmus in diseases of the eyes, from our experience to date, it would seem that patients who consult oculists on account of nystagmus should have the benefit of tests of the vestibular apparatus, for these tests certainly give valuable data in regard to the condition of the vestibulo-ocular and cerebro-ocular tracts.

a Nystagmus in strabismus. Nystagmus and strabismus may occur simultaneously and Ohm (Ohm, J. E. Vestibular nystagmus—Zeit f Augenkr., v 39, 1918, pp 204-207) found that a patient who had acquired nystagmus and strabismus ten years previously still had pseudomove-

ment of objects. He believed that disturbed vestibular innervation was an etiological factor in this case. From consideration of the frequent association of nystagmus and strabismus Fromaget and Henry (Fromaget and Henry, *Ann d'Oculistique*, vol 147, 1912) conclude that in certain circumstances nystagmus may supervene on strabismus, Verhoeff on the other hand believes (Verhoeff *Am En of Ophth*, vol xi, p 8405) that nystagmus due to cortical lesions frequently precedes strabismus and acts in conjunction with a weakened stimulus for binocular single vision. One thing is clear, that the coordinating centres for binocular movement are more easily disturbed in some people than in others and that the tendency for fusion, if it is strong, tends to hinder the production of both nystagmus and strabismus. These patients frequently exhibit latent nystagmus and anything tending to make the vision monocular will permit the nystagmus to become manifest.

b Nystagmus in paralyses of the ocular movements. It seems to be a fairly well established fact that the vestibular tests are of value in ocular paralyses and Dunn has suggested that the eye muscles might be stimulated by way of the vestibular apparatus in order that the duration of a paralysis might be shortened. The tests are most useful in the study of paralyses of associated movements, for a supra nuclear lesion may be diagnosed if the vestibular tests cause a deviation of the eyes toward the paralyzed side. The stimuli which are derived from the labyrinths are much more powerful than the voluntary cerebral stimuli and this fact has been used in two patients to determine the amount of function remaining in their paralyzed muscles. This data may be of value in making a prognosis. Weve and Sonnen have used these tests in paralyses of the sixth nerves and found that simultaneous as well as crossed unilateral cooling of the labyrinth causes nystagmus in the affected eye.

c Nystagmus in albinism. It is well known that patients with albinism affecting the eyes usually have nystagmus, ocular in type, and horizontal in character. The cause of the nystagmus has frequently been ascribed to the effect of the excess of light which reaches the retinas of these patients due to the deficiency of pigmentation in the coats of the eyeballs. That the cause may be faulty development of the macula or the cones is strongly suggested by Elschnig's case, in which he found that the macula had failed to develop. Rugg Gunn (Rugg Gunn, *Amer Enc of Ophth*, vol xi, p 8403) found that the cones had lost their function, in one albinotic patient, and that the patient was really dark adapted, he believes that this might account for the photophobia as well as the nystagmus.

d Nystagmus in hemianopsia. As an addi-



tional diagnostic factor in the study of hemianopsia Bárány (Bárány, R. *Ocular Nystagmus and Railroad Nystagmus*, Upsala Lak. Forhandl. vol. 26, 1921) suggests the use of railroad nystagmus. Normal eyes will show nystagmus toward either side when objects pass before them in rapid succession, in hemianopsia the eyes will show nystagmus only on the unaffected side.

2. Labyrinthine and retro-labyrinthine nystagmus. The interpretation of the responses to labyrinthine stimulation gives information in regard to the function of the labyrinth, eighth nerve, and the association tracts in the pons, cerebellum, crura cerebri and cerebral hemispheres. Spontaneous nystagmus of the vestibular rhythmic type when horizontal, is of slight value as a localizing sign for "end-organ," as well as intracranial disease may cause this. If this type of nystagmus is vertical Bárány says the lesion is always intracranial, and Tisher (Fisher, Lewis. *How to Diagnose the Cause of Dizziness*. Penn. Med. Jour. 1916) goes farther, stating that this symptom is pathognomonic of a lesion of the brain stem.

Spontaneous rhythmic, rotary nystagmus to one side has been seen when the opposite labyrinth has become functionless, and this symptom disappeared again when both labyrinths were destroyed (Scott, S. *Ophth. Rev.*, p. 155, May, 1914.) If one labyrinth is destroyed and the patients have spontaneous nystagmus this may sometimes be arrested by digital compression upon the carotid sheath of the normal side sufficient to arrest the pulsation of the superficial temporal arteries. In elderly patients, who have lost the function of one labyrinth, digital compression of the carotid on the normal side will sometimes evoke nystagmus. Lesions of the vestibular apparatus and of the eighth nerve may be either irritative or destructive, the former producing nystagmus away from the affected side. An important fact to be remembered is that nystagmus may change in direction if a lesion is irritative or in cases where one labyrinth is only partially destroyed, but nystagmus resulting from a complete destruction of the labyrinth is usually directed toward the normal side. Nystagmus noted after complete destruction of the labyrinth gradually becomes less, and in the later stages is only noted in the direction of the slow component. Rotary nystagmus to the affected side is usually produced by circumscribed lesions of the labyrinth, but this reaction is occasionally reversed. If the cause of the circumscribed change is found to be an inflammatory one, nystagmus may even alter its direction. If the circumscribed involvement shows retrogressive changes the nystagmus directed to the affected side is diminished from day to day and gradually disappears. Observation of the nystagmus gives important data in regard to the prognosis, for

if the disease progresses the nystagmus increases in intensity towards the affected side and becomes noticeable in other directions. If the labyrinth is finally destroyed, the nystagmus changes as has been described above. If one labyrinth is apparently destroyed the galvanic test may be employed to determine whether the eighth nerve is still functioning. Circumscribed changes in the labyrinth may be detected in their early stages by bilateral stimulation of the labyrinths, by syringing, or the use of the galvanic current and a branched electrode. If both labyrinths are functioning equally, nystagmus will not be produced but if one labyrinth or nerve is diseased nystagmus will be produced toward the affected side.

The differential diagnosis between retro labyrinthine and labyrinthine nystagmus is difficult and must frequently be made on accompanying symptoms, but retro-labyrinthine nystagmus frequently tends to increase in intensity while labyrinthine nystagmus usually tends to decrease in intensity. As retro labyrinthine nystagmus is usually directed to the affected side, the diagnosis is fairly certain if the labyrinth of the diseased side can be proven to be normal. We suspect labyrinthine instead of retro-labyrinthine nystagmus if there is a history of tinnitus and impairment of both the cochlear and kinetic-static labyrinths, particularly if the impairment of the responses from the horizontal and vertical canals is proportionate for both nystagmus and vertigo. A retro-labyrinthine lesion is suggested if stimulation of any canal produces a perverted or inverse nystagmus. Inverse nystagmus is nystagmus in the opposite direction to the normal responses to a given stimulation. Perverted nystagmus means a different type of nystagmus than the one usually produced by the stimulus, for example, rotary nystagmus, when horizontal or vertical nystagmus is the normal response. Some authors say this reaction is pathognomonic of a central lesion usually of the brain stem. If the responses from the canals are not equal and if either vertigo or nystagmus is interfered with alone, it is also suggestive of a retro labyrinthine lesion. A retro labyrinthine lesion may interfere with the cerebral impulses which produce the rapid movement of nystagmus and in such a case stimulation of the labyrinth produces conjugate deviation of the eyes instead of nystagmus. A case of conjugate deviation of the eyes in cerebral abscess has already been referred to, and Ruttin (Ruttin, *Deutsch Otol. Gesellschaft*, Hanover) has seen a patient in whom there was rupture of a brain abscess into the lateral ventricle, which produced vertical nystagmus upward by pressure on the corpora quadrigemina. This form of nystagmus has also been seen in brain tumors involving the corpora



quadrigenina We had the opportunity of examining a patient with vertical nystagmus in the neurological department of the Vanderbilt Clinic

B K, a Russian woman, was seen by us on the 29th of November, 1922. She complained of dizziness which persisted for three years and also of rapid movement of objects before her eyes, she also complained of diplopia on looking to the right and left. The vision was 20/20 in each eye and the fields were slightly contracted for color on the nasal side, but otherwise both fields of vision were normal. The eyelids were normal except for a slight tendency to widening of the palpebral fissures in lateral rotation of the eyes. Examination of the muscles showed a near point of convergence of 83 mm near point of accommodation, right eye 270 mm, left eye 330 mm, for 75D type. There were 4Δ of esophoria for six meters and 8Δ of exophoria for 25 cm. There was a diverging power of 2Δ for six meters and 15Δ for 25 cm. Nystagmus was the most marked symptom. With the eyes in the primary position fixing at six meters, there were slight vertical and horizontal movements irregular in rate, and their amplitude was one half millimeter. Fixing at 25 cm, there was slight horizontal nystagmus. In associated movements of the eyes to the right there was horizontal nystagmus which soon disappeared. In turning the eyes to the left, there was horizontal nystagmus with the quick component to the left. In looking up there was rapid vertical nystagmus amplitude three-fourths of a millimeter. In eyes down there was no nystagmus. No diplopia could be elicited with a red glass and the corneal sensitivity was slightly reduced in both eyes. The pupils were equal and the irides reacted normally and actively to direct and indirect light, accommodation and convergence. The ophthalmoscopic examination was negative. Doctor I S Wechsler examined the patient neurologically and reported as follows: "The patient has some cerebellar signs and shows some ataxia of the lower extremities. Possibly due to involvement of the vermis and cerebellum. Fixation nystagmus speaks for cerebellar involvement. Fairly typical Bruns symptom would point to fourth ventricle involvement and possible pressure on the posterior longitudinal bundle.

"The absence of choked discs somewhat militates against posterior fossa or fourth ventricle neoplasm. However, this possibility is strongly to be considered, a remote possibility is cysticercus. Before making a final diagnosis, the vestibular apparatus should be thoroughly investigated." Bárány saw this patient, and the summary of the findings of the tests of the vestibular apparatus is as follows:

The cerebellum does not seem to be involved for the following reasons: (1) There is no

diminution in the duration of the vertigo (2) There is no diminution in the duration of the nystagmus (3) Both upper extremities past point properly—both right and left in response to the stimuli, calling forth the past pointing in the respective directions. The upper part of the pons is suggested by the absence of nystagmus from only the vertical canal on each side in performing the caloric test. The horizontal canals giving a normal nystagmus. The probable diagnosis was a lesion of the upper part of the pons. The pressure on the upper part of the pons may be from mid-brain, cerebrum, or ventricular distention. There was no autopsy in this case, so that the diagnosis could not be confirmed, but the diagnostic points, particularly the absence of nystagmus from the vertical canals, are so clearly defined that it seems well to report the case. The actual tracts called the vestibulo-ocular tracts for the production of nystagmus, do not go directly through the cerebellum, in all probability, as we have stated before, but the inferior cerebellar peduncle probably carries impulses in both directions, and some of the descending impulses probably are distributed to the vestibular nuclei. It is possible that these fibers have an inhibitory action on nystagmus, absence of these stimuli may permit of a nystagmus of wide amplitude and long duration.

Tumors of the cerebello pontine angle are of frequent occurrence and they are usually fibromata and more rarely fibro-sarcomata. Cysts have been seen and they are frequently part of a glioma arising in the cerebellum. We have seen a patient with a cyst of the left cerebello-pontine angle who came to operation. The patient was a young American woman, twenty-one years of age and was seen in the Department of Neurology, of the Vanderbilt Clinic, on January 12th, 1921. Doctor O Strong made the neurological examination and summarized the findings as follows:

"The physical signs thus clearly indicate a lesion, or lesions affecting the left fifth, seventh and eighth cranial nerves, the left cerebellum and possibly the left sixth nerve. It will be agreed, probably, that the objective signs point to a lesion in the left cerebello-pontine angle or its vicinity. This is, perhaps, even more true of the subjective signs—the complaints—which read remarkably like the various cases reported by Cushing. While they are quite typical of a cerebello-pontine angle neoplasm, there are, nevertheless, some other possibilities to be considered.

"In the first place, there is to be noted the predominance of cerebellar symptoms, reinforced probably by vestibular disturbances. This is quite typical, but it must be remembered that this is a rather early case if a neoplasm, at least without any marked intra-cranial pressure, and if extra cerebellar perhaps the cerebellar symp-



toms would not be expected to be quite so conspicuous. The possibility of an intra-cerebellar lesion should thus be considered.

"There is no certain differentiation, but it would hardly seem that in this case, the symptoms, especially those due to cranial nerves, would be quite so definite and unilateral and it would seem that the general symptoms, especially headache and vomiting, would be more severe were the latter the case. The great increase in unsteadiness of gait when the eyes are closed is interesting and not characteristically cerebellar. Might this be due to the middle peduncle being involved? The nystagmus is, owing to its complicated character, difficult to interpret precisely. It follows the rules of being coarser with the eyes directed to the side of the lesion and may, perhaps, be best regarded as a mixture of vestibular and cerebellar elements. If we regard the lesion as a cerebello-pontine angle neoplasm, the further question arises whether it is an acoustic nerve neoplasm or some other, e. g., a lateral recess growth. In favor of the latter is perhaps the fact that hearing has not been so severely impaired nor possibly noticed so long, as would be expected with an acoustic nerve growth. The absence of marked tinnitus would point in the same direction. An interesting symptom is the greater involvement of the third division of the fifth nerve. This would apparently indicate a pressure on the nerve from its caudal aspect as it leaves the cranium. This, and the absence of vocal cord symptoms may indicate the position of the focal lesion or neoplasm to be somewhat in front of the cerebello pontine angle and on the middle cerebellar peduncle.

"Multiple sclerosis may be mentioned, but excluded on account of lack of signs of multiplicity of lesions and absence of pyramidal signs. Epidemic encephalitis may be considered, but the consistent focal symptoms and steady progress of the disease as well as the fact that the group does not resemble the encephalitic groups may be taken to exclude this possibility."

We examined the eyes and reported as follows:

"The patient complained that her eyes jerked and things became blurred when she looked to the left. There was double vision at times. Her previous eye history was negative except that she had worn glasses for one year at the age of sixteen. Her present eye trouble commenced in 1919 with blurring of objects upon looking to the left. She has noticed vertical diplopia at times during the last year.

"Vision in the right eye 20/20 corrected under homatropine to 20/20 plus by a +25 cylinder axis 75°. Vision in the left eye, 20/30 plus, corrected by a +25 cylinder axis 90° to 20/20 plus.

"The interpupillary distance was 64 mm. near point of convergence 160 mm. The near

point of accommodation from the cornea in the right eye was 120 mm., and in the left eye 128 mm. The muscle balance showed for six meters, one prism diopter of exophoria and six prism diopters of right hyperphoria. Nystagmus was the most marked sign revealed by inspection. With the eyes fixed for distance, the right eye showed rotary nystagmus, irregularly rhythmical with a slight occasional vertical jump, slow movement clockwise. The left eye, rotary nystagmus with an occasional vertical jump, slightly greater amplitude than the right eye, slow movement clockwise. Rate ninety a minute for the rotary component and ten a minute for the irregular vertical component. Upon looking down the nystagmus disappeared. Looking up and to the right, horizontal nystagmus amplitude three millimeters, 140 a minute, slow component to the left. Looking up, slight rotary component noted. Eyes up and to the left, horizontal vertical and slight rotary nystagmus, narrow amplitude, rate 130 a minute. To the left, horizontal nystagmus, 130 a minute. Quick component to left, amplitude, six millimeters, slight rotary component. Tension normal in both eyes. Fields for form and color, right eye, normal. The field for form and color in the left eye was slightly contracted above and temporally (possibly due to the nystagmus). The blind spots were normal.

"The eyelids and lachrymal apparatus were normal except that the left palpebral fissure was larger than the right and there was a slight Stellwag sign on the left side. She winked more on the right.

"The ocular movements showed spasms and weakness of several muscles but the only constant insufficiency was that of the left external rectus.

"Diplopia fields plotted on the tangent screen showed vertical diplopia in all fields, more marked looking to the left, but not increased by looking up or down. The right was the higher eye. The conjunctiva was normal. Left cornea slightly insensitive to tactile stimulation.

"Irides reacted normally to direct and indirect light, accommodation and convergence, and to oculo spinal reflex stimulation. Pupils fixating at six meters in a moderate illumination, four millimeters in diameter, equal and regular in outline. Media and fundi were normal.

Doctor Bandal Hoyt was asked to test the acoustic nerve especially the vestibular portion. The following is his report. It must be noted that his suggestions as to localization were based on his vestibular findings considered by themselves.

Auditory status—tinnitus was not present. Whisper right, 20/20 left 10/20. Tuning fork tests, C 128, right 20/20 left 10/20, in both air and bone conduction. A C greater than B C 512 not heard in left ear.

Vestibular status (pre rotary) — spontaneous



vertigo was not present Nystagmus, fine, on looking to right, coarse, on looking to left Balance, sinistropulsion (?), retropulsion on walking backwards Pointing tests, dysmetria with left, no deviatory movements

Rotation tests—Series I Upright position

(1) Direction of rotation is recognized instantly (2) Duration of movement after sensation of having stopped has been signified, right greater than left (3) Sensation of rotation in reverse direction is induced on right by two revolutions, on left by one half revolution

Series II Lateral falling position (head bent forward, face parallel with floor) (1) Falling in direction of rotation is induced by sixteen revolutions to right and three to left (2) Sensation of falling opposite to direction of rotation is not induced by revolution to right or left

Series III Dorsoventral falling position (head bent forward, face turned to left) (1) Falling forward is induced by three revolutions to right and also three to left (2) Sensation of falling backward is induced by three revolutions to the left but not to the right (3) Sensation of falling forward is induced by three revolutions to the left but not to the right Slight nausea induced by falling tests No vomiting induced by tests No pallor induced by tests

Nystagmus—rotation to right causes coarse nystagmus, already present on looking to left, to take character of vestibular (fine) nystagmus It completely inhibits the fine nystagmus that is present when patients look to right Rotation to left causes fine nystagmus already present on looking to right to become more intense and then coarse for a few seconds It does not influence the coarse nystagmus that is present when patient looks to left

Analysis—The hearing tests show that the left auditory nerve is involved, they also show that it has not been completely destroyed The fine nystagmus on looking to the right is similar in character to that produced by rotation to the left in normal individuals It is what might be expected where impulses from the right labyrinth predominate over those coming from the left The inhibition of this nystagmus by rotation to the right indicates that this discrepancy has been equalized The fact that vertigo to the right can be induced by one half revolution to the left is accounted for on the same basis

The failure to induce past-pointing by rotation to the right indicates a block in the left vestibular nerve The delay in induced detropulsion, and the absence of induced sinistropulsive vertigo, are in keeping with the above The absence of dextropulsive vertigo, after rotation to the left, however, is a dissociation that can not be explained on the basis of a vestibular nerve lesion

With the head bent forward and face turned to the left, the right posterior and the left superior canals are in the plane of rotation Rotation to the left stimulates the right posterior canal more than the left superior The resultant direction of movement, while normal, was not of the usual intensity The presence of sinistropulsive instead of retropulsive vertigo, is due probably to the fact that impulses coming from the left superior canal were delayed

Rotation to the right (in this position) stimulates the left superior canal more than the right posterior, and the failure to induce either movement or sensation are in keeping with a lesion in the left vestibular nerve

With the head bent forward and the face turned to the left the left posterior and the right superior canals are in the plane of rotation Rotation to the right stimulates the left posterior canal more than the right superior, and the absence of motor or sensory responses to such rotation are in keeping with a lesion in the left vestibular nerve

Rotation to the left (in this position) stimulates the right superior canal more than the left posterior The fact that sinistropulsion instead of retropulsion should have followed such rotation suggest involvement of the cerebral cortex from the left posterior canal were delayed That dextropulsive vertigo should not have accompanied falling to the left, can not be explained by a vestibular nerve lesion

Thus, whereas the majority of the above tests indicate a lesion of the left vestibular nerve, the spontaneous coarse nystagmus on looking to the left, coupled with the fact that it is not inhibited by rotation to the left (i.e. by stimulation of the right horizontal canal) and the fact that there are evidences of dissociation between the motor and sensory effects of rotation, indicate that there is involvement of parts other than the vestibular nerve

Dissociation of the sensorimotor effects of rotation suggest involvement of the cerebral cortex In this case, the only part of the cortex that is in relation with the peripheral nerves so obviously involved, is the left temporal lobe

On this account and because none of the involved nerves is completely destroyed, by own impression is that there is a lesion, which primarily involves the left temporal lobe, but which by extension downward has secondarily involved some of the cranial nerves

A suboccipital craniotomy was performed by Doctor Elsberg on March 5th, 1921 A cystic mass was found deep in the left cerebello-pontine angle, covering the nerve in the angle The surface of the cyst was roughened, cloudy and partly translucent The mass was ruptured during the manipulation, but there was no evidence of



tumor underneath. All the patient's symptoms were improved following the operation, but they have gradually increased in severity, probably due to reformation of the cyst, and at the time of writing they are more aggravated than they were before the operation. Doctor Strong, in commenting upon the case after operation stated that 'the subsequent operation apparently showed that the objection to a cerebello-pontine angle localization, such as the lack of especially severe involvement of the acoustics and absence of marked tinnitus, together with the pronounced cerebellar symptoms, did not take sufficient account of the possibility of a cerebello-pontine angle growth of such a yielding character as not to give marked blocking and irritation of the acoustic nerve. A large percentage of brain tumors are located in the cerebello-pontine angle and it is in these lesions that the Barany test is most valuable. From the case just recorded, it can be easily seen that the symptoms depend not only upon the size of the growth but also upon its consistency. In small tumors no pressure is exerted on either the pons or cerebellum. Because of the pres-

sure on the anterior part of the cerebellum, both the superior and inferior surfaces are involved, this causes cerebellar asynergy of both limbs of the same side.

The vestibular tests for nystagmus are also of value in the early diagnosis of syphilis, both congenital and acquired. If the tests are carefully carried out they will frequently show impairment of the eighth nerve function a few weeks after the primary infection. The functions of the vestibular apparatus may also be depressed in patients with hereditary lues. The weakened vestibular reactions are probably due to involvement of the nerve endings or the nerves themselves.

#### CEREBRAL LOCALIZATION BY THE STUDY OF THEORETICAL LESIONS

1 A lesion of the right cerebral hemisphere may be suspected if the quick component of nystagmus is wanting to the left, or there is conjugate deviation of the eyes to the right upon labyrinthine stimulation. The lesion could possibly be in the tract XA—fig 3, which is supposed to carry the impulses to the cerebral cortex from the eye muscles which are put on tension as the eyes are turned to one side by the labyrinthine stimuli. The lesion could be in the cortico-ocular tracts which are supposed to carry the impulses to the contra lateral eye muscle nuclei to produce the quick component of nystagmus, see tract XB, fig 3. A case of subcortical abscess reported by Jones exhibited this sign. *Vide supra*

2 Theoretically a lesion destroying the nerve endings in the horizontal canals, the horizontal canal fibres in the eighth nerve or in the medulla, before the fibres entered Deiters' nucleus, would give absence of nystagmus, vertigo, and past pointing from horizontal canals on the affected side. Lesions XD and 'XL, fig 3.

3 Theoretically a lesion destroying the endings in the vertical canals and the eighth nerve or in the vertical canal tracts in the pons before they decussated sending fibres for vertigo to the cerebellum, would give absence of vertigo, nystagmus past pointing and falling from the vertical canals. Lesions CX and FX, fig 3.

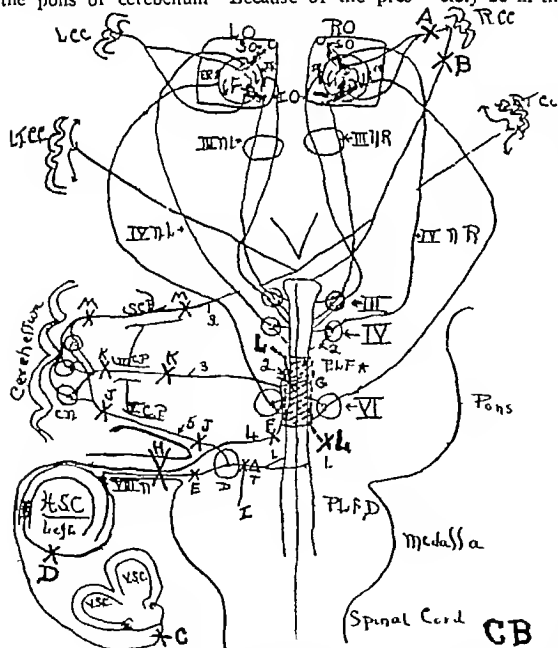


FIG 3

1 Vestibulo pontine fibres from horizontal canal 2. Vestibulo-ocular tracts for nystagmus 3. Vestibulo-cerebello-cerebral tracts V.S.C. 4 Vestibulo-ocular tract V.S.C. 5 Vestibulo-cerebello-cerebral tract H.S.C.



4 A lesion in the posterior portion of the pons near the posterior longitudinal fasciculus may be suspected if there is no nystagmus from the vertical canals and yet stimulation of the vertical canals produces normal past pointing falling and vertigo Lesion XG, fig 3 A patient seen by Fisher (Fisher, L. The diagnosis of Brain Tumors by the Bárány Test, J A M A, 1922 pp 1515-1518) who had these symptoms, was shown at autopsy to have had a tumor of the cerebello-pontine angle

5 There is a lesion of the eighth nerve or complete destruction of the labyrinth, if there is no nystagmus, vertigo, past pointing or falling, combined with complete deafness in the ear tested Lesion XH, fig 3

6 If there is no nystagmus after stimulation of the horizontal semicircular canals, but vertigo, past pointing, and falling are normal, there is probably a lesion of the vestibulo-ocular tract for nystagmus in its passage through the medulla after the fibres for vertigo decussate in Deiter's nucleus and before the fibres enter the posterior longitudinal fasciculus Lesion XI, fig 3 An irritative lesion in this position might produce perverted nystagmus, as was seen in a case reported by Fisher (Fisher, L. The Diagnosis of Brain Tumors by the Bárány Tests J A M A, 1922, pp 1515-1518, case 7), in which a tumor of the left cerebello-pontine angle was found at autopsy

7 If nystagmus is normal but vertigo and past pointing are impaired in stimulation of the horizontal canals, a lesion of the vertigo fibres after they leave Deiters' nucleus and before they enter the cerebellar nuclei is suspected Such a lesion would usually involve the inferior cerebellar peduncle and theoretically might be associated with an increase in the duration (Neuman) and amplitude of nystagmus by interfering with the descending impulses to the eye muscle nuclei which are supposed to be carried by the inferior cerebellar peduncle Lesion XJ, fig 3

8 A lesion of the posterior longitudinal fasciculus is suggested by absence of nystagmus after stimulation of both vertical and horizontal semicircular canals in the presence of normal past pointing, falling and vertigo Lesion XL, fig 3

9 Normal nystagmus, but absence of vertigo, past pointing, and falling after stimulation of the vertical canals is suggestive of a lesion of the tracts for vertigo, after decussation has occurred in the pons, the lesion may be in the pons, the middle cerebellar peduncle, or cerebellum Lesion XK, fig 3

10 If stimulation of both the vertical and horizontal semicircular canals produce normal nystagmus, but not past pointing, falling or vertigo, the lesion is probably in the cerebellum, superior cerebellar peduncle or upper part of the pons Lesion XM, fig 3

### CONCLUSIONS

1 Careful study of nystagmus, and the employment of the tests to produce nystagmus experimentally, frequently gives us important information, bearing upon the diagnosis and prognosis of our cases and ophthalmologists as well as otologists, neurologists and brain surgeons should familiarize themselves with the clinical significance of the vestibular tests

2 The vestibular tests producing nystagmus are of value to the ophthalmologist in the study of ocular paralyses and spontaneous nystagmus, which is apparently not ocular Stimulation of the vestibulo-ocular tracts may be of value in the treatment of ocular paralyses

3 The vestibular tests for nystagmus and the study of nystagmus is of value to the neurologist in the study of cerebello-pontine lesions, in differentiating labyrinthine from cerebellar lesions and to a lesser degree as a diagnostic factor in localizing lesions of the anterior, middle and posterior fossæ Nystagmus also occurs in various nervous diseases and it is important for the neurologist to detect the presence of nystagmus and recognize its type He should either perform the vestibular test personally or preferably refer his patients to an otologist

4 The vestibular tests producing nystagmus are of value to the otologist in differentiating middle and internal ear involvement and in diagnosing the extent of labyrinthine involvement and noting its progress They are also of value in differentiating labyrinthine from retro-labyrinthine affections and organic from functional disturbances



## CLINICAL RESULTS AFTER IRRADIATION OF CANCER OF THE CERVIX UTERI \*

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### INTRODUCTION

IN the beginning of our work in irradiation there were only far advanced cases of cancer of the cervix referred to the Institute for treatment. At that time (1913-1914) we were equipped with 51 milligrams of radium and the ordinary X-ray machine. With this equipment and the nature of the cases referred to us, the work from 1913 to 1919 was exceedingly discouraging. Early in 1919 I acquired 100 milligrams of radium and soon after began to see an improvement in our work even though it was only in a palliative way. In 1920 the State appropriated money enough to obtain 2 grams of radium, which was considered an adequate amount for the work to be carried out. In 1921 our armamentarium was supplemented by the addition of high voltage X-ray equipment. It was soon evident that in order to study the problem of cervical cancer more carefully it would be necessary to classify the material accepted for treatment in some way so as to judge more accurately what was being accomplished. We decided on a classification according to the type of tumor involving the cervix and the anatomical involvement.

The cases referred to in this paper were all mucous membrane epitheliomata (carcinomata) of the cervix. It was decided among ourselves to designate as Group I all lesions of the cervix which were entirely confined to the cervix with no extension into the fornices or vaginal mucous membrane, as seen in Figure I.

Into Group II were placed all cases farther advanced in which a portion or all of the cervix was involved and the growth had extended to the mucous membrane and walls of the vagina. Figure II.

Into Group III were placed cases in which the cervix and the mucous membrane of the vagina were involved and there was beginning infiltration of one or both broad ligaments with moderate fixation, as elicited by vaginal and rectal examination. Figure III.

Into Group IV were placed all cases which were exceedingly far advanced in which the cervix, upper end of the vagina and both broad ligament areas were markedly infiltrated, causing complete fixation of the uterus in the pelvis. Figure IV.

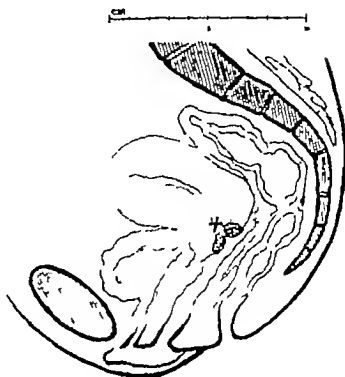


FIGURE I

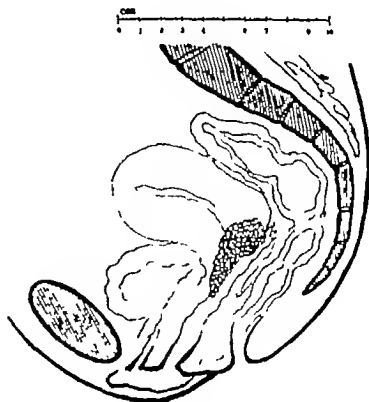


FIGURE II



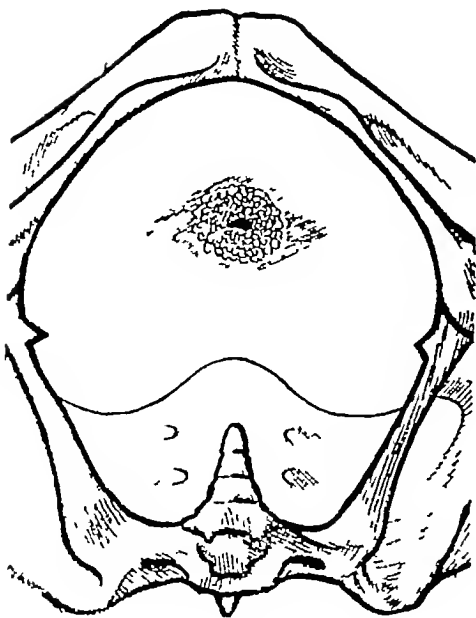


FIGURE III

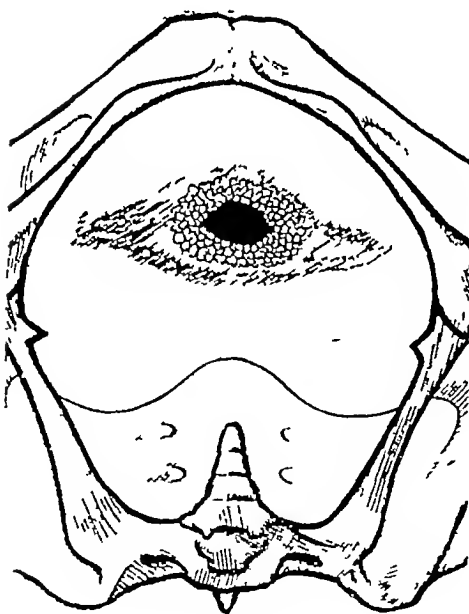


FIGURE IV

While we realize that this is an arbitrary way of classifying these cases, and one in which the personal equation is large, nevertheless according to the data herein reported, it has been a satisfactory method in conveying to others what we have been able to accomplish.

The literature on the treatment of cancer of the cervix both by surgery and irradiation is in a very chaotic state. From the point of view of various surgeons it has been stated that from 25 to 50 per cent of all the cases

presenting themselves for examination fall within the so-called operable class. In our experience deducted from the material referred to us for treatment the percentage of cases considered operable is 11 per cent (this may be owing to the fact that our records are full of cases who were sent here as a last resort, and does not represent a fair estimate of cases which would go to the gynecologist for treatment). The surgical cure has been quoted as varying from 10 to 30 per cent, the operative mortality from 11 to 35 per cent.

This report is based on the study of 422 cases which are classified as follows: Group I, 15 cases, Group II, 30 cases, Group III, 118 cases, Group IV, 253 cases, 6 cases were radiated prophylactically.

#### TREATMENT

Previous to January, 1920, we had 98 cases of cancer of the cervix of which there were three prophylactic cases, no cases which could be classified as Group I, one as Group II, twenty as Group III, and 74 as Group IV. Up to this time the method of treatment was not standardized as to amounts of radium given and the filtration used. From 1913, to January, 1920, cases were treated by the introduction of a single tube of radium of 51 milligrams filtered through lead 1 mm and silver  $\frac{1}{2}$  mm, for periods varying from 1,000 to 2,000 milligram hours at intervals of 6 to 8 weeks. In some cases X-rays were also given with 5 milliamperes, 90,000 volts, and 4 mm aluminum through various ports of entry, giving an erythema dose to the skin. This was used empirically, the exact dosage not being known. From 1920 on, emanation was used. The filtration was changed to silver  $\frac{1}{2}$  mm, brass 2 mm, rubber 1 mm, and tandem tubes were introduced into the cervix for periods of 1,000 to 1,500 milligram hours per tube. A little later, on the acquisition of more radium, tandem tubes were used in the same way, but were supplemented with large radium packs from the outside. Radium packs are used at 6 cm distance, filtered with brass 2 mm, silver  $\frac{1}{2}$  mm, and 1 cm rubber, which gave a depth dosage of about 17 per cent at 10 cm depth, two to four fields being used over the anterior and posterior pelvis. Later, in 1921, the routine treatment was changed to the application of tandem tubes in the cervix filtered through brass 2 cm, and 1 mm of rubber for a total of 800 to 1,000 m c hours per tube, supplemented by high voltage X-ray from the outside through two or four fields, depending upon the thickness of the patient, the effort being made to administer 80 to 90 per cent of the skin dose in the region of the cervix and broad ligaments. The conditions under which we worked were 200,000 volts, 8 milliamperes,  $\frac{1}{2}$  mm copper filter, 80 cm distance, with the time factor depending upon



whether two or four fields were used in order to secure the desired depth dose as shown by charting off each individual case (for both X-ray and radium). This technique has not been changed for two years and it is our belief that the results are superior to our earlier methods.

In the preparation for the introduction of radium into the uterus we have come to the conclusion that it is inadvisable to attempt to render the field surgically clean by cleansing with soap and water, we depend entirely upon the use of lysol douches, 1 teaspoonful to 2 quarts of water, the douche being given shortly before the treatment is given. The tubes, in the beginning of our work, were introduced into the cervical canal without any anaesthetic except a hypodermic of morphine and hyoscine. The patients experienced some discomfort due to the fact that our emanation was supplied to us in small bulbs which necessarily made the containers larger than ordinarily used, so at present the patient is given a small amount of nitrous oxide and oxygen to introduce the tubes without pain.

The radium is administered one day and the following day the high voltage X ray is given from the outside. Patients are kept in the hospital from two to four days, not being discharged unless they are free from temperature and apparently in good condition. After this they are obliged to return in one month's time for observation. Usually at the end of four weeks the local lesion will have greatly diminished in size, or almost entirely disappeared. The discharge gradually becomes less in amount, less offensive, and soon assumes a watery appearance. The fields covered by X-ray from the outside, if the full erythema dose has been administered to the skin, begins to assume a slight redness at the end of sixteen or seventeen days which is exaggerated for a period of one to two weeks and then the skin becomes tanned. Immediately after the treatment there may be some nausea and vomiting which lasts from four to twelve hours after treatment. Following this for a period of one or two days there is noted a loss of appetite, but no other untoward results such as bloody and mucous diarrhea, and extreme prostration.

The average length of time in the healing out process of the local lesion varies from two to four months. The majority of the cases treated in Groups I and II have had only one radium treatment supplemented by X-ray from the outside. In Group III it has been found necessary at times to repeat the whole dose. Group IV cases have been handled in rather a symptomatic way following the first intensive radiation, re-radiations depending upon the whole aspect of the case, whether we can hope for more palliation or not. Five cases following treatment developed a peritonitis, four of whom died and one recovered, this being apparently the only cause of

death which could be attributed to the radiation.\* The mortality in the treatment of cancer of the uterus by irradiation in our hands has, therefore, been less than one per cent.

## DISCUSSION OF STATISTICS

GROUP I			
Case No.	Admission Date	Date Clinically Well	Length of Time Well to April 1 1924
6056*	Jan. 1920	(Died 1921)	
6068	Jan. 1920	Mar. 1920	4 years
6147	Apr. 1920	July 1920	3 years 9 months
6266	July 1920	Aug. 1920	3 years 8 months
6389*	Oct. 1920	Dec. 1920	recurrence, June '23, July '23
6509	Dec. 1920	Aug. 1921	2 1/2 yrs., 9 months
B.F.S.	Dec. 1920	Feb. 1921	2 years 8 months
6851	May 1921	June 1921	3 years 1 month
7184	Oct. 1921	Nov. 1921	2 years 10 months
B.F.S.	Nov. 1921	Jan. 1922	2 years 5 months
461*	Jan. 1922	(Died Apr. '22)	2 years 2 months
509	June 1922	Aug. 1922	1 year 8 months
7814	Dec. 1922	Mar. 1923	1 year
7839	Jan. 1923	Apr. 1923	1 year
7998	May 1923	Oct. 1923	6 months

You will see from the above chart that there were 15 cases of cancer of the cervix falling in Group I, of which 13 have been well for periods of from 6 months to 4 years.

Case No. 6056 died from the disease about 18 months after treatment.

Case No. 6389 recurred after 2 1/2 years and was again treated and has now been well for 9 months.

Case No. 461 died from a peritonitis due to a Nelsarian infection which was aggravated by the radiation. It seems fair to regard this case as a mortality due to treatment (which has been less than 1% in the whole series). Eliminating this case we have had a healing in 13 cases out of the 14, or 93%.

13 Cases—Clinically well

2 Cases—Died (one from peritonitis)  
(one from the disease)

Total 15 Cases

GROUP II			
Case No.	Admission Date	Date Clinically Well	Length of Time Well to April 1 1924
6007*	Nov. 1919	Dec. 1919	1 year 5 months
6304	Apr. 1920	Aug. 1920	3 years 8 months
6643	Feb. 1921	Mar. 1921	3 years
6718*	Mar. 1921	Apr. 1921, recurrence April '22	recurrence April '22
7142	Sept. 1921	June 1922	1 year 9 months
7277*	Nov. 1921	Jan. 1922	1 year 9 months
7291	Dec. 1921	Jan. 1922	2 years 2 months
7326	Jan. 1922	Aug. 1922	2 years 2 months
580*	Nov. 1922	Apr. 1923	1 year 8 months
7820*	Dec. 1922	Jan. 1923	1 year
		23, Oct. '23	recurrence August '23
7978	May 1923	June 1923	6 months
690	Aug. 1923	Nov. 1923	9 months
693	Aug. 1923	Nov. 1923	4 months
7996	Sept. 1923	Nov. 1923	4 months
8195	Oct. 1923	Jan. 1924	4 months

Untoward Results in Radiation Therapy of Uterine Cancer when Complicated with Extent Gonococcal Salpingitis—B. F. SCHREINER, M.D., F.A.C.S., and L. C. KRESS, M.D. Published in the American Journal of Roentgenology and Radium Therapy Vol. XII No. 1 July 1924 pages 51-53



There were 30 cases in Group II, the results were undetermined in 3 of these cases and percentages are based on the remaining cases

Fifteen of these cases, or 56% have been clinically well for periods varying from 3 months to 3 years and 8 months

Case No 6007 died from a heart lesion in May, 1921

Case No 6718 recurred after one year and was again treated and has now been well for 1 year and 9 months

Case No 7277 was seen last in May, 1922, but according to letters received from her she is still well

Case No 580 had a peritonitis following treatment from which she recovered

Case No 7820 recurred after 7 months and was again treated and has now been well for 6 months

In this group we have one case reported at this time as improved This case was admitted in February, 1923, and was pronounced clinically well in April, 1923 In January of this year she had a recurrence which was treated at that time and at her last visit showed improvement

Five cases are reported as unimproved

Six cases died The average length of life for these cases was 16 months, the longest palliation being 2 years and 3 months, and the shortest 7 months

15 Cases—Clinically well

1 Case—Improved

5 Cases—Unimproved

6 Cases—Died

3 Cases—Undetermined

Total 30 Cases

#### GROUP III

Case No	Admission Date	Date Clinically Well	Length of Time Well to April 1, 1924
5916*	July 1919	Dec. 1919, recurrence '20, Sept. '20	June 3 years 6 months
B F S	Nov 1920	Jan 1921	3 years 2 months
B F S	Nov 1920	Mar 1921	3 years
668*	Dec 1920	Jan 1921, recurrence '23, Aug '23	July 8 months
B F S	Feb 1921	Mar 1921	3 years
6604	Jan 1921	Mar 1921	3 years
6916	June 1921	July, 1921	2 years 8 months
6940*	June 1921	Nov 1921	2 years 4 months
7165	Oct 1921	Jan 1923	1 year 2 months
7169	Oct. 1921	Apr 1922	2 years
7242*	Nov 1921	Dec. 1921	2 years 3 months
7201	Oct. 1921	Sept 1922	1 year 6 months
7259	Nov 1921	Dec. 1921	2 years 3 months
480	May 1922	June 1922	2 years 9 months
493	May 1922	Aug 1922	1 year 8 months
8048*	Sept. 1922	Dec. 1922, recurrence '23, Nov '23	June 5 months
7810	Dec. 1922	Mar 1923	1 year
597	Jan 1923	Mar 1923	1 year
7873	Feb 1923	July 1923	9 months
505	Mar 1923	Nov 1923	4 months
8011	June 1923	Aug 1923	8 months
8148	Sept. 1923	Nov 1923	4 months
8306	Oct. 1923	Dec. 1923	3 months
8249	Nov 1923	Jan. 1924	3 months
748	Jan 1924	Mar 1924	1 month

There were 118 cases in Group III, the results were undetermined in 26 of these cases, and percentages are based on the remaining cases

Twenty-five cases in Group III, or 27%, are clinically well, for periods varying from 1 month to 3 years and 6 months

Case No 5916 recurred after 6 months and was again treated and has now been well for 3 years and 6 months

Case No 668 recurred after 2½ years and was again treated and has now been well for 8 months

Case No 6940 has no local recurrence but has a paraplegia

Case No 7242 has tuberculosis of the lungs

Case No 8048 recurred after 6 months and was again treated and has now been well for 5 months

Eleven cases are reported as improved, 29 as unimproved, and 27 have died. The average length of life in these 27 cases was 9½ months, the longest palliation being 3 years and 10 months, and the shortest 1 month.

25 Cases—Clinically well

11 Cases—Improved

29 Cases—Unimproved,

27 Cases—Died

26 Cases—Undetermined

Total 118 Cases

#### GROUP IV

Case No	Admission Date	Date Clinically Well	Length of Time Well to April 1, 1924
7931	Mar 1923	Aug 1923	8 months
8184*	Oct 1923	Jan 1924	3 months

Case No 8184 was a recurrent case, a growth having been removed from the cervix in October, 1921, and a hysterectomy performed in April, 1922 At the time of her admission in October, 1923, there was tumor tissue present which proved on biopsy to be mucous membrane epithelioma

There were 253 cases in Group IV, the results were undetermined in 45 of these cases Five cases, which are current cases, are reported as improved, 95 as unimproved, and 106 have died The average length of life for these cases was 8½ months, the longest palliation being 3 years and 10 months and the shortest 1 month

2 Cases—Clinically well

5 Cases—Improved

95 Cases—Unimproved

106 Cases—Died

45 Cases—Undetermined

Total 253 Cases

#### PERCENTAGES OF CLINICAL HEALINGS

Group I 93% clinically cured

Group II 56% clinically cured

Group III 27% clinically cured

#### CONCLUSIONS

1 The results in the treatment of cancer of the cervix in the so-called operable class, namely those cases in Groups I and II, are as good or better than the surgical treatment

2 In farther advanced cases (inoperable) the results have surpassed what one could expect by surgical treatment

3 Cases falling in Group IV have yielded palliation which lasted from a few months to three years, but resulted in death from the disease



## RADIUM AS A PROPHYLACTIC AND CURATIVE AGENT IN RECURRENT CARCINOMA OF THE UTERUS\*

By HAROLD BAILEY MD

NEW YORK CITY

It is now well recognized that in using radium for the treatment of cancer of the female pelvic organs, an application to the local lesion is not sufficient to effect a complete retrogression whatever the size of the dose or the frequency with which it is applied. The furthestmost limits of the parametrium and in fact all the pelvic tissues must be irradiated either by radium or radium in conjunction with X ray. A full skin dose must be delivered if the cancer cells in the lymphatics are to be destroyed. Most clinics in treating recurrent cancer implant radium in the remains of the cervix or in the vault of the vagina and depend upon the X-ray for further irradiation. It is essential to shield the radium in order that no injury may come to the bladder or the rectum which are in close relationship in these recurrent cases.

At the Memorial Hospital, since 1918, we have irradiated the parametrium by means of the so called "bomb" applicator which is a heavy lead cup so arranged as to protect the bladder and the rectum. The container in the cup holds a gram of radium. This is often called the massive dose method and few realize that because of the shield in front of the container only a small dose is given, a dose, however, that is directed toward the tissues involved. The irradiation by this intensive ray, varies from 275 on the surface of the instrument to 16-100 of a skin dose at 10 centimeters.

In addition to the irradiation of the vagina we use radium by the bare tube method. This consists in imbedding permanently minute doses of radium of one-half to one millicurie in hair-like glass tubes. Their radiation is both beta and gamma and they cause a reactive inflammation in the tissues in an area from 1 to 2 centimeters in diameter. When many are placed in an affected part there is a secondary and gamma radiation sufficient to destroy intervening cancer cells that are not in direct relation to the tubes.

We use, also, irradiation from the external surface of the body. Until 1921 we applied radium to the amount of  $1\frac{1}{2}$  grams on a block 4 centimeters thick with a filter of 2 millimeters of brass. This block was placed over the groin and just above the symphysis, and in three areas on the back. Owing to the increasing number of the patients and to our inability to obtain enough radium for this pur-

pose we have used the X ray during the last two years. Through collaboration with Dr. Herendeen and Dr. Failla our physicist, we have adopted a dose which conveys centimeter for centimeter more irradiation than we obtained with the radium.

### CLASSIFICATION OF THE CASES OF RECURRENT CANCER.

The recurrent cases of cancer divide themselves into three groups. (1) Early recurrence with proliferation of the cancer tissues into the vault of the vagina. (2) Early recurrence with masses of cancer tissue confined behind the vault of the vagina and with no ulceration into the vaginal canal. (3) Advanced cases of recurrence of various types with masses extending into the parametrium and into the vault of the vagina. The first two groups are suitable for the treatment and the third derives no benefit. Practically all of our cases are in groups one and two.

In the treatment of the first and second groups a specimen may be obtained and when there is an extension into the vagina we commonly do a biopsy for the purpose of control and for definite knowledge as to the results. When the recurrence grows to such an extent that it simulates the cervix there is an opportunity to imbed platinum capsules without injury to the bladder as the cancer tissue acts as a filter and fistulae do not occur. The capsules furnish a dose sufficient to destroy cancer cells within a radius of at least 2 centimeters. Where tumor tissue also exists behind the vault of the vagina and a definite infiltration can be felt in the parametrium treatment is given by inserting bare tubes, properly spaced, with vaginal irradiation by the bomb, and X ray or radium from the skin surface. The actual dosage varies according to the lesion, but it might be said that the average dose is 1000 to 1200 millicurie hours in degeneration of bare tubes (1 millicurie in tissues equals 138 millicurie hours), 2000 millicurie hours in 1 millimeter of platinum inserted in the growth extending into the vault, a gram of radium in the bomb applicator for one hour in each of three directions, and an X ray cycle around the pelvic girdle. In connection with this type of treatment three warnings should be given. (1) Bare tubes must not go outside the tumor mass. (2) the platinum capsule must be entirely surrounded by tumor tissue so that no destruction will come to the bladder and the rectum, (3) there must be no reapplication of the bomb in any one direction.

\* Read at the Annual Meeting of the Medical Society of the State of New York at Rochester April 22 1924.



or of dosage over 3000 millicurie hours. If the bomb is placed for two hours in one direction it leads to pelvic sclerosis on that side and the development after a number of years of contractions in the tissues. This is particularly true when the bomb is directed back toward the vaginal vault as in this instance the rectum suffers and a stricture occurs at that level.

#### THE USE OF RADIUM AS A PROPHYLACTIC AGAINST RECURRENCE OF CANCER

In this group are the cases in which a complete hysterectomy has been done. All of our cases were operated upon in other hospitals by careful operators. In most cases the procedure consisted of a complete hysterectomy, but there were a few Wertheim operations. If there is no evidence of cancer behind the vaginal vault by either rectal or vaginal palpation the case may be considered as free of the actual growth although the potentiality of growth remains—in other words, in the lymphatics or glands of the pelvis, dormant cancer cells still may be present.

It has been our custom to irradiate the parametrium in three directions with the bomb applicator and to irradiate the pelvis by means of the block for 1500 millicurie hours in six places around the pelvic girdle.

#### COMMENT ON THE RESULTS IN THE RECURRENT CASES

It is, of course, remarkable that any of these cases eventually recover. The case that we have had well for 8 years was a cancer of the body of the uterus, with recurrence in the vaginal vault. This case was treated in 1915 and there was no specimen from the recurrence, there was, however, bleeding and discharge. This is the only case out of the 53 treated in the years 1915, 1916 and 1917 that is still alive and well. It must be remembered that radium was used in an entirely different manner in those years and the amount that we possessed did not permit us to thoroughly irradiate the pelvic tissues. In the following three years, 1918 to 1920 there are in all 22 cases out of 115, or 19 per cent that have been alive for a longer period than three years, 20 of the 22 are apparently perfectly well, 2 are in a serious condition in hospitals, 1, a 1918 case, the other a 1919 case. Apparently they have pelvic sclerosis as they complain of great pain running down the leg as far as the knee, due undoubtedly to pressure on the nerve trunks. We have seen this form of pelvic sclerosis in autopsies and we have found that many of the cases develop cancer in the sclerotic fibrous tissues. We feel that even after 5 or 6 years the cases cannot be discharged as well, as

there is the possibility that cancer cells will develop very slowly in the fibrous tissue simulating in growth the scirrhus cancer of the breast.

#### THE RESULTS OF PROPHYLAXIS AFTER HYSTERECTOMY

The two cases that were treated in 1917, without cross-firing irradiation, are dead. In 1918 there were 8 cases of which 5 have been alive over the five-year period, although one has a large fistula. Of the 1919 cases 2 of the 4 treated are well. In 1920, 7 of the 10 treated are alive and well. One other patient who was apparently free of the disease has been lost for 2 years.

The number of cases is so small that no conclusions can be drawn but if we take the group—1918 to 1920—in which modern technique was used, there were 22 cases with 14 alive and well, one of whom, however, has a fistula. One case in this group originally had a cancer of the body of the uterus, the others were cervical tumors. This gives 63 per cent well for three years or more. So far as I know this represents a greater proportion of apparent cures than is shown by any other form of cancer treatment.

#### CONCLUSIONS

In the radium treatment of early recurrent cancer 19 per cent have been well for from 3 to 6 years. In those cases in which radium was used as a prophylactic after hysterectomy we have at the present time 63 per cent well for three years or more. In my opinion these results could not have been obtained without the use of massive doses of radium and without thoroughly irradiating the parametrium.

#### RADIUM RESULTS IN CANCER OF THE UTERUS AT THE MEMORIAL HOSPITAL, NEW YORK

	Recurrent	Prophylactic
1915	18 (1)	0
1916	9 (0)	0
1917	26 (0)	2 (0)
Cross-firing with massive doses		
1918	35 (4)	8 (5)
1919	43 (5)	4 (2)
1920	37 (13)	10 (7)
	115 (22)	22 (14)
	19 1%	63%

(Figures in parentheses represent the number of cases alive February 1, 1924.)



## GANGRENE OF THE MIDDLE TURBINATE, SEQUESTRATION OF NASAL SEPTUM MUCOCELE OF FRONTAL SINUSES IN A CASE OF DIABETES \*

By AUSTIN G MORRIS M.D.,

ROCHESTER, N. Y.

This report of a case of gangrene of the middle turbinate and sequestration of part of the nasal septum together with mucocele of the frontal and ethmoidal sinuses as a complication in diabetes mellitus is presented herewith because it is unique in my practice and because a careful search of the literature reveals no mention of gangrene of the turbinates and only the following case of gangrenous sequestration of the nasal septum.

Trautman—Reported a case of glycosuria in a man 52 years old in which there occurred a large perforation of the nasal septum. A piece of cartilage about the size of a five penny piece was sneezed out one day by the patient. This patient had previous bone necrosis in the foot.

Lubinski—Describes a case of diabetes during the course of which an abscess led to a defect in the cartilaginous septum.

W. G. Shemeley—Reported a case of pansinusitis in a case with unrecognized diabetes and thought that a persistent diabetes mellitus might be considered as a probable contributing factor in cases of high grade pansinusitis with purulent nasal discharge.

Wolff Freundenthal—Has reported severe epistaxis in a woman with diabetes and has called attention to ulcerations of the nose and throat as a complication.

Diabetic ulceration of the anterior nasal cavities has been described by K. O. Foltz.

D. B. Kyle—in his book, "Diseases of the Nose and Throat," says "Due to the general blood dyscrasia in diabetes mellitus there is often a low-grade inflammation of the upper respiratory tract. At various points of the mucous membrane there occur spots of ulceration, usually near the nasal orifice and in most cases due to picking and rubbing the nose to relieve itching."

Schiffer—Reported ulceration of the nasal septum and stated that sugar in the blood irritates the wall of the blood vessels and this results in thickening and consequent occlusion.

Sir St. Clair Thompson and Dr. C. M. Ilraith—Report a case of frontal sinus mucocele, which the writer had the pleasure of seeing operated in London in October, 1922, and state in their review of the literature that less than 100 cases of mucocele of the frontal sinuses have been recorded.

Dr. W. J. Harrison—Has since added one case of mucocele of both frontal sinuses to the records.

The case to which I wish to call your attention is that of a woman, age 58, admitted to Metabolic Department of Highland Hospital in diabetic coma, under the care of Dr. Jolin R. Williams. Patient was well nourished and the mother of five children. Has had the usual childhood diseases. Has been subject to colds and bronchitis, and had type No. 2 pneumonia in 1906. Twelve years ago began to complain of thirst, polyuria, weakness, attacks of fainting and pain in extremities.

She was examined by Dr. S. J. Applebrum, who found sugar in the urine, and put patient on a diet which she failed to observe, and the diabetes has been increasing in severity with a loss of fifty pounds in weight. Wasserman negative.

June 22, 1923—Result of examination on admission as follows: Patient profoundly shocked. Skin cold and clammy. Nose and lips pale. Breathing labored. Irrational. Pulse weak, rapid and thready. Acetone odor to breath. Evidence of circulatory failure. Blood sugar 500 milligrams, plasma bicarbonate 18 volumes per cent indicating a profound degree of diabetic acidosis. In the lower abdominal wall were two large carbuncles, and the whole wall was indurated with extensive inflammation. Patient had been vomiting almost constantly for several days. About one week later patient developed a visual disturbance, indicating a lesion within the skull which is elsewhere described. The patient remained in a more or less stuporous state for one month, during which time the diabetes was more or less severe. For the first 24 hours no food was given, because none could be retained. The blood sugar ranged from 500 to 300 milligrams, the normal being 120 milligrams. The alkali reserve as measured by the blood plasma bicarbonate ranged from 18 to 22 volumes per cent. At this level the average diabetic dies in coma. One hundred and eighty units of insulin were given in the first 36 hours, and thereafter for seven weeks from 90 to 100 units were given daily in three doses. This patient's normal food requirement while lying in bed is approximately 1250 calories, her diet during this period ranged from 700 to 1200 calories. The total glucose content of the diets ranged from 65 to 85 grams. The blood



sugar during this period was from 185 to 300 milligrams

Examination of the eyes was made by Dr W E Munroe to whom I am indebted for the following report Pupils equal, small, and react to light Ophthalmoscopic Right eye—Media clear, disc negative, in the region of the macula are numerous small punctate retinal hemorrhages, and a number of small white atrophic areas marking the site of previous retinal hemorrhages Left eye—Same condition of the retina as in the right eye with one punctate hemorrhage near the disc

July 13, 1923—Patient seen by the writer for the first time, complaining of severe pain in the head—being most severe in the region of the right eye

Examination shows slight exophthalmos of the right eye, marked ptosis with complete paralysis of the third, fourth, sixth, and the ophthalmic division of the fifth nerve with anaesthesia of the right side of nose, eyelids, and forehead, also the entire right nasal chamber Some muco-purulent secretion found in the right nostril while the left nostril was normal in appearance The right nasal chamber was small, due to a high deviation of the nasal septum Adrenalin was applied to shrink the tissues and the right middle turbinate was found very dark in color and gangrenous Transillumination showed both antrums and frontal sinuses clear and right sphenoidal sinus was found free from pus

July 14, 1923—Radiographic examination by Dr S C Davidson—Frontal sinuses small and sharply outlined The right ethmoid appears dense throughout The left is clear Antra are small with slight density of the right The sphenoidal sinuses are normal

July 24, 1923—Sequestration of middle turbinate complete, and it was removed with dressing forceps The turbinate was sent to the Pathological Laboratory and the following report submitted "Gross description turbinate bone—soft parts are almost entirely gangrenous, dirty gray and dark red in color Microscopic The tissue is entirely filled with large clear cells, resembling plasma cells, evidently of fibroplastic origin and a few endothelial cells The first described cells fuse at times to form giant cells Small vessels in the section are negative"

July 26, 1923, patient semi-comatose, muttering, irrational, complains of vague pains in right side of head and right ear Blood pressure 120/50 Temperature 104 Pulse 100, of fair quality No diastolic acid Suggestive Koenig's sign with rigidity of the neck Babinski's negative Lumbar puncture disclosed clear fluid under pressure Negative cell count, globulin, and colloidal gold

July 27, 1923—Mentality much clearer Patient is able to open right eye slightly, and there is slight action of external rectus, area of anaesthesia on face reduced to size of two silver dollars over region of distribution of super orbital nerve

August 6, 1923—Needle puncture of right antrum No pus present

August 11, 1923—Patient can move her eye upward and outward Less swelling of lids Ptosis reduced and eye lids can be opened more than in the past two weeks

October 4, 1923—Complains of headache, pain in nose, and poor vision Examination of nose disclosed the presence of a hard mass of necrosed bone presenting from the septum high in the right nostril which was removed with forceps and proved to be part of bony nasal septum

Polypoid condition of sphenoid ostium with pus present The anterior wall of the sphenoid was cut away and polyps removed

November 10, 1923—A small mass appeared under the right frontal sinus directly above and internal to the inner canthus, which was hard and about the size of a hazel nut Frontal sinus was easily reached with sound

December 4, 1923—Mass over right eye is harder and more painful Pressure on mass caused a slimy, foul smelling material to appear at the hiatus semilunaris

Report of Radiographic Examination—There is definite haziness of the right para nasal sinuses, which is of the type usually found in the presence of fluid or markedly thickened membrane

Diagnosis—Mucocoele involving right frontal and ethmoid sinuses

December 5, 1923—Operation

The right brow was not shaven, and a curved incision was made, beginning internal to the inner canthus, and following the orbital rim about two centimeters Hemorrhage was controlled, periosteum incised and gently separated from the bone Roughness of the bone at a point opposite the external swelling was noted, but no evidence of an opening in the bone could be found The entire floor of the frontal sinus was removed together with part of the supraorbital rim internal to the supra-orbital notch, and the orbital plate of the ethmoid as far back as the posterior ethmoidal vessel The lachrymal sac was displaced without injury, and the exposure was quite ample The frontal and ethmoid labyrinth were found filled with mucous and foul-smelling fluid with marked degeneration of mucous membrane By combined external and intranasal operation a complete exenteration of frontal ethmoid and sphenoid sinuses was done



There was little surgical shock and the recovery was uneventful except for slight infection in skin incision for two weeks after operation, and a tendency for the sphenoidal sinus to close, requiring more of the face of the sphenoid to be cut away. This was done on February 7, 1924. The nose is now in good post operative condition, and free from evidence of infection.

This patient has been under insulin treatment since her admission to the hospital in June, 1923, requiring much less of the insulin now than during her serious illness. Under this treatment she feels well, her only complaint being a tingling sensation in her scalp and numbness of an area about as large as a fifty-cent piece in the forehead. She has gained 18 pounds in weight, looks well, and enjoys social functions and entertainment, and administers her own hypodermics of 15 units of insulin daily. The ophthalmoplegia externa has entirely disappeared. Dr. G. G. Carroll has refracted patient during the past two weeks, and reports her vision for distance 20/30 in either eye. There is no diplopia and the function of the lachrymal apparatus normal. Slight cicatricial contraction resulted in the skin incision, but there is little evidence of the operation and the cosmetic result is good.

## REFERENCES

- Frutman—Nasendstruktion infolge Erkrankungen des Septum mit besonderer Berücksichtigung der Hämatoma und Abszesse. Archiv f. Laryngol und Rhinol, Berl, 1910, xxiii, 360-411.
- Shemeley, W. G.—Report of a Case of Pan-sinusitis with Unrecognized Diabetes as a Probable Contributing Factor. Hahnemann Monthly, 1922, lvi, 222-226.
- Freundenthal Wolff—Severe Epistaxis in a Woman with Diabetes. Ann. of Otol Rhinol & Laryngol, St. Louis, 1917, xxvi, 416-419.
- Foltz, K. O.—Diseases of the Nose, Throat and Ear. Cincinnati: Scudder Brothers Company, 1906.
- Schluffer—Pathogenesis of Perforating Ulcer of the Nasal Septum. Rev. hebdomadaire de laryngol (etc.), Par., 1910, xxx, i, 481-485.
- Kyle, D. B.—Diseases of the Nose and Throat. Philadelphia and London: W. B. Saunders Company, 1914.
- Sir St. Clair Thompson and Dr. C. M. Ilraith—(British Journal of Laryngology and Otolaryngology, July, 1923).
- Harrison W. J.—(British Journal of Laryngology and Otolaryngology, January, 1924).

## SERUM AND VACCINE TREATMENT OF THE CHIEF COMMUNICABLE DISEASES OF CHILDHOOD

By JOSEPHINE B. NEAL, M.D.

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IN the time at our disposal, it will be possible merely to outline the present status of this subject.

The work on chicken pox is still in the experimental stage. It has been shown in a few instances that children may be immunized by virus obtained from the vesicles, and that a passive immunity may be conferred by injecting serum from convalescent cases.

With measles much more work has been done along the line of developing a passive immunity. From 3 to 6 cc. of serum withdrawn from convalescent measles patients about one week after defervescence, or larger amounts from adults who have had the disease, are injected intramuscularly. If the serum is injected within four or five days after exposure, it often protects against the infection or at least renders it mild. The passive immunity thus established lasts about eight weeks or longer. A method of conferring active immunity has been devised by Herriman and I will leave the discussion of this to him.

Attempts to protect children against scarlet fever by the use of convalescent serum have yielded far less definite results.

TABLE SERUM AND VACCINE TREATMENT OF THE CHIEF COMMUNICABLE DISEASES OF CHILDHOOD		
Chicken Pox	Experimental Stage	Convalescent Serum
Measles	Prevention	{ Convalescent Serum Horse Serum
Scarlet Fever	Treatment	{ Convalescent Serum Horse Serum
Poliomyelitis	Treatment	{ Convalescent Serum Horse Serum
Whooping Cough	Immunization Treatment	Vaccine (Types A and B)
Meningitis	Treatment	
Meningococcic Due to B. influenzae (Pfeiffer)		{ Anti Serum Vaccine
Other Purulent Forms		{ Anti serum (if available) Vaccines
Diphtheria	Immunization Treatment	{ Passive-antitoxin Active, toxin-antitoxin Antitoxin



In the treatment of severe toxic cases of scarlet fever, considerable use has been made for the past ten years of serum or blood from convalescent cases. The serum has been injected intravenously in some instances but equally good results apparently follow the intramuscular injection. Citrated whole blood has been used intramuscularly by Zingher. Weaver advises the intramuscular injection of 60 to 90 cc of serum, collected during the fourth or fifth week of the disease. The donors should have passed through typical scarlet fever without septic complications and should be free from any suspicion of syphilis. A second dose after 24 hours is sometimes necessary. The serum should be given early in the disease, preferably on the second or third day. When given early, septic complications seem less frequent. Weaver, with other workers, reports most favorable results from the early use of convalescent serum, emphasizing particularly the improvement in the general condition of the patient. Some workers have used normal serum, but the results are much less favorable than with convalescent serum.

Of late, there has been much discussion as to whether or not scarlet fever is due to a strain of streptococcus. Although the workers at the Research Laboratory of the Department of Health have not convinced themselves that such is the case, a horse has been immunized with strains of hemolytic streptococci isolated from the throats of scarlet fever patients. This serum has been used with varying results. It may be given intravenously or intramuscularly in doses of from 30 to 50 cc and the dose may be repeated as indicated. In one very striking case, a child injected with this serum showed great improvement. Tests showed that this serum protected against a streptococcus isolated from her blood. It is felt that this serum may be of value rather against the streptococcic complications of scarlet fever than against the disease itself.

Little work has been done in attempting to produce immunity, either active or passive, to poliomyelitis. The serum of individuals who have recovered from an attack of poliomyelitis, has been used quite extensively, however, as a means of treatment. Such serum has been injected intraspinaly or both intraspinaly and intravenously. The reports as to the result of this treatment have been most conflicting. When the serum is given before paralysis develops and the case recovers without paralysis, the question can never be settled as to whether the case was not one of the non-paralytic type. When cases of the bulbar type are reported as improved after the administration of serum, those workers doubting the value of it can always point to equally brilliant recoveries when no serum was used. Abramson in an effort to study the value of convalescent serum given intraspinaly in ex-

perimental poliomyelitis in monkeys, concluded that the serum was not only of no value but might even contain an element of harm, due possibly to the meningeal reaction thus set up. It was our impression from clinical observation during the epidemic of poliomyelitis that this might sometimes be the case.

Horse serum has also been used for treatment, the horse being immunized in any one of three ways by injecting the minute micro-organisms described by Noguchi and Flexner, by injecting the streptococcus described by Rosenow or by injecting an emulsion of the brain and cord of a fatal case of poliomyelitis, either human or monkey. This last method may give a serum containing substances lytic for the brain and cord because the brain and cord substances injected into the horse may develop antibodies against the brain and cord itself. In regard to the first two sera, it may be pointed out that there is some doubt as to whether the micro-organism described by Noguchi and Flexner is the specific cause of poliomyelitis, and very few agree with Rosenow that the streptococcus is the cause of poliomyelitis. Hence, these two sera cannot be considered as having been proved specific. Although there are advocates of all these serums, they include only a small minority of those working with poliomyelitis.

A vaccine prepared from the Bordet-Gengou bacillus has been extensively used both for the prophylaxis and the treatment of whooping cough. The results are far from uniform. It has been recently shown by Krumwiede, Mishlow and Oldenbush that there are two types of the organism, A and B. Further study may well reveal more types, particularly as a medium has recently been developed by Povitzky which renders the isolation of this organism less difficult. It is quite possible that a vaccine containing more types, may be more effective for both prophylaxis and treatment. As has been said, the reports are conflicting. From the standpoint of immunization, it is reported in the Monthly Bulletin of the Department of Health, May 1923, that in institutions where large numbers of children were vaccinated with either pertussis A or pertussis A and B, with an approximately equal number of children as controls who did not receive B pertussis, there was a difference of less than 0.5 per cent in the incidence of whooping cough among those vaccinated and the controls. On the other hand, Hess reported that 92 per cent of those immunized escaped the disease, while only 25 per cent of the unimmunized escaped. Shaw reported 93 per cent of those immunized as escaping in comparison with 50 per cent of the unimmunized, and Goler reported 10,000 persons vaccinated during an epidemic in Rochester, with 95 per cent protected.



For purposes of immunization a vaccine should be used containing both types, A and B of B pertussis. It is the general experience that severe reactions do not occur after the use of pertussis vaccine and that it is safe to give large doses which seem to give better results.

In regard to the curative value of pertussis vaccine, the reports are even more conflicting. Hess, Von Sholly, Barenberg and others report no evident improvement after its use. On the other hand, Luttinger, Shaw, Davies, Appel and Bloom and others consider the vaccine of distinct value in shortening the duration of the disease and rendering the paroxysms milder and fewer in number. Herrman considers that when given in the early stage, it has a favorable effect in about 25 per cent of cases and that when it is followed by a distinct reaction, its effect is more certain. Tentative recommendations for its use are subcutaneous injections every second or third day. With children under a year of age the initial dose may be 250 million with larger doses in proportion to the age. In the course of treatment the dosage may be increased to 8 or 10 billion.

Fortunately with not all of the diseases of childhood are there such wide differences of opinion in regard to the value of treatment. In meningococcic meningitis it is commonly accepted that serum treatment has cut a mortality of 70 to 80 down to 20 to 25 per cent. This means that the mortality is only a third or a quarter of what it was previously. In regard to the best methods of administering antimeningitis serum there is still some difference of opinion. First, there is the size of the dose. Some workers have suggested a dosage graduated according to the age of the patient, but because the serum is not of the nature of a toxic drug, there seems no good reason for this and most of us believe that the size of the dose should depend rather on the amount of spinal fluid withdrawn and the ease with which the serum runs in by gravity. Consequently, even young infants may be given 20 cc. of serum if as much, or more, fluid has been removed.

As to the frequency of the repetition of the injection, some have favored intervals of only twelve or eight hours but the results with this method show no advantage, apparently, over the twenty-four interval. Of course, in exceptional cases a shorter interval may be desirable with the first two or three injections. Practically all are agreed that the injections should be continued until the spinal fluid becomes sterile.

Certain authorities have recommended that the intraspinal injections be supplemented by intravenous and intramuscular injections. Although this may be advisable in the septicemic type of meningitis, especially in adults, it has been ob-

served that in meningitis, children react rather badly to intravenous injections and, consequently, Netter, Blackfan the members of the Meningitis Division of the Health Department and others, are opposed to injecting the serum other than intraspinal. Fortunately the septicemic type of meningitis is comparatively rare in children.

If a basilar meningitis develops with resulting dry taps, withdrawal of the fluid from the ventricle and subsequent injection of the serum by that route is necessary. Unfortunately, these cases almost always result fatally. Some workers have even suggested that in cases of young children, the serum be injected immediately into the ventricle even if a basilar meningitis does not exist, but we have no data which proves the value of this procedure. Puncture of the cisterna magna and injection of the serum by this route, have also been suggested as an early procedure but this method has not been used enough to prove whether or not it is of value.

Cases of meningococcic meningitis which tend to relapse or become chronic, may be given an autogenous vaccine subcutaneously every two or three days in addition to the serum treatment. A dose of 500 million may be used at first with subsequent increases until a local reaction takes place. In some cases this has seemed to be of value.

In all forms of purulent meningitis not due to the meningococcus, the mortality is very high. There is some foundation for the belief that serum may be of value in cases caused by the influenza bacillus. Povitzky and shortly afterwards Rivers, showed that more than half of these cases are due to the same type of influenza bacillus. This is in contradistinction to the varied types of influenza bacilli found in the respiratory tract. The serum prepared by immunizing a horse with the type of B influenza predominating in influenzal meningitis, has not been tried sufficiently to prove its value but somewhat encouraging results have been obtained. Here also an autogenous vaccine may be used. In this as in other purulent forms of meningitis we have for some time been using autogenous vaccines intraspinal in the hope of setting up a reaction intermediate between the severe reaction resulting from the intravenous injection of vaccine and the very slow reactions obtained by the subcutaneous injection. Here, too some improvement has followed this treatment and in a very few instances recovery has taken place. The vaccine should be supplemented by a specific serum if such be available, as is the case with the streptococcus and pneumococcus, but the results of all forms of treatment in the purulent forms of meningitis other than the meningococcic, have been most unsatisfactory.

In regard to passive immunization against



diphtheria, it is known that 500 units of antitoxin in a child and 1,000 in an adult will give absolute passive immunity for from twelve days to four weeks and a repetition of the dose gives immunity for an additional seven to ten days. Three injections of toxin-antitoxin will in 90 per cent of nonimmunized children, produce an active immunity in from two to six months. This immunity remains in at least 90 per cent for a period of at least six years. The natural tendency of children in cities to become immune practically insures a life-long immunity to actively immunized children.

The following points in treatment with antitoxin have also been given me by Dr Park, whose identification with the entire development of the diphtheria problem in this country makes him easily our leading authority on the subject. The size of the dose, the method of administration and the question of repetition must be considered.

The amount of toxin present in any case of diphtheria is comparatively small. One hundred units of antitoxin for example, would neutralize 50 times the amount of toxin sufficient to kill a six-year old child, if the antitoxin could gain access to the toxin in time. But on account of the length of time that is required for much of the antitoxin to reach the tissues by being absorbed into the blood and passing through the capillary walls to the tissue fluids and cells, much larger doses must be given. The greater the concentration of antitoxin that is in the blood, the greater will be the speed with which an appreciable amount will pass to the tissues. The method of administration, therefore, is of great importance. It has been found that it takes twenty-four hours for the major part of the antitoxin to be absorbed by the blood from the subcutaneous tissues and about twelve hours from the muscles. The total absorption requires two or three days. When given intravenously, of course, it is immediately in the blood stream. To be effective the antitoxin must pass from the blood stream to the tissue fluids, and it has been shown by the Schick test that an injection of antitoxin given intravenously passes out to the tissue fluids about ten times as rapidly as when given subcutaneously and four times as quickly as when given intramuscularly. If it were not for the fact that it is more difficult to give antitoxin intravenously and, also, that sharper serum reactions occur, the intravenous method would be the only one used. Another matter of im-

portance is the size of the individual treated. It is obvious that the concentration of a given amount of antitoxin will be five times as great in an individual weighing 20 pounds as in one weighing 100 pounds. But this is largely offset by the fact that the disease in the child is generally more dangerous than in the adult. Infants and children are especially liable to laryngeal diphtheria. In regard to whether one dose or several should be given, it must be realized that antitoxin has no effect whatever on the toxin that has become permanently united with the cell-substance. It is the early and sufficient dose that is important. If the first dose is of sufficient size, the second and third injections though harmless, are absolutely useless. If the first dose is not of sufficient size, the making up of an adequate amount of antitoxin by a later dose, merely allows any toxin unneutralized by the first dose, time to do permanent damage to the tissue cells.

For the past six years in the hospitals for contagious diseases in New York City, only a single dose of antitoxin has been used. This has been given subcutaneously in mild cases, subcutaneously or intramuscularly in moderate cases, and intravenously or intravenously and intramuscularly in severe cases. The size of the dose varies from 2,000 to 40,000 units depending on the size of the individual and the severity of the disease. Some physicians still recommend very much larger doses, running up into the hundreds of thousands of units. It will be noted that most of these recommend several doses. Dr Park's experience leads him to believe that the doses just described are sufficient.

#### BIBLIOGRAPHY

- Appel and Bloom *Arch Ped*, 1922, 39, 3, 146  
 Blackfan, K D *Jour Am Med Assoc*, 1921, 76, 36  
 Herrman, Chas *N Y State Med Jour*, 1923, 23, 3, 93, 23, 4, 165, 23, 5, 183, 23, 8, 325  
 Krumwiede, Mishulow and Oldenbusch *Jour Infect Dis*, 1923, 32, 22  
 Neal and Abramson *Arch Int Med*, 1917, 20, 341  
 Park and Williams *Path Microorganisms*, 1920, 7th edition, p 664  
 Povitzky and Denny *Jour Immun*, 1921, 6, 65  
 Rivers, Thomas *Amer Jour Dis Child*, 1922, 24, 102  
 Weaver *Jour Am Med Assoc*, 1921, 77, 1420



## ACQUIRED SYPHILIS OF THE LUNGS\*

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THE possibility of an acquired specific lesion of the lungs has been regarded heretofore as of more academic than practical importance and afforded little but opportunity for discussion from the beginning. The first reference to pulmonary disease associated with syphilis and as indicated possibly due to syphilis, is found as early as the sixteenth century according to Wile and Marshall, although Carrera reports Zedig as first mentioning syphilis of the lungs in 1797. Frequent reference was made to the condition at first and many cases reported until 1882 when the tubercle bacillus was discovered. Since then the reported and verified cases have been rather infrequent. Most of the cases reported early must be reviewed rather searchingly in the light of our present knowledge, the diagnosis being unwarranted often because of the lack of sufficient and proper evidence.

The condition itself is rather rare being compared in frequency of occurrence by some authorities to syphilis of the liver, which is not too common a condition. Osler in 2,500 autopsies at the Johns Hopkins Hospital, reports 12 cases of syphilis of the lungs. Lord at the Massachusetts General Hospital, in 3,000 autopsies, reports one case of syphilis of the lungs. McCrac and Funk, in 1,200 admissions to the Jefferson Chest Hospital, report 72 as not tuberculous, and 4 of these as being syphilis. Carrera, in 152 autopsies on persons showing evidence of syphilis, found 8 per cent showing evidence of the disease involving the lungs. Symmers, in 314 autopsies on syphilitics, reports but 2 cases of chronic interstitial pneumonia due to syphilis. It is evident from an analysis of these statistics, that the condition is infrequently found or recognized at autopsy, and when found is most often present in association with syphilitic lesions elsewhere in the body.

For the absolute proof of this condition we have had the tendency to follow the dictum laid down by pathologists, that unless they can demonstrate satisfactorily the syphilitic nature of the pulmonary lesion, the diagnosis was hazardous and probably not justifiable. This is not necessarily true however as there is a considerable element of error to be encountered in the pathology of this condition. The syphilitic lesion may be of slight extent and unless countless sections are made of the lungs it may be overlooked. Complicating terminating conditions may arise in the lungs such as bronchio-pneumonia, brown induration from heart failure etc. masking the syphilitic

lesion. Then, too, syphilis of the lungs is found in most cases to be present in association with pulmonary tuberculosis or pneumoconiosis, and the points of difference between these conditions are not very well marked at the best, and not too generally known and appreciated by other than the most careful and practised pathologists. Again the lesion may be cleared up under specific therapy so well that no evidence whatever will be discovered at autopsy. We therefore find conflicting views held by various observers as to the value placed on the pathological examination of this condition. Karshner and Karshner maintain that there is no definite pathological picture characteristic of pulmonary syphilis and that the diagnosis must be made from a consideration of many points, and even then is not easy. On the other hand, Wile and Marshall claim that no clinical case of pulmonary disease can be accepted without a pathological examination, while Carrera maintains that the diagnosis can be made and must be made by the pathological findings although stating that in the fibroid forms one must see microscopic areas of active syphilis to be sure of the diagnosis.

There are, however, some observations made of this condition upon which authorities are in agreement. It is found more commonly in males than in females, roughly, in the ratio of 2:1. It occurs more frequently on the right than on the left side, and generally about the hilus or in the lower half of the lungs, although Karshner and Karshner report involvement of the upper lobes in 50 per cent of their cases, and bilateral involvement in 40 per cent of the cases. In an exceedingly high percentage of the cases, there is evidence of concomitant syphilis elsewhere in the body. Very commonly it is found in association with pulmonary tuberculosis thus rendering the diagnosis even more puzzling, as in a similar manner is found the association of pulmonary tuberculosis with malignant growths of the lungs, rendering the diagnosis of that condition more difficult. The current opinion seems to be that the association of the two conditions is a coincidence due to the great prevalence of tuberculosis, rather than that a syphilitic pulmonary condition activates a latent pulmonary tuberculosis or furnishes a better medium for an initial tuberculous infection or *vice versa* namely that a person with pulmonary tuberculosis is rendered more susceptible to the *spirocheta pallida* than otherwise. Another point of agreement is the rarity of the discovery of the spirochetes in the lung tissue although authentic cases of this finding, are recorded.

\*From the tuberculosis service, Bellevue Hospital. Reprinted by the Brooklyn Society of Internal Medicine.



The changes produced in the lungs by the *spirochæta pallida*, practically always represents the tertiary stage of the disease. However, in the secondary stage a generalized bronchitis may occur, or there may be just a localized bronchitis at the apex easily confused with tuberculosis. This is attributed to the tendency for mucous membrane involvement at this stage, and mucous patches have been reported seen in the trachea or large bronchi. The pulmonary changes in this stage are inconsequential, and the bronchitis lasts but a short time.

Of the tertiary lesions in the lungs, there are three forms found, namely, a gummatous form, a chronic fibroid form, and, rarely, a pneumonic or broncho-pneumonic form. The fibroid form is variously termed a peribronchitis, a chronic interstitial pneumonia or a bronchiectasis. In any of these forms, suppuration, ulceration or gangrenous changes may occur. In Karshner's series of cases, 22 per cent were found with ulcerative lesions in the lungs.

The gummatous form is considered of rather rare occurrence by Wile and Marshall and Carrera, yet Karshner and Karshner found this type of lesion in 59 per cent of their cases. When present, it is found most commonly about the hilus or in the middle or lower lobes, and most frequently on the right side. Subpleural gumma are considered by some the most common form. The gumma occur as nodular formations well defined by a wall of sclerosed tissue, the centre frequently being necrosed. They are usually multiple—regularly rounded—hard and elastic early, later becoming softened and ulcerating, resembling ulcerative tuberculosis, bronchiectasis or slowly resolving pneumonia. They are gray or white in color, discrete and not confluent, and vary in size from a milary size to egg size or larger. Golden claims their multiple occurrence and the extraordinary cicatrization are distinguishing features. According to Carrera, a macroscopic differentiation between this type of syphilitic lesion and tuberculosis is practically impossible, some of the main points of difference being the gumma is richly vascular in the middle and peripheral zones, is grouped in a solid mass rather than many nodules, contains few giant cells, and rarely calcified areas, also, there is a greater tendency for the preservation of the pulmonary architecture in syphilis. A diffuse milary gummatous form is found occasionally, but there is practically always found in association with these small lesions a larger and more completely formed gumma.

The chronic fibroid interstitial lesion is the type most frequently found. It is generally found as a peribronchial thickening or fibrosis extending from the hilus along the bronchi, or extending from the pleura into the lung. In association

with this peribronchial thickening, there may be associated fibroid masses in the lungs representing areas of more diffuse syphilomatous tissue. This interstitial fibrosis is not typical in its characteristics of syphilis, but occurring about the hilus or in the middle of the lungs, it is suspicious, especially when associated with an unusual appearing mass in the lungs. Pathologically one must see areas of microscopically active syphilis to make the diagnosis in this form of the disease. This type of lesion may also develop into a bronchiectasis or cavitation or become secondarily infected, causing abscess or gangrene.

The pneumonic or broncho-pneumonic form is exceedingly uncommon. It may develop as a typically acute pulmonary infection, one case on record giving a clinical picture exactly similar to that of lobar pneumonia, but on microscopic examination the spirochætes were found in the lung tissue. With this type of lesion, one is at a loss to know whether he is dealing with a primary syphilitic pneumonia or rather a secondary pneumonia set up in a lung, the seat of a syphilitic process.

With extensive involvement of the lungs, there is always an accompanying involvement of the pleura, in some cases resulting in extreme thickening and fibrosis. However, it is claimed that a primary syphilitic pleurisy may occur with or without effusion. There is nothing whatever typical or characteristic about such a lesion.

Aside from the lesions noted, there is also encountered occasionally a syphilitic ulceration or gumma in the trachea or large bronchi, causing extensive fibrosis and bronchiectasis in the lung due to occlusion of the bronchi by scarring.

The clinical symptomatology of this condition may vary exceedingly from cases with no symptoms whatever and discovered accidentally with a pulmonary lesion, to cases presenting the most distressing pulmonary symptoms. There is no individual symptom nor group of symptoms that can be attributed to syphilis of the lungs *per se*. The symptoms are simply those referable to a lesion of the respiratory system. There is generally a cough, varying from a slight irritative variety to the most severe and paroxysmal types. This may or may not be accompanied with the production of sputum. When productive, it may be scanty or profuse, and may be very foul in odor in cases with destructive processes going on. Occasionally it is muco-purulent in character. Pieces of necrotic lung tissue and elastic tissue fibres are at times brought up. Hemoptysis varying in quantity from the cases with streaked sputum to those with frank extensive hemorrhages, may occur at any time. Pain in the chest occurs, especially in the well-marked cases with pleural involvement, and may be very discomforting. Marked dyspnoea and cyanosis



may occur with periodic asthmatic attacks. There may be hoarseness from an associated laryngeal condition. Fever is present in practically half of the cases, while chills and sweats also occur. Weakness and loss of weight, which may be very marked, are found. The rest of the picture varies a great deal, depending upon the complications present or concomitant syphilitic lesions.

The physical signs of this condition are not distinctive and they too may vary from none whatever in a deep-seated lesion, to the very extensive signs found in advanced cases. Here we must remember that physical signs aid us in interpreting the pathological condition present in the lungs, but they do not of themselves form the basis for an etiologic diagnosis. Depending on whether we have interstitial changes, marked thickening of the pleura, fibrosis, consolidation or cavitation, we may get the various combinations of physical signs indicative of these conditions. The chief benefit we derive from the physical examination is in determining the existence of a lesion in the lungs, a knowledge of the type of pathological process going on, and the localization of the process, all of which may be of importance as noted previously.

A similar condition is met with in the X-ray examination, and here too one must be cautious, as there is no X-ray picture that can be used as conclusive evidence for a diagnosis of this condition. The X-ray is simply another method for detecting pathological changes in the living body, vying with physical signs in this respect and to a better degree or not depending on one's skill in the use of either method. Pathological changes in the lungs not detected by physical signs may be found on the X-ray examination, and it may be of distinct value in this respect. It is also of great benefit in localizing the lesion and showing the extent and the type of the process in the lungs. Its main value lies in excluding other pulmonary conditions, especially tuberculosis when that is possible. The pictures seen are simply representations of the pathology described previously.

The diagnosis of this condition is extremely difficult and hazardous, yet can be made with definite certainty during life. Lord maintains, however, that the diagnosis cannot be made with assurance during life, and is often uncertain at post-mortem examination. It is only after a careful consideration of many points, however, that one can make the diagnosis with any degree of accuracy.

In the first place, there must be a careful consideration of the history. This may be one of cough, expectoration, hæmoptysis, dyspnoea, pain in the chest, etc. Of course, this is not characteristic of any disease but points to involvement of the respiratory system. More important, however, is a history negative with regards to exposure to tuberculosis and definite with regards to a syphilitic infection without proper treatment. On physical examination a pathological lesion of practically any extent or character is found in the lungs. The location of this lesion is important, inasmuch as we know syphilis of the lungs occurs more frequently on the right side and about the hilus or lower lobes. However, do not forget that it may occur in the upper lobes and may be bilateral, nor that it may give no signs whatever. Upon X-ray examination we find a lesion of unusual appearance, not typical for any other pulmonary condition and occurring in the locations where syphilitic changes in the lungs are most frequently found. The sputum examination is repeatedly negative for tubercle bacilli with the anti-formin method, and also for any type of fungus or parasite. The subcutaneous tuberculin test is negative. The Wassermann test is positive. Of course the combination of a pulmonary lesion with a positive Wassermann does not of itself justify concluding the pulmonary lesion to be specific. On the other hand, one must remember that just as one occasionally will get a negative Wassermann in cases of definite syphilis of the aorta, brain, bone, etc., so also may this occur with syphilis of the lungs. Then, too, there may be found evidence of visceral syphilis elsewhere in the body in association with the pulmonary lesion. And finally we have the satisfaction and more than presumptive proof of the diagnosis, in seeing the patient improved or cured under anti-luetic therapy. Many times the lesion in the lungs is not greatly altered by the treatment, but there is a distinct change for the better in the patient clinically. By excluding all other pulmonary conditions, and having present the complex of evidence as outlined, the diagnosis can definitely be made with assurance. Remember that the finding of tubercle bacilli in the sputum does not necessarily prove that other conditions are not present, as in a goodly percentage of cases of malignancy of the lungs and syphilis of the lungs, pulmonary tuberculosis also is present.



## WHAT WE NEED FOR BETTER SCHOOL MEDICAL INSPECTION AND HEALTH SERVICE <sup>1</sup>

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**W**E need to understand what we mean by school medical inspection and health service. In brief, it might be described as modern preventive and corrective medicine, educationally applied to the mental and physical health of school children. It is a medical educational system of health examinations, of health teaching, of health training, of health achievement, of health restoration, of health conservation, of health direction. It is, in short, the establishment and maintenance of mental and physical health. In its practical application it deals with the complex organism of the human body, with its many interdependent functions of life and with environmental conditions that exert a strong determining influence over mental and physical development. What we need to more effectively organize and administer such a system of school medical inspection and health service might be briefly presented in part as follows:

1 School authorities need to more deeply appreciate the value of the work, and to give to it their enthusiastic support, financial and otherwise.

School medical inspection and health service should be made a major subject in every school. It is the duty of school authorities to see that this is done. This is primarily and fundamentally one of our most urgent needs for the advancement of the service. As active workers in this health field we need to exert our individual and united efforts to secure its proper recognition and placement in the educational system of the country.

2 Better school housing conditions are much needed.

We cannot expect to accomplish satisfactory health results, either mentally or physically, in buildings that are insanitary and otherwise unfit for the housing of children. Many of the acquired physical defects of children, as well as much of the inefficiency of teachers and the retardation of pupils, are due to bad housing conditions. These should be promptly remedied when found.

Make certain so far as you can that all school buildings are properly lighted, heated, ventilated, cleaned, and that the property in general is in a good sanitary condition. Every school building should also have one or more suitable rooms for a school health center in which should be assembled and closely articulated the activities of the

school medical inspector, the school nurse, the physical director and all others doing health work in schools.

3 Better medical service and more appreciation of its importance is needed.

We must have efficient medical direction if we hope to secure satisfactory results in school medical inspection and health service. We must not depreciate the need and value of capable medical guidance, but insist upon its provision. We need more better trained and better paid physicians to take up the work. Our medical colleges and post-graduate institutions should provide special courses in preventive medicine and sanitation. Seniors should be encouraged to elect such courses. Practical field instruction might be given by those in charge of the health work in schools in the city in which the Medical College is situated.

Physicians in general, but school medical inspectors in particular, should take a greater interest in health conditions in schools and equip themselves to carry on the work in an efficient manner.

4 Better understanding and more sympathetic cooperation by parents.

We cannot expect parents to cooperate with us in our health program, unless they fully understand what we plan to do for and with their children. Parents should be made to feel that, next to the home, the schools are the most concerned with the mental and physical welfare of their children. Their confidence in the safety and wisdom of the health service should be carefully safeguarded.

The better the understanding between parents and the school, the more effective will be the results.

5 Teachers better trained in personal health and in child health, are much needed.

To the class-room teacher is given the greatest opportunity to render effective aid in school medical inspection and health service. By her mentality, her temperament, her personality, her health, she moulds the mental and physical lives of the pupils under her direction. She needs to be better prepared to meet this great responsibility. She needs to know more of the establishment and maintenance of good health for herself and for children.

It is the duty of the State to see that she is thus informed and trained. This preparation should begin on her first admission to school and

<sup>1</sup> Read before National Education Association in Washington on July 3, 1924.



continue throughout her normal or college training. All normal schools and institutions in which teachers are trained should establish and maintain a model system of school medical inspection and health service. Physical as well as mental qualifications should be demanded for admission. Practical health instruction and direction should be given to prospective teachers throughout their training and physical fitness should be required for graduation.

6 Simple, practical health instruction and direction should be given to every child.

When a child first enters school his physical and mental training should become a regular part of his education. It should be made *a part of* and *not a part from* his entire educational career.

It should begin with a thorough physical and mental examination. The findings should be fully recorded and he should be given a rating on the basis of conditions found. These ratings should be reported to his parents, who should be urged to give such attention as might be necessary to improve the condition of the child.

Children should also be advised regarding their physical defect. We must have the confidence and cooperation of children to get them well and to keep them so. School credit should be given for physical fitness as well as for mental advancement. Parents and children should know this and give it their support.

The instruction to be given to children should be reduced to its simplest terms in subject-matter taught and in training given. It must be made interesting, easily understood and of such a practical character that they can easily utilize it in the formation and development of good health habits. Health instruction to children that cannot be so utilized by them is of little value.

7 Better educated and better trained nurses and hygienists are much needed to assist in the work.

For many years the nurse has contributed much to the success of school medical inspection and health service. More recently the dental hygienist has fully demonstrated her value in the field of preventive dentistry.

More and more is being expected of these co-workers in the program of school health. As their services will be increasingly instructional and directional, it will be necessary to establish higher educational qualifications for their preparation and administration of the work. Institutions in which these specialists are trained should carefully select their matriculants with this future requirement in mind.

8 Better cooperation among ourselves and with others is another great need.

To secure cooperation one must so conduct himself that others can work with him. Do not

attempt to cooperate alone. It is impossible to do so. Show a desire to assist others and you will find others willing to assist you. The greater your success in cooperating with others, the more you will accomplish by their reciprocation in the particular field for which you are responsible. Do not fear the right kind of cooperation. Accept all you can get of it and utilize it for the success of your work.

Mutual care should be exercised not to confuse cooperation with administration as is sometimes done by well-intentioned people.

9 Better administration is greatly needed in most systems of school medical inspection and health service.

The efficiency of any system of health service is largely determined by the efficiency of its administration. Certain fundamental essentials for better administration should be borne in mind.

*a* Responsibility of administration

There should be no confusion or dual responsibility in matters pertaining to administration. Divided responsibility of administration leads to confusion, invites misunderstandings, increases expenses and lessens efficiency.

*b* Standardization of administration

Standardized methods should be employed so far as possible.

*c* Simplification of system

The more simple you can make and keep the system the easier and more efficient will generally be its administration. It is far better to succeed with a simple system than to fail with one that is complicated.

*d* Correlation of all interdependent activities

No administrative health program can be successful unless every branch of the system can be made helpful to all others.

10 Better financial support for the work is greatly needed.

Economy applied to the health of school children is expensive business. The child, the helpless victim, is the one who eventually pays the price—ill health, unremediable defects, failure in life. Too many of our systems of school medical inspection and health service are poorly financed. There are too many instances where the cheapest doctor, who makes the poorest medical inspector, is employed to direct the work. This discredits the system with parents and the community, and invites failure.

It takes money to organize and administer any successful program of school health service. Adequate appropriations are conducive to greater efficiency. Any community can reasonably expect to determine the health of its school children, by providing sufficient funds with which to carry on the work. It is the best investment that can



be made, and would insure the greatest returns for years to come

11 Legislation in keeping with present ideas of school medical inspection and health service is also much needed

There is great need of better legislation to promote school medical inspection and health service. This could be obtained by keeping our legislators better informed as to what we are doing for the health of children and what should be done for them. Most of our law makers are keenly interested in child welfare and would gladly support any practical measure presented to them to advance such work

This was strikingly illustrated by our last legislature that unanimously passed three bills in the interest of school medical inspection and health service. These bills were as follows

a To appropriate \$4,000 for an eye and ear expert for the Medical Inspection Bureau

b To authorize the establishment of school hygiene districts and the employment of a full-time school medical inspector for such districts. The territory included in the district pays one-half of the expense and the state bears the other half

c To grant state aid as follows

To districts that employ full-time school medical inspectors, \$1,000

To districts that employ full-time dentists, nurses, health teachers, or other experts, approved by the State Commissioner of Education, \$700

These amendments will be of great assistance to us in carrying on the work. Funds were also provided to enable us to engage an assistant school medical inspector for rural schools

12 More of the right kind of publicity, regarding the work, is much needed

Physicians, as a class, are not given to publicity. To do so is not regarded by them as ethical. This policy should not be disturbed, as personal school health conditions should be regarded as confidential between the medical advisor, the child, and the parent. We should remember that there is a great difference between parental notification and public information. The public, however, should be informed as to the general activities of the services and the results accomplished. This should be done by those in charge of the work and signed by them. The better we can keep the public properly informed the greater will be public interest and support. This is a part of our work that in the past has been greatly neglected

13 We need to establish and maintain a normal school day, with a normal amount of work for children

From the viewpoint of health, mental or physical, our curricula are overloaded and the hours demanded for study and recitation are abnormally long

The school day of the average child in the upper-grammar grades and in the high school, begins at eight o'clock or earlier in the morning and ends at nine or even later at night. They are given but two or three study periods throughout the week, and are obliged to take an armful of books home to prepare their recitations for the next day. This condition is wrong and should be rectified by school authorities

We should have a school day of sufficient length and a course of study of such a kind, as would enable children to do a reasonable amount of work and then quit until the next day. Such a plan would be more conducive to their mental and physical health. They would accomplish more throughout the school year than under the present plan of mental speeding with insufficient rest

14. More generalization and less specialization is desirable

In health work in schools we need to avoid the grave danger of over specialization. Except for supervising and stimulating purposes, we cannot expect school authorities to finance experts for an increasing number of special fields of school health service.

To be sure, we need a certain number of efficient specialists for administrative and reference purposes, but we are in greater need of more co-workers with a better general knowledge and with a keener observation of the health conditions and health requirements of the whole child and of every child. We need to view the field as a whole, and not as so many disarticulated, unassociated parts. We need to be good general practitioners in school health, able to recognize and to refer to the proper source, such conditions as require special attention

Let us all increase our knowledge, broaden our vision, and extend our usefulness, in doing which we will do our part to still better accomplish the real purposes for which school medical inspection and health service is intended

Let us each have an abiding faith in the work, a determination to do our best to contribute to its success, in doing which we will encourage others to do likewise.



# EDITORIALS

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writer.

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For a list of the officers of the county medical societies see October issue, advertising page xxvi

## POLICY OF THE NEW YORK STATE JOURNAL OF MEDICINE

First, foremost, and always, the New York State Journal of Medicine is the organ of the Medical Society of the State of New York. It will set forth, explain, and promote the policies which are adopted by the House of Delegates of the Society, and the plans of the officers who are elected by the House of Delegates. It will give expression to the views of the officers of the State Society, and will support the administration. It will avoid destructive criticism, and it will make constructive suggestions.

Second, the JOURNAL will be a medium for carrying medical news regarding the activities of the State Society and its District Branches and its constituent county societies. It will record the good work done by the societies and will

give suggestions for the development of their plans.

The JOURNAL will also promote the interests of every physician in New York State, for the societies are composed of individual physicians who elect their spokesmen in societies of the counties, District Branches and State. It will seek to develop in each member a sense of his own individual responsibility.

Third the JOURNAL will carry educational articles. It will give about half of its space to scientific articles, and will give preference to those read before, first the State Society, second, the District Branches and third the county societies.

The JOURNAL will continue its special departments: the Legal, the State Department of Health



the Medical Surveys, the Daily Press, and the Prunes It will print other feature articles and studies which have a special appeal to the physicians of New York State, such as studies in chiropractic, and historical matter

Fourth, the JOURNAL will promote the practice of civic medicine By this is meant the activities which every physician can undertake as his contribution to the civic life of his community The JOURNAL will set forth the ideal that the medical profession shall win from all public officials that respect and influence which are due to the physicians because of their character, unselfishness, and scientific attainments

The JOURNAL will also aim to inspire physicians generally to assume the leadership in those phases of civic medicine which are now largely preempted by lay organizations

Medical legislation will be the principal topic which will require the attention of the State Medical Society during the winter months This topic belongs to civic medicine, and success in it depends on the activities of the individual members A major activity of the JOURNAL during the winter and early spring will be to promote civic medicine, and especially a high standard of medical legislation  
F O

## FUNCTIONS OF AN EXECUTIVE OFFICER

What may be the duties of an executive officer of the Medical Society of the State of New York is a fair question and we are ready and eager to receive any suggestions which may be helpful in making this office an effective one

Our first impression is that he should represent the President or Executive officers at the County Societies, and help the County Societies develop as medical factors and units of the State Society

He should be familiar with every county society's problems and be prepared to offer from his executive experience advice and assistance in solving them

He should be familiar with the plans and ambitions of all standing committees, and give them assistance in all matters which might be too difficult to handle individually, and to help them coordinate their work with the other committees of other county societies of the State

In order to insure his greater usefulness to all committees, he should not assume too much detail in the work of any committee, but should refer to its own members

He should serve as the Society's representative

to keep it informed concerning all things medical transpiring within the State

He or his office should at all times be available to advise those within the Society who may have problems for solution, whether they be within or without the Society, and to direct to the proper persons or committees, the medical profession or lay bodies who may have matters to be considered

He should assist and cooperate with the editorial staff in increasing the value of the State Journal, and aid them in making it the medium of exchange between the County Society and the State Society, and by publishing in its columns accounts of all medical activities or problems bearing upon medical practice that come within his sphere

He should inform himself of the medical conditions in all sections of the State and should stimulate and support such measures as the State Society may adopt, or that a County Society may advance for its own betterment, or the improvement of medical practice or public health within its own jurisdiction  
J S L

## ANNUAL CONFERENCE OF SECRETARIES OF CONSTITUENT STATE MEDICAL ASSOCIATIONS, 1924

At Chicago, November 21 and 22, the Secretaries of State Medical Societies and the Editors of State Journals met in conference

After a welcoming address by Dr Olin West, the Conference organized by electing Dr Edgar A Hines, of South Carolina as chairman, and Dr T B Throckmorton, of Iowa, as chairman

The President of the American Medical Association, Dr William Allen Pusey, spoke for closer relationship between the State Societies, for universal programs as great potentials for carrying out national objectives, and

of the necessity for full time secretaries in every state

Dr F C Warnschuis, of Michigan, advised study of the objectives of the American Medical Association, and dissemination of information to all the membership, as there is an astonishing ignorance as to what the organization is doing Discussion developed that many members did not know the difference between membership and fellowship in the A M A Dr West's definition was, that every doctor who pays State dues is a member, and every one who pays \$5 00 additional dues is a Fellow, and receives the Journal



Dr A. E. Bolson, Jr., of Indiana in discussing "What's wrong with the State and County Societies?" said that the State Society fails to get in touch with the individuals in the Society, that physicians are of necessity individualistic. He complained that the Councillors fail to visit the County Societies and fail to develop interest in their district organization or co-operate in solutions of local problems. He said this cannot be done without money for full time executives.

Dr F. L. Van Sickle, of Pennsylvania, discussing State Journals, advised efforts to convince the members that the JOURNAL belongs to them, and that they must express themselves in it. He advised seeking editorials from every part of the State.

Dr Haggard, President elect of the A. M. A., discussed scientific programs, and advised use of the dry clinic, in contradistinction to the wet, surgical clinic. He felt that clinical demonstrations were more valuable than papers, in that in the clinic, the speaker teaches the things he knows, the product of his own experience, while in a paper he reflects the collective knowledge of authorities rather than his personal knowledge.

Dr Frank Billings deplored the loss of emphasis on morbid anatomy, saying that a good diagnostician must be able to visualize morbid anatomy. He feels that there is not enough postmortem work done.

Dr W. C. Woodward, secretary of the bureau of legislation and legal medicine of the A. M. A., advocated uniform workmen's compensation laws.

In speaking of "Direct vs Indirect Service," Dr M. L. Harris, chairman of the Judicial Council, discussed periodic health examinations, claiming that, in general, they should be made by private family physicians, and that they could best be done by the general practitioners. He denied the claim of life extension organizations, that they are examining only the healthy, while in the next breath they claim that 97 per cent of these subjects are sick, and that they are needed as "go-betweens" between the patient and the doctor. He said that the physician needs no ambassadors. If the doctor will do the work thoroughly and systematically the patient will apply for it. A manual of forms and systems of examinations is being printed by the A. M. A. press and will be distributed for a small subscription fee.

Dr Billings said that periodic examinations must be advocated and developed in the County Society as in Kings County New York that every patient should be carefully and thoroughly examined as of great value to the patient and the best possible practice

for the physician, leading him to satisfactory diagnosis. He said that many consultations were merely pleasant conversations with the patient, but not examinations at all, the resulting diagnosis being from a sort of clairvoyant investigation.

Dr Rock Sleyser, President of the Wisconsin State Society, introduced Mr J. G. Crownhart, full-time secretary of his society who, in a very interesting manner, detailed some of his experiences and many suggestions of great practical value. Dr A. T. McCormick of Kentucky, and Dr Holman Taylor, of Texas, advocated the full-time secretary and large enough dues to pay for his services. Texas dues are now \$15.00 annually. Dr D. F. Hartridge, of Arizona, reports \$15.00 annual dues from two hundred and seven members, nearly 100 per cent of the physicians in the State. In one county, larger than Belgium, there are four physicians who form a county society and hold regular meetings.

Dr Smith of Seattle, editor of North West Medicine, advises the election of physicians to the Legislature. Six physicians were in the last Legislature and this year there will be seven.

These secretarial conferences are surely of great value, as exchanges of thought and discussion by men of years of experience in the details of State Society operations are bound to be. Many of these secretaries hold office for long periods, in many instances as long as they are willing to serve. They are possessed of knowledge of tradition and of vision based on experienced fact, far greater than any other officers of our State or National Organizations.

At the conclusion of the conference Dr Williamson, chairman of the Trustees of the A. M. A., announced the selection of Dr Olin West as General Manager of the American Medical Association, succeeding Dr George H. Simmons. The secretaries gave unanimous approval of Dr West's promotion and cheered him heartily. Since Dr Craig's death Dr West has firmly established himself in the highest esteem of the Fellows of the A. M. A. by a remarkable exhibition of ability and conscientious and intense interest in American medicine. Dr Fishbein was introduced as the editor in chief of the world's best medical journal, and Mr Will C. Brain is manager of advertising.

Participation in this conference leads us to think that there would be real value in an annual meeting of county society secretaries as well as legislative chairmen for the intimate discussion of problems which come to them more than to any other of our executives.

N. B. V. E.



# LEGAL

By GEORGE W. WHITESIDE, Esq  
Counsel, Medical Society of the State of New York

## CLAIMED WRONG DIAGNOSIS OF PREGNANCY

A physician was charged with having been careless and negligent in his diagnosis of the plaintiff's condition, in that he had made a diagnosis of pregnancy without sufficient facts to substantiate the same, and that pursuant to the physician's directions and orders the plaintiff was confined to her bed for a long period of time and had unnecessarily consumed large quantities of medicine, that by reason of being confined to her bed and the taking of the medicine she became nervous and suffered mental anguish.

The defendant in this action specialized in obstetrics. In January the plaintiff had called upon the defendant stating that she believed she was pregnant and requesting that she be examined. At that time, upon a vaginal examination, it was not possible to determine whether or not she was pregnant. On an examination made two weeks later it was still not possible definitely to diagnose her condition as pregnancy. A period of several months elapsed when the plaintiff again returned to the defendant, at which time no examination was made nor any treatment given. The plaintiff stated to the defendant that she had felt life. About two weeks thereafter the defendant was called to the

patient's home, at which time she was bleeding. After examination it was still not possible to determine whether she was pregnant. Opium suppositories were prescribed and thyroid and placenta extracts were also prescribed. The patient was further advised to remain in bed for awhile. About a month thereafter the defendant was again called to the patient's home, at which time she was found to be bleeding, and the treatment previously prescribed was repeated.

When next seen by the defendant the plaintiff was up and walking around her home. No treatment or examination was made of her at that time. Defendant requested that she see him at his office. Upon plaintiff's call at the office a further examination was made and the defendant found that the plaintiff was not pregnant and so advised her.

After this visit nothing was heard from the plaintiff until the institution of the action in which this patient sought to recover for the claimed wrong diagnosis of the defendant.

This action also resulted in a dismissal of the complaint, as the plaintiff, when the action was reached for trial, realized that there was no foundation or basis for her claim.

## MENTAL EXAMINATION—INSANITY COMMITMENT

A general practitioner at various times had been attending a young married woman for a period of several years, during which time he had treated her for pneumonia, influenza and other diseases. At times she stated that she was unhappy in her married life and hated her husband. The physician had not seen the patient for several months when he was called to her home. He found her very much depressed and desiring to die, claiming that she had nothing more to live for. She was troubled with insomnia and expressed hatred of her husband. The physician endeavored to appease and quiet her. Her mental condition was such that there was a likelihood of her doing injury to herself, and the husband was advised to have some one stay with the patient. She refused to take nourishment and was becoming emaciated. She likewise refused to respond to the questions of the physician.

When subsequently seen by the physician she

again expressed hatred toward her husband, believing that he was untrue. The patient visited the home of her husband's mother, but stayed there only a short time.

While making a call upon another patient in the vicinity, this patient's husband hurriedly called the physician, stating that he had just held his wife from jumping out of the window, and asked the physician to go back and see the patient. The patient continuously stated that she wanted to die and at one time had taken fifty grains of veronal. The family physician advised that a specialist in mental diseases be called to see the patient. She was seen several times by the specialist in mental diseases, together with the family physician. The husband gave the history of the patient—that she was suffering from melancholia, greatly depressed, had at various times threatened to commit suicide and always stated that she wanted to die in the manner in which her mother had died—by hanging.



A physical examination was made of the patient by the specialist in mental diseases, he examining her reflexes, power of speech, eyes, etc. She rarely answered questions put to her and when she did so she would snap her lips together, keeping her teeth gritted and talk through the corner of her mouth. Endeavor was made to ascertain the cause of her depression and melancholia. After careful mental examination of the patient and observation, it was advised that she be taken to an institution for the treatment of mental diseases and kept under observation.

On the second examination of the patient by the specialist in mental diseases and the family physician, the history of the patient was again reviewed with the husband and the further history of other suicidal attempts given. The husband was again advised that it would be better for the patient to be in a hospital, that being a mental case it would be necessary that she be sent to either a private or state hospital for mental diseases. The financial condition of the husband did not permit of sending his wife to a private sanitarium, and he then chose to send her to a state hospital.

After further examination of the patient and consultation with the family physician and the husband, an emergency certificate of lunacy commitment pursuant to the Insanity Law was made out and the reason for the making of an emergency certificate was stated in the certificate. A duplicate certificate, as provided by the Insanity Law, was signed by a Judge of the County. The patient refused to read the commitment papers. Therefore, a copy of same was served upon and read to her. After the emergency commitment papers were made out by the physi-

cian they were handed to the husband. The family physician and the specialist in mental diseases left the patient's house in the automobile of the specialist, the family physician having loaned the use of his automobile to the husband for the purpose of conveying the patient to the hospital. The patient, accompanied by her husband, left their home, entered the automobile, and was driven to the hospital by the physician's chauffeur. Upon the arrival at the hospital she voluntarily left the automobile accompanied by her husband. At no time was there force of any nature exerted to induce her to enter or leave the automobile.

The patient was received at the state hospital and kept under observation by the hospital authorities for a period of twelve days, when she was released under parole and about six months later was finally discharged by the hospital authorities.

After the examination and making of the certificate of commitment, the patient was not seen by either the family physician or the specialist in mental diseases.

Within a few months after her final discharge from the state hospital an action was instituted against the family physician and the specialist in mental diseases charging them with having made a false, fraudulent and grossly negligent examination of the plaintiff's mental condition and having made a false certificate in connection with the commitment proceedings.

The plaintiff's attorney, as in many other cases, sought from time to time to procure a money settlement. When the action was finally reached for trial, upon the non appearance of the plaintiff, the complaint was dismissed, terminating the action in favor of the physician.



# LEGISLATION

By JAMES N. VANDER VEER, M.D.  
Chairman, Committee on Legislation

## THE POSSIBLE DETRIMENTAL INFLUENCE OF MEDICAL GROUPS IN THEIR RELATION TO MEDICAL LEGISLATION, AND THEIR STATE MEDICAL SOCIETY \*

**I**N their original groupings medical societies were composed of physicians banded together to promote the study of public health from all scientific angles and to disseminate whatever knowledge might come forth from their efforts. They still do this work though more through medical journals and in diversified and special medical groups. As well does the individual physician disseminate this concrete knowledge through lay bodies.

The State Medical Society is the authoritative agent in this State and recognizes now its manifold duties to the individual and component County Societies. For distributing the news of what the individual County Societies are doing it offers the medical journal as a medium.

It has for future plans the initiation of teaching clinics and various post graduate courses, promoted by the State Medical Society, but to be conducted absolutely by the County Societies along the individual lines as planned by the County Society. It is intended that the larger part of the expenses thus incurred will be borne by the State Society, through the income of the increased dues. For, in the main, physicians pay into their State body for progressive medicine only a small percentage as compared with the funds furnished by cultists for commercial propaganda. In Pennsylvania, one society of cultists, for example, is assessing its membership \$100 annually per capita for propaganda work, while throughout the United States another widely known cult is offering "Post Graduate Courses" in cult teaching to be given by traveling groups.

The duty of maintaining public health and of safeguarding the interests of the same rests upon physicians and such scientific lay people as are interested in the subject. The physician, not alone, but through the guidance of scientific knowledge, is the court of last resort in matters of decision as to the best there is in public health work. Not only must he educate himself and his confieres in such work but also as a scientific body must they educate people in general.

If physicians were to bend their energies more in this direction the State Commissioner of Health and his department would not be compelled to lay such stress on health matters as is

now required. One thing that physicians can do which is sadly neglected is to publish authentic educational articles on medical topics in their local papers. Few physicians do this, and great opportunities for the rightful education of the public mind is lost. While an individual physician might be criticized for publishing an article over his own name, yet a group of physicians of standing, such as a medical society could very properly and should publish articles, and thus give the standing and scientific security required, by stating that these articles are prepared and published under the auspices of the County Society. The State Department of Health constitutes a group of physicians under governmental jurisdiction, on whom has fallen in recent years the principal burden of educating the people from a public health standpoint.

Each County Society has its local problems, but is a group wherein lies the opportunity to do a large share of public health educational work befitting the local community and in a measure assisted by the Medical Society of the State.

The State Department of Education with its ramifications down to local school boards and teachers, constitutes a large group which seeks to direct and improve through health education, physical examination and correction, the defects found in school children, thus starting our prospective citizens with as good a physique as is possible.

This group has connected with it physicians as inspectors who should be in closest liaison and without bias with the individual family physician of the child so examined.

There is growing up as well a group of physicians in the Workmen's Compensation Bureau itself, and through the industrial group of physicians who are brought in contact with this governmental bureau, and this combined group might desire to give medical service to workmen as a class. This is seen in some types of legislative bills introduced tending toward health insurance and bureaucratic attendance of the citizens of the State.

For years there has been a group of medical examiners for various fraternal orders, as well as the group of health officers of the State, a group of physicians who act as examiners for insurance companies, a group of physicians who are in the employ of the railroads, groups of specialists within the body of the physicians.

\* Abstract of a talk given by J. N. Vander Veer, M.D., before the Medical Society of Clinton County, November 18, 1924, and at Geneva, N.Y., November 21, 1924.



themselves, as ophthalmologists, surgeons, urologists, medical men, and so forth.

Iron these various groups emanate thoughts and ideas in their attempt to enlighten the public as to what medical service can be offered to the sick.

The groups of cultists send out reams of literature to the lay public, couched in alluring terms and telling of the healing services which this or that cult can absolutely offer to them. And because of the backwardness of physicians in reaching the public direct, lay people read such literature and newspaper advertisements and believe them without further investigation, casting aside the history of true medicine wherein is shown the development of the healing art.

One question of importance which is now coming to the front legislatively within the body of physicians themselves is that of advertising in some manner in order to inform the lay person what may reasonably be expected from medical service in general and from individual physicians who are specialists, in particular. Therefore, should the old code of ethics be modified to such a degree as to permit physicians to publish proper medical information, and how may this be accomplished under the supervision of the medical group. Even now physicians widely known in other lines are syndicating medical articles in the daily press. These articles are eagerly read by the lay people and receive commendations and condemnations from their brother physicians who have been lax along the lines of publications through their proper County and State channels.

From the standpoint of the Medical Society of the State it is the business of the State Society and of the component County Societies to assume the leadership in broadcasting medical information. Such questions constantly come before the State Medical Society in its governing body and it is their duty to pass these questions on to the members of the County Medical Societies for final decision. In the discussion of these questions the State Journal of Medicine is the natural medium and should be used to the utmost.

It has even been suggested and asked to be passed upon by the State Society that physicians be allowed to announce themselves as specialists only after having taken a post graduate course in a subject for at least two years after graduation, and some physicians have even suggested the frequent re-examination of physicians and specialists in particular to see if they have actually kept up to the new standards constantly being set as a result of new scientific discoveries and the newer applications of past scientific knowledge.

The Medical Society of this State has consistently supported all such measures which have

proven themselves to be of value to the public health—such as vaccination and the like. It has always stood for clean cut standardization of the educational requirements of physicians whereby there can be no question of differentiation of the physician from the quack or cultist. It has failed ignobly in impressing this latter phase of public health upon the legislators through the failure of the individual physician to arouse in his own community the majority demand that the individual legislator shall support such clean cut action.

Such are questions which come before your State Society through those who are in close touch with legislation, and your chairmen of legislative committees are even now compelled to consider them and to pass on to the County Societies for action and decision these questions. As physicians we must consider them because such questions are being forced upon us and we have a civic duty to perform in voicing our opinions as to the control and direction of such movements.

Cults of 57 varieties already listed and in many instances strongly organized and more in process of evolution, are demanding constantly recognition from our State Legislature, and we must meet them with the Intelligence and conviction that has come to us through the years of scientific research and result which go to make up the practice known as medicine.

As a further illustration one commercial body in New York has made a huge financial success by agitating the thought of periodic examinations of presumably healthy adults and lay organizations have eagerly seized upon the thought and are promoting this commercial movement because of the good that is to be seen therein. With the thought back of this commercial movement there can be no argument, for prevention is the greater to be desired in public health, than is the question of cure at the moment of diseased conditions but in the manner of exploitation physicians have an argument and because of their lack of foresight or of initiative have failed in their duty to the public. The physicians of Kings County have grasped the problem are studying it now whole heartedly and are making great progress in solving the same. It may be said also that small groups here and there interested in the laboring man as well as other groups of employees are considering the question of the introduction of laws requiring the physical examination and recording of physical condition of employees. And it may be said that numbers of employers now have industrial physicians whose duty it is to examine each employee before engaging him or her for the work proposed. The Medical Society of the State and the individual County Societies must



sooner or later take an active part, preferably as directors of such a movement, for the best interests of all the people

Birth control is advocated by a group composed mostly of women, but also containing many well meaning lay men and medical men who are presumed to have studied the question and to be advisors of the lay persons. This group is constantly and will for many years approach legislators and offer legislative bills containing their thoughts and will ask the legislators to forward their ideas into laws

Consistently the Medical Society of the State has opposed such efforts, through the actions of the County Societies, who have voiced their opinions against such measures, but yearly the question must be met

The group known as anti-vivisectionists has year in and year out introduced legislation which would tend to curtail the brilliant past results and future outlook of preventive medicine. This type of agitation has been kept alive through bequests of presumably well meaning people, which bequests flow into a common treasury whereby funds are at hand for the continuation and support of such propaganda

Physicians in general and well informed lay people know how pernicious would be the success of a movement which curtailed this manner of arriving at scientific facts, and yet as physicians we must combat the potential influence of such a huge sum of money with only a comparatively meagre sum at our disposal, and only here and there a small group of scientific lay people who would join hands with us in behalf of rightful public health

Groups of faith healers claiming recognition from different religious denominations, as well as individual faith healers who claim to derive their skill and recognition from God Himself alone, practice the healing art in defiance of present day science throughout this country and especially in this State, free of legal prosecution because of the broadness of the medical practice act of the present day which permits of their activities under the guise of religious ceremonies

These problems are not new, but are constantly being forced upon the medical profession year after year by these groups which seek to promote their individualistic principles and obtain legal recognition by legislative enactments. In the main the history of most of such movements emanates from an individual mind and after the fountain of thought from that mind has been exhausted the group or cult through the years to follow gradually molds itself into the common thought along the lines laid down by scientific principles

Thus we find through medical history the rise and fall of individual groups where they do not

gradually merge by attrition into the larger group of scientific thinking men and women. But in their rise and fall the group of scientific physicians must meet such groups by educating the people to oppose them. One clean-cut way of reaching them was that method of the Society for the Control of Cancer which saw to it that on one Sunday night in Brooklyn a few years ago, every pulpit was occupied by a physician or lay man who gave a simple explanation of what cancer is and the effective means of combating it through the knowledge gained by true scientific research in the years gone by

Groups of women are most efficient in promoting health matters through their banding together in churches, schools, societies, and social organizations, when they are properly oriented in what is rightful public health. Should subcommittees of County Societies meet and converse with such groups in their own communities, there would soon be little room for quacks, faddists or cultists

These various groups enumerated constantly and habitually are exerting their greatest pressure on our legislators individually, urging them to support the schemes of their various groups, singly or in combination, in the hope that somehow in some way the false principles may be made to receive legal recognition. Within the Medical Society of the State actually at Albany are only a few of the medical group which constitutes the direct opposition and bulwark against the passage of such measures. But the potential influence of the County Society and the individual physician back home working in unison and harmony is the strongest measure for the protection of the health of the State. Being along rightful lines there can be no question that the right will ultimately prevail if pursued consistently and throughout to the end

A legislator is anxious to be in the right for the people of the State but is influenced to a large degree in many instances by the overwhelming noises made by a very small minority, because the majority does not make its influence felt. He can escape interviews with a single individual at Albany on various pretexts should he not desire to take a stand in behalf of his governmental (State) or local constituency. He cannot, however, escape the desire of his local constituency should they take an interest in public health legislation and on behalf of the physicians of the State and the public health in general the State Society calls upon the County Society to express its conviction to its lawmakers

Should a County Society vote to take a certain action, the State Society rightfully expects all the members of that County Society to support that action, or at least not to oppose the wishes



of the majority when once that majority has expressed its desire. Yet it happens legislatively that one or two physicians who form a very small minority, by writing more of letters to legislators, or by quiet personal interviews, exercise far more influence than the great majority of the members of a society, who consider their duty as completely done when they have passed resolutions, and leave it in the future for certain individuals to act. Which same individuals might not be the proper ones of initiative and push to carry out the wishes of a group. Not only are resolutions by societies needed in directing public health measures but by far is action needed through individual members.

The tendency of all cult movements which seek legal recognition is to gradually raise their standards until they may have a basis to hurdle the existing laws and by loud proclamation claim that their method of healing is scientific, to the exclusion of any and all other methods. The battle cry of one cult, for example, made the original claim that the human finger was, or could be trained to be, more sensitive than an instrument in detecting an abnormal condition and such abnormal conditions always arose through congenital or required malpositions of certain bones. Then when X-ray machines became common this cult changed its method of examination and commercially began the use of such a scientific discovery though under another name, thus foregoing the original claim and publishing widely the fact, which had always been claimed by medical men, that the X-ray revealed far more than the eye or finger could detect. Now following the decadence there comes a later mechanical device confined in its use by legal procedure to the members of the cult themselves and only to a select few, which is claimed to detect variations in the currents of heat also claimed to flow along nerve channels. By way of illustrating the sensitiveness of the instrument it is stated that it will detect tobacco smoke three feet away.

This is only a faint intimation of the ordinary scientific refinements of those types of diagnostic instruments used by scientists in physical demonstrations in electricity or chemistry, in public health for man or beast.

One of the strongest ways to meet cultism is through the law, which is the expressed will of the social group as to how it shall be governed and how the unthinking or too shrewdly thinking of that same group shall be controlled in their efforts to foist upon the group ill conceived legislation.

But one of the hardest factors for the Department of Health, the Department of Education, or any long standing group, governmental or lay

in any State, is to bring to the attention and record of the people that which is a step forward in the right direction.

Physicians as a group receive too little respect and too little recognition from law makers and other public officials because of the shibboleth that they are constantly interested in health legislation from a selfish standpoint. Were this so we would see more widespread advertising on the part of individual physicians and a debasing of the practice of the healing art and more students willing to enter the profession for the supposed easy money to be made therein. It is recognized, however, that in all movements which tend to protect and to forward the public health that the group of physicians is the first to take an active interest in such a movement when it has carefully studied and weighed the good and bad in such a movement.

The physician has only himself to blame if he does not accord in the main his ideas to those which science contributes to individual thought and to the group. There are physicians who oppose vaccination because of their individually refusing to recognize the truths of medical science. As well are there found bankers who refuse to read their crop reports before loaning money. Both classes do not succeed eventually. Public health is not a matter for today or tomorrow, but has to do with an endless future, and the individual is but an atom when compared with the whole.

Those who believe in the forwarding of public health must sooner or later fix in their minds the group idea, and in behalf of that which is right and proper, should exert an influence in proportion to their ability and numbers, within the group first until the best policy has been formed and then outside the group upon others in order to properly put before them the necessity of concerted action.

The broad policies in this State of medical groups may be stated to be:

1 Greater and continuing education of the public mind through the component County Societies of the recognized State Societies, and thus outward through the individual members,

2 The assumption of duties which physicians have shirked in the economic struggles in their own communities. For the medical man has become too bound up in his own little field to recognize that which is going on about him,

3 The demand that there be a lessening of cult propaganda which does not jibe with scientific result of the present day and that the lay societies and organizations themselves through broader effort shall undertake this for their own people as members of the body politic.



## MEETINGS OF COUNTY MEDICAL SOCIETIES

## FIRST DISTRICT BRANCH

- Bronx County Medical Society  
Annual meeting 3rd Wednesday in December Other meetings 3rd Wednesday of each month, except July, August and September
- Dutchess-Putnam Medical Society  
Annual meeting second Wednesday in January Other meetings second Wednesday in April, July and October
- Medical Society of the County of New York  
Annual meeting fourth Monday in November Other meetings fourth Monday in each month, except June, July, August and September
- Medical Society of the County of Orange  
Annual meeting first Tuesday in December Other meetings first Tuesday in May and August
- Richmond County Medical Society  
Annual meeting second Wednesday in December Other meetings second Wednesday in each month, except July and August
- County of Rockland Medical Society  
Annual meeting first Wednesday in December Other meetings first Wednesday in April, June and September
- Medical Society of the County of Westchester  
Annual meeting third Tuesday of November Other meetings third Tuesday of January, March, May and September

## SECOND DISTRICT BRANCH

- Medical Society of the County of Kings  
Regular meetings third Tuesday in each month, except June, July, August and September Annual meeting third Tuesday in December
- Medical Society of the County of Nassau  
Annual meeting last Tuesday of November Other meetings last Tuesday of each month, except June, July and August
- Medical Society of the County of Queens  
Annual meeting last Tuesday in November Other meetings last Tuesday of each month, excepting June, July, August, November and December
- Suffolk County Medical Society  
Annual meeting last Thursday in October Semi-annual meeting in April or May at the call of the Comitia Minora

## THIRD DISTRICT BRANCH

- Medical Society of the County of Albany  
Annual meeting December Other meetings monthly from September to June
- Columbia County Medical Society  
Annual meeting first Tuesday in October Another meeting first Tuesday in May
- Medical Society of the County of Greene  
Annual meeting second Tuesday in October Semi-annual meeting second Tuesday in May Quarterly meetings second Tuesday in January and July
- Medical Society of the County of Rensselaer  
Annual meeting second Tuesday in December Other meetings second Tuesday of each month, except June, July, August and September
- Schoharie County Medical Society  
Annual meeting second Tuesday in December Semi-annual meeting second Tuesday in June
- Medical Society of the County of Sullivan  
Annual meeting second Wednesday in October Another meeting second Wednesday in May
- Medical Society of the County of Ulster  
Annual meeting first Tuesday in December Other meetings first Tuesday in February, April, June and October

## FOURTH DISTRICT BRANCH

- Medical Society of the County of Clinton  
Annual meeting third Tuesday in November Other meeting third Tuesday in May
- Medical Society of the County of Essex  
Annual meeting first Tuesday in October Semi-annual meeting first Tuesday in June
- Medical Society of the County of Franklin  
Annual meeting second Tuesday in December Semi-annual meeting second Tuesday in June
- Fulton County Medical Society  
Annual meeting second Thursday in December Semi-annual meeting second Thursday in June Monthly meetings December to June
- Medical Society of the County of Montgomery  
Annual meeting second Wednesday in December Other meetings second Wednesday in February, April, June, August and October
- Medical Society of the County of St. Lawrence  
Annual meeting first Tuesday in October Semi-annual meeting first Tuesday in April
- Medical Society of the County of Saratoga  
Annual meeting October Semi-annual meeting May
- Medical Society of the County of Schenectady  
Annual meeting second Tuesday in December, Semi-annual meeting second Tuesday in June. Other meetings second Tuesday in January, February, March, April, May, September, October and November
- Medical Society of the County of Warren  
Annual meeting second Wednesday in October Semi-annual meeting second Wednesday in April
- Medical Society of the County of Washington  
Annual meeting first Tuesday in October Semi-annual meeting second Tuesday in May

## FIFTH DISTRICT BRANCH

- Medical Society of the County of Herkimer  
Annual meeting first Tuesday in December Semi-annual first Tuesday in June. Quarterly first Tuesday in March and September
- Medical Society of the County of Jefferson  
Annual meeting second Thursday in January Semi-annual meeting second Thursday in July Quarterly meetings second Thursday in April and October
- Lewis County Medical Society  
Annual meeting second Tuesday in December
- Madison County Medical Society  
Annual meeting first Tuesday in October Spring meeting first Tuesday in May Summer meeting first Tuesday in August
- Medical Society of the County of Oneida  
Annual meeting second Tuesday in January Other meetings second Tuesday in April, July and October
- Onondaga Medical Society  
Annual meeting second Tuesday in December Other meetings second Tuesday of February and May, fourth Tuesday of September
- Medical Society of the County of Oswego  
Annual meeting third Tuesday in November Semi-annual meeting third Tuesday in May

## SIXTH DISTRICT BRANCH

- Broome County Medical Society  
Annual meeting first Tuesday in October Other meetings first Tuesday in January, April and July
- Medical Society of the County of Chemung  
Annual meeting third Tuesday in December Other meetings third Tuesday in March, June and September
- Chenango County Medical Society  
Annual meeting second Tuesday in December Semi-annual meeting second Tuesday in June



Cortland County Medical Society  
Annual meeting third Friday in December Quarterly meetings third Friday in March June and September

Medical Society of the County of Delaware  
Annual meeting second Tuesday in June Semi annual meeting in the Fall

Ontario County Society  
Annual meeting second Tuesday in December Semi annual meeting second Tuesday in June.

Schuyler County Medical Society  
Annual meeting second Tuesday in May Semi annual meeting third Tuesday in October

Medical Society of the County of Steuben  
Annual meeting second Tuesday in May Semi annual meeting second Tuesday in October

Medical Society of the County of Tioga  
Annual meeting first Tuesday in December Other meeting first Tuesday in March June and September

Tompkins County Medical Society  
Annual meeting third Tuesday in December Other meetings third Tuesday in every month except the summer months.

#### SEVENTH DISTRICT BRANCH

Cayuga County Medical Society  
Annual meeting second Thursday in November Other meetings second Thursday in February May and August

Medical Society of the County of Livingston  
Annual meeting first Tuesday in November Quarterly meetings first Tuesday in February May and August

Medical Society of the County of Monroe  
Annual meeting third Tuesday in December Other meetings third Tuesday in October March and May

Ontario County Medical Society  
Annual meeting second Tuesday in October Other meetings second Tuesday in January April and July

Medical Society of the County of Seneca  
Annual meeting second Thursday in October Semi annual meeting second Thursday in May

Wayne County Medical Society  
Annual meeting second Tuesday in December Other meetings second Tuesday in March June and September

Medical Society of the County of Yates  
Annual meeting first Tuesday in January Other meetings first Tuesday in April July and October

#### EIGHTH DISTRICT BRANCH

Medical Society of the County of Allegany  
Annual meeting second Thursday in October Other meetings second Thursday in January April and July

Medical Society of the County of Cattaraugus  
Annual meeting first Tuesday in January Other meetings first Tuesday in April July and October

Medical Society of the County of Chautauqua  
Annual meeting second Tuesday in December Other meetings last Tuesday in March June and September

Medical Society of the County of Erie  
Annual meeting third Monday in December Other meetings third Monday in January February March April May October and November

Medical Society of the County of Genesee  
Annual meeting first Wednesday in October Other meetings first Wednesday in January April and July

Medical Society of the County of Niagara  
Annual meeting second Tuesday in November Other meetings second Tuesday in January March May July and September

Medical Society of the County of Orleans  
Annual meeting first Tuesday in October Other meetings first Tuesday in February and June

Medical Society of the County of Wyoming  
Annual meeting second Tuesday in October Other meetings second Tuesday in January April and July

#### 1924—County Society Legislative Chairmen

ALBANY—Dr Arthur M Dickinson 28 Eagle St, Albany N Y

ALLEGANY—Dr I H Van Orsdale Belmont N Y

BRONX—Dr Edward R. Cumfey, 2515 Grand Concourse, Bronx

DADEMA—Dr Frank M Dyer 51 Main St., Binghamton N Y

CATTARAUGUS—Dr Jacob E. K. Morris, 119 Laurens St, Olean N Y

CAYUGA—Dr Harry S Bull 604 Masonic Bldg Auburn N Y

CHAUTAUQUA—Dr L. D Bowman Jamestown, N Y

CHENUNG—Dr LaRue Colegrove, 423 W Church St, Elmira N Y

CHENANGO—Dr Lee C. Van Wagner New Berlin, N Y

CLINTON—Dr T Avery Rogers 75 Court St., Plattsburg N Y

COLUMBIA—Dr Henry Noerling Valatie, N Y

CORTLAND—Dr C. D Ver Nooy 84 N Main St, Cortland, N Y

DUTCHESS—Dr J E Sadler 295 Mill St., Poughkeepsie, N Y

ERIE—Dr Geo B Critchlow 647 Lafayette Ave, Buffalo N Y

ESSEX—Dr M E Sergeant Ticonderoga, N Y

FRANKLIN—Dr John E. White Malone, N Y

FULTON—Dr Woodard Shaw Gloversville, N Y

GENESEE—Dr Edwin W LeSeur, 208 E. Main St. Batavia, N Y

GREENE—Dr P G Waller New Baltimore, N Y

HERKIMER—Dr H J Sheffield Frankfort N Y

JEFFERSON—Dr W H Hall, City Hospital Watertown, N Y

KINGS—Dr Jos A Driscoll 171 Washington PL Brooklyn.

LEWIS—Dr W O Hubbard Lowville N Y

LIVINGSTON—Dr Frederick J Bowen, Mt Morris N Y

MADISON—Dr Lynn C. Beebe, Hamilton N Y

MONROE—Dr Walter A. Callhan 209 Alexander St., Rochester N Y

MONTGOMERY—Dr Walter A Bing Amsterdam N Y

NASSAU—Dr G A Newton Freeport, Long Island

NEW YORK—Dr Edward C. Brenner 20 W 50th St, N Y City

NIAGARA—Dr A N Moore—70 Niagara St Lockport N Y

ONEIDA—Dr Geo. M Fisher 264 Genesee St., Utica N Y

ONONDAGA—Dr E. B Jones, 608 E. Genesee St. Syracuse, N Y

ONTARIO—Dr Homer J Knickerbocker 196 Genesee St, Geneva, N Y

ORANGE—Dr E. C. Waterbury 112 First St. Newburgh N Y

ORLEANS—Dr Frank H Lattin Albion N Y

OSWEGO—Dr Walter H Kidder 123 W 5th St Oswego N Y

OSWEGO—Dr Julian C. Smith 21 Ford Ave., Ontario N Y

QUEEN—Dr Thos C. Chalmers 88 Continental Ave Forest Hills, N Y

RENSSELAER—Dr C J Patterson Marshall Saratoga Troy N Y

RICHMOND—Dr Vincent C Smith 2153 Richmond Ter Port Richmond N Y

ROCKLAND—Dr Geo A Letour Piermont, N Y

ST LAWRENCE—Dr Wm B Hanbridge, Ogdensburg N Y

SARATOGA—Dr John Mabey Mechanicsville N Y

SCHEMENADY—Dr Wm C. Treder 133 Mohawk Ave., Scotia, N Y

SCHOHARIE—Dr Henry R Bentley Central Bridge N Y



SCHUYLER—Dr J M Quirk, Watkins, N Y  
 SENECA—Dr F W Lester, 11 Cayuga St, Seneca Falls, N Y  
 STEUBEN—Dr L M Kysor, 11 Center St, Hornell, N Y  
 SUFFOLK—Dr W H Ross, Brentwood, N Y  
 SULLIVAN—Dr Luther C Payne, Liberty, N Y  
 TIOGA—Dr M B Dean, Candor, N Y  
 TOMPKINS—Dr Luzerne Coville, 101 Dryden Rd, Ithaca, N Y

ULSTER—Dr A A Stern, 22 E Strand St, Kingston, N Y  
 WARREN—Dr V D Selbeck, 44 Bay St, Glens Falls, N Y  
 WASHINGTON—Dr W A Leonard, Cambridge, N Y  
 WAYNE—Dr Ralph Sheldon, Lyons, N Y  
 WESTCHESTER—Dr Edward W Weber, White Plains, N Y  
 WYOMING—Dr W R Thomson, Warsaw, N Y  
 YATES—Dr E C Foster, Peru, N Y

## List of Members of Legislature for 1925

### SENATORS

R = Republican D = Democrat

Dists		Dists	
1	George L Thompson, R, Kings Park	26	Seabury C Mastick, R, Pleasantville
2	John L Karle, R, 1702 Woodbine St, Ridgewood, L I	27	Caleb H Baumes, R, 67 Farrington St, Newburgh
3	Peter J McGarry, D, 71 Greenpoint Ave, Blissville, L I	28	J Griswold Webb, R, Clinton Corners
4	Philip M Kleinfeld, D, 1338 52nd St, Brooklyn	29	Arthur F Bouton, R, Roxbury
5	Daniel F Farrell, D, 378 17th St, Brooklyn	30	William T Byrne, D, Loudonville
6	James A Higgins, D, 197 St Johns Pl, Brooklyn	31	John F Williams, R, North Greenbush
7	John A Hastings, D, 700 Putnam Ave, Brooklyn	32	Thos C Brown, R, 6 Lowell Road, Schenectady
8	William Lathrop Love, D, 857 Lincoln Pl, Bklyn	33	Mortimer Y Ferris, R, Ticonderoga
9	Frank E Johnson, D, 112 Hendrix St, Brooklyn	34	Warren T Thayer, R, Chateaugay
10	Jeremiah F Twomey, D, 911 Manhattan Ave, Brooklyn	35	Jeremiah Keck, R, 412 S William St, Johnstown
11	Daniel J Carroll, D, 135 N 23rd St, Brooklyn	36	Henry D Williams, R, 24 Faxon St, Utica
12	James J Walker, D, 6 St Luke's Pl, N Y City	37	Perley A Pitcher, R, 1033 State St, Watertown
13	Thos F Burchill, D, 347 W 21st St, N Y City	38	George R Fearon, R, 166 Cambridge St, Syracuse
14	Bernard Downing, D, 305 E Broadway, N Y City	39	Willis Wendell, R, Amsterdam
15	Nathan Straus, Jr, D, 13 W 76th St, N Y City	40	B Roger Wales, R, 14 Davis St, Binghamton
16	Thos I Sheridan, D, 45 E 19th St, N Y City	41	James S Truman, R, Oswego
17	Courtlandt Nicoll, R, 149 E 78th St, N Y City	42	Charles J Hewitt, R, Locke
18	Martin J Kennedy, D, 154 E 91st St, N Y City	43	Ernest E Cole, R, Bath
19	Duncan T O'Brien, D, 161 W 122nd St, N Y City	44	John Knight, R, Arcade
20	Michael N Reiburn, D, 665 W 160th St, N Y City	45	James L Whitley, R, 189 Barrington St, Rochester
21	Henry G Schackno, D, 360 E 166th St, Bronx	46	Homer E A Dick, R, 19 Normandy Ave, Rochester
22	Benjamin Antin, D, 850 E 161st St, Bronx	47	William W Campbell, R, 283 High St, Lockport
23	John J Dunnigan, D, 1945 Bogart Ave, Bronx	48	William J Hickey, R, 121 Albany St, Buffalo
24	Thos J Walsh, D, 101 Gordon St, Stapleton, S I	49	Leonard R Lipowicz, R, 919 Humboldt Pkway, Buffalo
25	Walter W Westall, R, 20 DeKalb Ave, White Plains	50	Leonard W H Gibbs, R, 15 Depew Ave, Buffalo
		51	Leigh G Kirkland, R, Randolph

### ASSEMBLYMEN

Dists	ALBANY COUNTY	Dists	BROOME COUNTY
1	Delbert C Hall, R, 89 Morris St, Albany	1	Edmund B Jenks, R, Whitney Point
2	John P Hayes, D, 725 Broadway, Albany	2	Forman E Whitcomb, R, Endicott
3	Frederick B Linen, R, 221 Saratoga St, Cohoes		CATTARAUGUS COUNTY
	ALLEGANY COUNTY		James W Watson, R, New Albion
	Cassius Congdon, R, West Clarksville		CAYUGA COUNTY
	BRONX COUNTY		Sanford G Lyon, R, Aurora
1	Nicholas J Eberhard, D, 300 E 162nd St		CHAUTAUQUA COUNTY
2	Lester W Patterson, D, 201 Alexander Ave	1	Adolph F Johnson, R, Jamestown
3	Julius S Berg, D, 887 Forest Ave	2	Joseph A McGinnies, R, Ripley
4	Louis A Schoffel, D, 1387 Crotona Ave		CHEMUNG COUNTY
5	Harry A Samberg, D, 927 Fox St		Hovey E Copley, R, R D No 2, Elmira
6	Thomas J McDonald, D, 876 E 224th St		CHENANGO COUNTY
7	John F Reidy, D, 636 E 183rd St		Bert Lord, R, Afton
8	Joseph E Kinsley, D, 63 E 190th St		



**Dist.**

**CLINTON COUNTY**

George W. Gilbert, R., Ellenburgh Depot.

**COLUMBIA COUNTY**

Lewis F. Harder, R., Philmont

**CORTLAND COUNTY**

Irving F. Rice, R., R. F. D. 6, Cortland.

**DELAWARE COUNTY**

Ralph H. Loomis, R., Sidney

**DUTCHESS COUNTY**

- 1 Howard N. Allen, R., Pawling
- 2 John M. Hackett, R., Poughkeepsie.

**ERIE COUNTY**

- 1 John N. Sprague, R., 63 Ashland Ave., Buffalo
- 2 Henry W. Hult, R., 751 Tonawanda St., Buffalo
- 3 Frank X. Bernhardt, R., 76 Goodell St., Buffalo
- 4 John J. Meegan, D., 41 South St., Buffalo
- 5 Ansley B. Borkowski, R., 72 Woltz Ave., Buffalo
- 6 Charles A. Freiberg, R., 714 Northampton St., Buffalo
- 7 Edmund F. Cooke, R., Alden.
- 8 Nelson W. Cheney, R., Eden.

**ESSEX COUNTY**

Fred L. Porter, R., Crown Point.

**FRANKLIN COUNTY**

George J. Moore, R., Malone.

**FULTON AND HAMILTON COUNTIES**

Eberly Hutchinson, R., Green Lake.

**GENESEE COUNTY**

Charles P. Miller, R., South Byron.

**GREENE COUNTY**

Ellis W. Bentley, R., Windham

**HERKIMER COUNTY**

Theodore L. Rogers, R., Little Falls

**JEFFERSON COUNTY**

Jasper W. Cornaire, R., Cape Vincent

**KINGS COUNTY**

- 1 Charles F. Cline, D., 87 Warren St.
- 2 Murray Hearn, D., 2114 Avenue K.
- 3 Frank J. Taylor, D., 47 Wolcott St.
- 4 Peter A. McArdle, D., 136 Hooper St.
- 5 Robert C. Shepard, R., 769 Putnam Ave.
- 6 Joseph Reich, D., 808 DeKalb Ave.
- 7 John J. Howard, D., 452 55th St.
- 8 Michael J. Reilly, D., 452 Baltic St.
- 9 Richard J. Tonry, D., 437 78th St.
- 10 Bernard F. Gray, D., 984 Pacific St.
- 11 Edward J. Coughlin, D., 217 Claremont Ave.
- 12 Marcellus H. Evans, D., 305 E. 4th St.
- 13 William Breitenbach, D., 167 Ten Eyck St.
- 14 Joseph R. Blake, D., 189 N. 5th St.
- 15 Gerald F. Dunne, D., 198 Java St.
- 16 Maurice Z. Bungard, D., Manhattan Ave. Sea Gate
- 17 Edward E. Fay, R., 283 Halsey St.
- 18 Irwin Steingut, D., 1357 Eastern Pkway
- 19 Jerome C. Ambro, D., 176 Central Ave.
- 20 Frank A. Miller, D., 1277 Hancock St.
- 21 Walter F. Clayton, R., 212 E. 17th St.
- 22 Howard C. Franklin, D., 251 Crescent St.
- 23 Joseph F. Rice, R., 1332 Herkimer St.

**Dists**

**LEWIS COUNTY**

Clarence L. Fisher, R., Iyons Falls

**LIVINGSTON COUNTY**

Lewis G. Stapley, R., Genesee.

**MADISON COUNTY**

John W. Gates, R., Chittenango

**MONROE COUNTY**

- 1 Arthur T. Pammenter, R., Irondequoit.
- 2 Simon L. Adler, R., 17 Argyle St., Rochester
- 3 Cosmo A. Pillano, R., 104 Woodward St., Rochester
- 4 Frederick J. Slater, R., Greece
- 5 Wallace R. Austin, R., Spencerport.

**MONTGOMERY COUNTY**

Samuel W. McCleary, R., Canajoharie.

**NASSAU COUNTY**

- 1 Edwin W. Wallace, R., Rockville Center
- 2 F. Trubee Davison, R., Locust Valley

**NEW YORK COUNTY**

- 1 Peter J. Hamill, D., 34 Dominick St.
- 2 Frank R. Galgano, D., 57 Kenmare St.
- 3 Sylvester A. Dincen, D., 301 W. 22d St.
- 4 Samuel Mandelbaum, D., 288 E. Broadway
- 5 Frank A. Carlin, D., 639 10th Ave.
- 6 Morris Weinfeld, D., 231 E. 3rd St.
- 7 John L. Buckley, D., 346 W. 71st St.
- 8 Henry O. Kahn, D., 236 Fifth Ave.
- 9 John H. Conroy, D., 66 W. 91st St.
- 10 Phelps Phelps, R., 54 W. 40th St.
- 11 Samuel I. Rosenman, D., 226 W. 113th St.
- 12 Paul T. Kammerer, Jr., D., 157 E. 46th St.
- 13 John P. Nugent, D., 10 St. Nicholas Ter.
- 14 Frederick L. Hackenbourg, D., 301 E. 68th St.
- 15 Samuel H. Hofstadter, R., 20 E. 90th St.
- 16 Maurice Bloch, D., 305 E. 87th St.
- 17 Meyer Alterman, D., 60 E. 118th St.
- 18 Owen M. Kiernan, D., 163 E. 89th St.
- 19 Abraham Grentthal, R., 92 Morningside Ave.
- 20 Louis A. Cuvillier, D., 172 E. 122nd St.
- 21 Pope B. Billups, R., 226 W. 139th St.
- 22 Joseph A. Gavagan, D., 557 W. 144th St.
- 23 A. Spencer Feld, D., 336 Port Washington Ave.

**NIAGARA COUNTY**

- 1 Mark T. Lambert, R., 6 Bewley Pkway, Lockport.
- 2 Frank S. Hall, R., Lewiston.

**ONEIDA COUNTY**

- 1 Gordon C. Ferguson, R., 1526 Elm St., Utica.
- 2 Russell G. Dunmore, R., 30 Hartford Ter., New Hartford.
- 3 George J. Skinner, R., Camden.

**ONONDAGA COUNTY**

- 1 Horace M. Stone, R., Marcellus.
- 2 Willis H. Sargent, R., 311 Summit Ave., Syracuse.
- 3 Richard B. Smith, R., 411 Elm St., Syracuse

**ONTARIO COUNTY**

Robert A. Catchpole, R., Geneva.

**ORANGE COUNTY**

- 1 D. C. Dominick, R., Walden.
- 2 Charles L. Mead, R., Middletown.

**ORLEANS COUNTY**

Frank H. Lattin, R., Albion.

**OSWEGO COUNTY**

Victor C. Lewis, R., Lewis House, Fulton



## Dists

## OTSEGO COUNTY

Frank M Smith, R, Springfield Center

## PUTNAM COUNTY

John R Yale, R., Brewster

## QUEENS COUNTY

- 1 Henry M Dietz, D, 389 Ninth Ave, L I City
- 2 Owen J Dever, D, 2552 Gates Ave, Ridgewood
- 3 Alfred J Kennedy, D, Whitestone
- 4 D Lacy Dayton, R, Bayside, L I
- 5 William F Brunner, D, 214 Beach 116th St, Rockaway Park
- 6 Henry Baum, R., 8011 89th Ave, Woodhaven

## RENSSELAER COUNTY

- 1 Edward J Donahue, R, 645 Fourth Ave, Troy
- 2 William D Thomas, R, Hoosick Falls

## RICHMOND COUNTY

- 1 William S Hart, D, West Brighton, S I
- 2 William L Vaughan, D, Tottenville, S I

## ROCKLAND COUNTY

Walter S Gedney, R, Nyack

## ST LAWRENCE COUNTY

- 1 Rhoda Fox Graves, R, Gouverneur
- 2 Walter L Pratt, R, Massena

## SARATOGA COUNTY

Burton D Esmond, R, 58 Church Ave, Ballston Spa

## SCHENECTADY COUNTY

- 1 Charles W Merriam, R, 20 Parkwood Blvd, Schenectady
- 2 William M Nicoll, R, 1 Collins St, Scotia

## SCHOHARIE COUNTY

Kenneth H Fake, R, Cobleskill

## SCHUYLER COUNTY

William Wickham, R, Hector

## Dists

## SENECA COUNTY

William H Van Cleef, R, Seneca Falls

## STEBEN COUNTY

- 1 Wilson Messer, R., Corning
- 2 Leon F Wheatley, R, 59 Church St, Hornell

## SUFFOLK COUNTY

- 1 John G Downs, R, Cutchogue.
- 2 John Boyle, Jr, R, Huntington

## SULLIVAN COUNTY

J Maxwell Knapp, R, Hurleyville

## TIOGA COUNTY

Daniel P Witter, R, Berkshire.

## TOMPKINS COUNTY

James R. Robinson, R, 313 E Court St, Ithaca.

## ULSTER COUNTY

Millard Davis, R, Kerhonkson

## WARREN COUNTY

Richard J Bolton, R, Hague.

## WASHINGTON COUNTY

Herbert A Bartholomew, R, Whitehall.

## WAYNE COUNTY

Henry A Tellier, R, North Rose

## WESTCHESTER COUNTY

- 1 T Channing Moore, R., Bronxville.
- 2 Herbert B Shonk, R, Scarsdale.
- 3 Milan E Goodrich, R, Gilbert Park, Ossining
- 4 Alexander H. Garnjost, R, 84 High St, Yonkers
- 5 George A Krug, R, 37 Hawthorne Ave., Yonkers

## WYOMING COUNTY

Webber A Joiner, R., Attica

## YATES COUNTY

James H Underwood, R, Middlesex





## State Department of Health



## THE PHYSICIAN'S RESPONSIBILITY FOR COMPLETE VITAL STATISTICS

Since 1910 there has occurred in the State, exclusive of New York City, an average of 70,000 deaths yearly. Death reports are received monthly from the 1,500 primary registration districts comprising this upstate area, and as rapidly as possible compilations of mortality statistics are prepared and published in the Vital Statistics Review.

The data therein presented are based upon facts as shown on the original death certificates and are necessarily provisional. Later, in accordance with the requirements of the Vital Statistics Law, the certificates are carefully reviewed for omitted items, inconsistent data, and indefinite terms in causes of death, and queries are forwarded to the registrars whose duty it becomes to obtain the missing information. Section 377 of the Law provides that in the medical certificate the physician signing same shall state "the cause of death, so as to show the cause of disease or sequence of causes resulting in the death, giving first the name of the disease causing death the primary cause, and the contributory, that is to say, the secondary cause, if any and the duration of each. Indefinite terms, denoting only symptoms of disease, shall not be held sufficient for the issuance of a burial or removal permit. Any certificate stating the cause of death in terms which the state commissioner of health shall have declared indefinite shall be returned to the physician or person making the medical certificate for correction and more definite statement. Causes of death which may be the result of either disease or violence shall be explicitly defined, and if from violence the means of injury shall be stated, and whether apparently accidental, suicidal, or homicidal."

During the year 1923, over 6,000 corrections were entered on death certificates, of which more than 50 per cent were relative to causes of death. The reviewing of these certificates and the correspondence, clerical help, etc., required, result in considerable expense to the State. Much of this expense and the work required of the State and local officials, as well as the irritation caused physicians by these requests, could be saved if in the first instance the person certifying the record would give primary and contributory conditions in full. Unless a physician wishes the death attributed to operative technic, he should certify a cause in more detail than hysterectomy, tracheotomy, prostatectomy, etc.

A casual review of queries based upon August (1924) death certificates revealed 10 deaths at-

tributed to septicemia, 15 to intestinal obstruction and peritonitis, 10 to meningitis, 20 to cancer, 13 to cysts or tumors, 25 indicated operations (condition requiring same not noted), while in fewer numbers there were deaths from abscess, adhesions, uremia, edema of lungs, pneumonia (unqualified), paralysis of heart, complication of diseases, acidosis, etc. However, by far the greatest number of certificates with indefinite or insufficient information is to be found in the group of external causes.

It is a self evident fact that the accurate compilation of mortality statistics requires the cause of disease or sequence of causes resulting in death and not merely symptoms or terminal condition resulting from disease. *Septicemia, unqualified* may be due to disease or external violence and often is amended as puerperal, *meningitis* may be a terminal or symptomatic form, in which case the disease in which it occurred should be stated—if it was meningococcus or tuberculous in form, it should be reported as such, *intestinal obstruction, unqualified*, may cover tumors or cancers, *peritonitis unqualified* may be a consequence of hernia, appendicitis, childbirth, or be tuberculous or due to external causes, *cysts or tumors* may be malignant and in all cases the organ or part affected should be specified. *Uremia and acidosis* are merely symptoms, while edema of the lungs, paralysis of the heart, complication of diseases are worthless.

Following is a summary of causes selected at random from corrected certificates showing (1) the cause as originally certified, and (2) the additional information furnished.

CAUSE AS ORIGINALLY STATED	AMENDATORY INFORMATION
Surgical shock—vasomotor paralysis following operation—cardiac failure	Hysterectomy (uterine fibroid)
Shock—post operative—secondary hemorrhage.	Malignant ovarian cyst—pelvic adhesions
Post-operative pneumonia.	Appendicitis.
Septicemia.	Appendicitis.
Acute intestinal obstruction.	Appendicitis—fixation of uterus—removal of cyst of ovary
Pulmonary embolism.	Supravaginal hysterectomy for myomata.
Acute hemorrhage.	Hernia.
Shock—operation and adhesions.	Chronic appendicitis and cholecystitis.
Hemorrhage of bowels	Cancer of liver,
Acute myocarditis—auricular fibrillation.	Gastric ulcer
Streptococcus infection—general peritonitis.	Appendicitis.



CAUSE AS ORIGINALLY STATED	AMENDATORY INFORMATION	CAUSE AS ORIGINALLY STATED	AMENDATORY INFORMATION
Cerebral hemorrhage—operation	Abdominal section—salpingo-ovariectomy—appendectomy	Fracture of base of skull—4th-5th ribs	Team of horses ran away—thrown out of wagon. Run over by R. R. cars
Acute parenchymatous and interstitial nephritis—complete suppression—operation	Chronic appendicitis	Compound fracture right thigh hemorrhage and shock.	Struck by overhead bridge while riding top of train.
Phlebitis—hemorrhage of bowels	Probably carcinoma	Compound fracture of skull	Pulled motorcycle over on self while at play
Septicemia—sloughing gangrene from obstruction of bowels	Strangulated hernia	Fracture of skull.	Boarding auto truck—slipped and fell under with crushing injuries
Abscess of lung—1 year	Abscess wall developed carcinoma which was considered by pathologist secondary to abscess, not primary	Surgical shock following operation for accidental injury	Automobile accident
		Compound fracture of skull and laceration brain	
		Shock and internal hemorrhage caused by accidental injury	Struck by automobile.
		Fracture of skull	Accidentally fell off 90 foot cliff
		Traumatic myelitis	Fell on a buzz saw
		Fracture base of skull	Fell downstairs

From these sixteen miscellaneous cases which would have been compiled statistically as pneumonia (unqualified), embolism, cerebral hemorrhage, nephritis, intestinal obstruction, ill defined, etc., it was found there were seven due to appendicitis, two to fibroid tumors of the uterus, four to cancer, two to hernia, and one to gastric ulcer

In reviewing twelve corrected deaths from external causes in a similar manner the following changes were noted

CAUSE AS ORIGINALLY STATED	AMENDATORY INFORMATION
Shock—intestinal hemorrhage—ruptured spleen and kidney	Thrown off and run over by a dump cart.
Crushed chest.	Automobile accident.

From a total of seven deaths provisionally classified under fractures and five under other external violence, there were obtained four attributed to automobile accidents, two to railroad accidents, two run over by wagons, one crushed under motorcycle, two to accidental falls, and one to machinery

In general, it may be said that the co-operation of physicians has evidenced an appreciation of the importance of this work, but occasionally a reply is received indicating some exasperation, for instance—"no autopsy made and I haven't X-ray eyes"

## TWO HEALTH OFFICERS REPORT RESULTS FROM PERTUSSIS VACCINE.

Good results in the use of pertussis vaccine have recently been reported by two health officials, Dr Lawrence D Green, Health Officer of the Town of Stephentown, Rensselaer County, and Dr W N MacArtney, Health Officer of the consolidated district of Fort Covington, Franklin County

Although Dr Green lives in a remote, mountainous section of the State, his personal experience with pertussis and the vaccine for this disease was made the basis for an interesting discussion of the problem, which included a critical review of the literature on the subject, and closed as follows

"In conclusion it may be said that pertussis vaccine administered in large dosage at two or three day intervals is a valuable prophylactic and therapeutic agent in the catarrhal stage of the disease. If results are to be obtained after the development of the second stage, probably a very intensive treatment will have to be used, i e, increasingly large doses from 500 to 16,000 million bacilli administered every other day"

Dr W N MacArtney believes that we are too conservative in our estimates of the value of pertussis vaccine "I have used it in many cases—not only in preventing the disease but in curing it," he writes in a recent letter to the Department, "and so far I have had excellent results in every case without exception"

In the course of an experience covering 36 years, he says that the vaccine is the only remedy that has had "any real influence in controlling the disease itself" He does not hesitate to use it "in larger doses and more frequently than usually recommended"

Dr MacArtney describes several illustrative cases, among them the following.

"A year or so ago a baby in my office choked so badly during a paroxysm that I had to resort to artificial respiration to relieve her. This was the only time that I ever thought a child was going to die during a paroxysm in my presence. Three full doses at intervals of two days gave me complete control and the disease was practically ended"





# MEDICAL SURVEY



## MEDICINE IN CLINTON COUNTY, N Y

**Editor's Note**—The information contained in this Survey was obtained during the attendance of the Executive Editor on the annual meeting of the Medical Society of the County of Clinton on November 18, 1924, at Plattsburg. The principal informants were Dr. L. F. Schiff, Secretary of the Society, and Dr. C. M. Burdick, its newly-elected president.

Clinton County is in the extreme northeast corner of New York State, and has an area of 1049 square miles. Its population was 43,898, according to the 1920 census, and has been nearly stationary since 1850. It has only one city—Plattsburg, with a population of 10,909 in 1920. It contains five incorporated villages which had a total population of 7,499. The largest village is Dannemora with 2,623 people, including those in state institutions. The distribution of population in Clinton County is therefore 11,000 in a city, 7,500 in villages, and 25,000 in strictly rural sections.

The city of Plattsburg is the natural center for all Clinton County and for Essex County on the south, and a large part of Franklin County on the west. It is located on the main line of railroad from New York to Montreal, and is connected with the neighboring villages by excellent state highways.

**Physicians**—There are 18 physicians in Plattsburg, according to the medical directory of the Medical Society of the State of New York, or one physician to every 600 inhabitants. Some of the physicians are competent specialists representing ophthalmology, urology, surgery, and other specialties.

Clinton County has 27 physicians in 14 centers outside of Plattsburg, or about one physician for every 1,200 inhabitants. The physicians of Clinton County, as elsewhere, show a tendency to forsake the rural sections and to congregate in the centers of population, but the automobile and state roads make medical attendants more easily available than ever before. Some physicians make use of the snowmobile which was described on page 425 of the March 21st issue of this Journal. Dr. George R. Allen of Champlain is one of the physicians who commonly uses a snowmobile. Drifted snow sometimes makes the roads all most impassable without a snowmobile, and physicians are sometimes unable to reach

sick in isolated places off from the main roads. It would seem that a snowmobile owned by the Red Cross, or other community organization, would be an evident solution of the problem of supplying medical service when the roads are otherwise impassable.

**Hospitals**—Plattsburg has two general hospitals. The largest is the Champlain Valley Hospital with 80 beds. It is conducted by the nursing order of Gray Nuns, but is managed by a non-sectarian lay board. It is financed by private subscriptions, and by an endowment. It has an interne who serves without pay. It maintains a laboratory with two expert technicians who do all the usual chemical and bacteriological examinations. The laboratory is also approved by the State Department of Health and receives \$2,000 annually from the Board of Supervisors of Clinton County for making the Board of Health examinations.

The hospital has a Nurses' Training School with 41 students. The ever increasing number of branches of instruction required by the State Department of Education for a nurse's diploma is proving a heavy burden on the Champlain Valley Hospital, as it is upon all the smaller hospitals in New York State. It is estimated that over one-quarter of the time of a nurse must be spent in a large city hospital which offers training in the specialties, and thus the small hospital not only is deprived of the services of the nurses for considerable periods of time, but it also must pay the traveling expenses of the nurses in reaching the other training places. It would seem that training in nursing specialties such as obstetrics, psychiatry, and contagious diseases should be done in post-graduate courses and that a local hospital could give sufficient training in the fundamentals of general nursing. The Champlain Valley Hospital with its 80 beds and 90 obstetrical cases annually, offers abundant material for training efficient nurses without the necessity of the nurses going to New York City, Albany or Montreal for special work.

The Champlain Valley Hospital has a complete system for filing histories. It is indexed in four ways: 1, by individual patients and case numbers; 2, by individual physicians; 3, by diseases; and 4, by daily admissions and discharges. The index and filing is in charge of a special nurse.



The hospital is open to all physicians of Plattsburg and vicinity, and draws many cases from Franklin and Essex counties. The wide distribution of its physicians make staff meetings difficult, but the physicians are seriously considering the adoption of the full standards of the American College of Surgeons.

The Physicians Hospital has a capacity of 40 beds. It has a training school of 22 pupil nurses. It conducts a laboratory in charge of a technician who also does the X-ray work and acts as history clerk.

The Physicians Hospital has been offered a new building to accommodate 250 patients, but the plans for its scope and management have not yet been announced.

There is a small hospital in Minesville, conducted by a mining company for the benefit of its employees, and another small one in Saranac. The nearest hospitals outside of Clinton County are one at Malone in Franklin County, 45 miles west from Plattsburg, and another at Port Henry in Essex County 50 miles south of Plattsburg.

The total number of beds available in Clinton County are about 140, or about 3.2 beds in every 1,000 inhabitants. But the proportion is actually much smaller because the hospitals serve Essex and Franklin counties also.

The insane of Clinton County are committed to the State Hospital in Ogdensburg, St. Lawrence County.

**Public Health** — Plattsburg city has a Board of Health composed of three laymen. The health officer, Dr. L. F. Schiff, conducts a venereal disease clinic weekly. A Child Welfare Station with a weekly clinic is maintained in the City Hall, and is supported partly by city taxation and partly by the Sheppard-Fowner funds of the State Department of Health. Tuberculosis clinics are held twice a month by the Staff of the Raybrook Tuberculosis Hospital. Mental disease clinics are conducted by the Staff of the State Hospital at Dannemora. Orthopedic clinics are held by Dr. Leroy W. Hubbard of the State Department of Health, as occasion requires.

Dr. Schiff keeps in close touch with the three local daily papers, and gives each a "Health Column" once a week, in which he announces the clinics of the Health Department, reports the number of contagious dis-

eases in the city, and gives information on the prevention of diseases. (See this Journal August, 1924, page 821.)

There are 19 health officer districts in Clinton County outside of the City of Plattsburg which are served by 13 health officers. Each health officer has an average of 2,500 people in his district.

Clinton county has no tuberculosis hospital but the Board of Supervisors supports a tuberculosis nurse who also assists in doing maternity and child welfare work. Many of the tuberculosis cases are sent to Raybrook.

The county has a Tuberculosis Committee which conducts a sale of Christmas Seals, and uses a large part of the money for the support of a summer camp for undernourished children.

The Metropolitan Life Insurance Company maintains its own nurse in Plattsburg to advise and assist its policy holders. The nurses cooperate in conducting a mothers' club.

**Medical Societies** — Clinton County has an active County Medical Society with 31 paid-up members, or 72 per cent of the physicians listed in the County. This is a rather high average compared with that in other counties which we have surveyed. The Society holds two meetings annually — on the third Tuesdays of November and May. The average attendance is over fifty per cent of the membership. A considerable part of its programs is on public health topics, and the Society cooperates actively with the State Medical Society in legislation and other matters. It sometimes holds joint meetings with the societies of Franklin and Essex counties. It has committees for advising the Board of Supervisors in public health matters, and its members have made the medical societies influential in civic matters to an unusual degree.

**General Conditions** — The physicians of Clinton County form a well organized group which is remote from a medical center. The nearest centers are Albany, 167 miles south of Plattsburg, and Montreal, 75 miles north. The physicians are responsive to modern ideas and have shown commendable activity in civic medicine. They have unique opportunities to demonstrate how a large rural section remote from a dominating medical center may realize the standards which are expected of groups of city physicians.

F O



## MEDICINE IN SULLIVAN COUNTY, NEW YORK.

**EDITOR'S NOTE**—This survey was made by the Executive Editor during the meeting of the third District Branch of the Medical Society of the State of New York on October 9, 1924. The information was given principally by Dr. J. B. Amberson, President of the Sullivan County Medical Society, and Dr. F. W. Laird, District State Health Officer.

Sullivan County is located southeast of the central part of New York State, and is bounded on the west by the headwaters of the Delaware River. It has an area of 1,002 square miles, and is hilly and mountainous. Its population was 33,163 in 1920, and has been at about that figure for over fifty years. It is strictly a rural county, and the only villages with over a thousand inhabitants are Monticello, the County seat, population 2,330, and Liberty, population 2,439.

The census statistics regarding Sullivan County are very similar to those of Delaware, Otsego, Chenango, and other counties of Central New York. But they tell only half the story of Sullivan County. The summer population of Sullivan County approaches the half million mark and the influx consists of Hebrews from the east side of New York City. The popularity of the county to the Hebrew people originated in the plan of Baron Hirsch to establish the city Hebrews on country farms, and Sullivan County was chosen for the field of his operations. Numbers of Hebrew families were induced to settle in the county, but they quickly saw their commercial opportunities, and turned their farm houses into boarding houses, their barns into barracks, and their farms into summer camps. The result is that the population of Sullivan County in the winter is like that of the surrounding counties, but in summer it is a vast camp of people of one race, whose medical care is a problem of great complexity and difficulty. A medical survey of Sullivan County therefore must consist of two parts: first, that of the permanent population; and second, that of the summer boarders and campers.

The permanent population of Sullivan County is overwhelmingly of native American stock. The census of 1920 states that in that year only 16 per cent of the inhabitants were of foreign birth. This compares favorably with other counties.

The number of physicians living and practicing in Sullivan County throughout the year is 47, according to the Medical Directory of the Medical Society of the State of New York. This gives a proportion of one doctor to every 700 of the year-round inhabitants.

The only medical society in Sullivan County is the County Medical Society. It has 33 members, of whom 13 are of the Hebrew race. The Society meets quarterly, and its attendance runs between fifteen and twenty. Its president is now Dr. J. Burns Amberson, Jr., of the Loomis Sanatorium. The Society holds two meetings annually, but the importance of its work is overshadowed by the problems that are created by the transient population. In all the discussions regarding summer immigration, the Medical Society of Sullivan County has not made its influence felt as it might. Local boards of health and supervisors turn deaf ears to outside organizations, but give heed to the influence of the local societies.

There is no general hospital in Sullivan County, but plans are nearly perfected for one in Monticello. The Maimonides Lodge is also planning one for Liberty.

The county has a tuberculosis society which raises money by the sale of Christmas Seals, and supports an executive secretary.

Very little organized tuberculosis work has been done in the county, principally because of the lack of a tuberculosis hospital, and of field nurses to follow up the cases. Dr. F. W. Laird, District State Health Officer, held some state tuberculosis clinics in 1922, but they were futile because of the lack of facilities for following up the cases.

There is only one public health nurse in the county—a school nurse in Monticello.

Sullivan County is divided into 19 health officer districts, which are served by 13 health officers. While the health officers are active in the older forms of public health work among the permanent population, they can do little with the summer people on account of the lack of facilities for carrying on advanced work.

**Problems of the Transient Population.** If only the permanent population of Sullivan County is considered, its medical work ranks favorably with that of its neighboring counties. But progress in health work among the year-round people is hindered by the immensity of the problem created by the non-resident population. For example, the county is the favorite resort for tuberculosis patients from New York City, and hospital provision for the permanent population would be monopolized by the non-resident people. The boards of health and the supervisors therefore, do little or nothing toward the relief of the situation. They argue that the assessed valuation of all the property in Sullivan County is only nine million dollars and that the county should not be expected to assume the burden of the care of thousands of poor from New York City. The result is that the local boards



of health and the Board of Supervisors have done practically nothing to affect the summer situation

Sanitary surveys which have been made in Sullivan County have not differentiated between the problem of the permanent population and that of the summer residents. The death rates from tuberculosis that are ascribed to Sullivan County are over five times as great as the rate for the rest of the State and of New York City. Those making the surveys have failed to separate out those who came to the county with the disease and lived long enough to acquire a residence there before they died. Numbers of tuberculosis cases live in boarding houses and in ill-equipped sanatoria.

The sanitation of the crowded boarding houses for city people is deplorable. Living conditions are those of the East Side foreign tenements of New York City without the sanitary conveniences, and the oversight that exists in the city. The great health problem of Sullivan County is that of a collection of boarding houses that are crowded beyond anything that is permitted by a paternalistic city government. The condition is not properly chargeable to Sullivan County, but to New York City and to the State of New York. It is manifestly unfair to expect the native residents of Sullivan County to assume the burden of enforcing sanitation among the ignorant dwellers in the boarding houses, and yet it is the duty of Sullivan County to enforce sanitation among its permanent residents even though they be of foreign lineage.

The Sullivan County Medical Society has

tried to support measures for the relief of the unsanitary conditions, but the health organizations have not agreed upon a practical plan. The situation is unique, and was never contemplated by the State lawmakers.

It would seem that a satisfactory solution of the problem would be that the Legislature should enact a special law dealing with the non-resident summer population in distinction from the permanent residents of whatever race or creed they may be. The State Department of Health already has the power to enforce local health regulations when the local authorities are unable or fail to do so. It would quickly solve the sanitary problem of Sullivan County if it had the funds to do so. It has the power to send its own doctors, nurses and inspectors and other experts into any district if their presence is needed. If the Legislature would give the State Commissioner of Health fifty thousand dollars annually for special work among any non-resident people, he could remedy the unsanitary conditions in Sullivan County.

Discussions regarding sanitary conditions in Sullivan County have usually ended in a deadlock between Sullivan County, New York State and New York City. The problem is too big for Sullivan County to solve alone, and New York City is not responsible for the actions of its people who choose to leave the city, and, besides, the city pays half of the State's taxes, and will bear its half of the burden if the Legislature gives the State Department of Health the means for enforcing sanitation.

F O





# NEWS NOTES



## STUDIES IN CHIROPRACTIC

(Continued from the November Issue)

Doctors sometimes admit that chiropractic treatments have some virtue and do a small amount of good. Dentists are even more prone to excuse chiropractors on the ground that patients get some relief from pains and aches through the rubbing and twisting and other manipulations done by adjusters of the spine. Practically all those who argue for the small amount of benefit of the chiropractic treatment are not aware that the treatments to which the benefits are ascribed are not chiropractic treatments at all but are just plain massage. B. J. Palmer, the inventor and chief exponent of chiropractic, is bitter in his denunciations of those who use massage and other treatments besides spinal adjustments. As we showed in last month's study, his proposed law would forbid a chiropractor from using any other means than spinal adjustment—and massage is not spinal adjustment at all. The fact is that few or no chiropractors confine themselves to the practice of chiropractic. They practice a massage of a violent form but they often temper the massage to the subject.

But B. J. Palmer himself makes the most absurd claims for his own particular brand of chiropractic practice. On page 25 of his own report of a lecture which he gave in his own school on August 25th, 1924, at 8:00 P. M., he tells in detail of trying chiropractic on a man whom a "good physician, a friend of his, had pronounced dead. He tried the neurocalometer on the man, and in one hour the "dead" man sat up and ate, and the next morning the man ate a "very wholesome breakfast and that man is still living!" And he adds "Now that is a bona fide case."

While the chiropractors publish an enormous amount of literature about their system, they say little about definite case reports. However, we found a number of reports on page 14 of the *Fountain Head News* of September 6, A. C. 30, which means 1924. The following are samples of the kind of reports of cases which were treated in his own clinic and which were reported by a senior student in his school.

No 75969—Seven years ago had infantile paralysis and was helpless for a long time. Severe right scoliosis from first dorsal to twelfth dorsal. Right side has muscles and the left side has no muscles.

Majors Axis sixth dorsal third lumbar

No 75967—Boy aged four years. Pains in

the stomach, poor appetite. Chronic constipation.

Majors Seventh dorsal PL, fifth lumbar PR.

No 75968—Female, aged twenty years. Born seven months after conception, apparently dead. During the first week had convulsions and then there was slight improvement. At one year of age had a severe illness and from that time until the age of twelve she had convulsions lasting from several minutes to several days. At the age of four years had meningitis and diphtheria. Could not walk until the age of four years. There is also an incoordination in the speech. Dr. Firth said that an inter-cerebral hemorrhage had undoubtedly occurred, and that this damage had been evidently replaced by connective tissue. So this condition could not be remedied by adjustments, as adjustments cannot tear down connective tissue.

Majors Atlas LPI, twelfth dorsal PR.

These reports are exactly like the testimonials printed in drug store almanacs. There is no sort of attempt to ascertain any conditions except the feelings which the patients say they have.

B. J. Palmer and other chiropractors are not content to blow their own horns, they attack scientific medicine and seek to discredit the very foundations of modern preventive medicine. The *U. C. A. Herald*, of August, 1924, page 10, quotes an article "by permission of the New York Anti Vivisection Society," as follows:

### HOW ANTI TYPHOID VACCINE VIRUS IS MADE

The composition of the anti typhoid vaccine is particularly nauseating as the following word picture by Walter R. Hadwen M.D. London England shows. Excerpts follow:

"You have a ward full of men suffering from typhoid fever and these men are treated for it by the medical men who attend them and who know perfectly well that they are suffering from typhoid fever and nothing else. The medical men in attendance have to take a portion of the excreta (from the intestines) of every one of these patients and put it into a bottle labelled with the name of the patient and send it into the bacteriological laboratory. The men in the laboratory many of whom could not tell a case of typhoid fever if they saw one at once begin to submit this excreta to a bacteriological or chemical test commonly called agglutination test which is as fallacious and untrustworthy as is the whole system to which it is attached. This mass of filth is then injected into horses poisoning their blood. From this poisoned blood they obtain vaccine with which they poison those into whom it is injected."



We might multiply these examples indefinitely, but it would be to no practical end. Our only object is to give the physicians of New York State definite information regarding what chiropractors themselves say about their system.

The chiropractors, in common with other cultists, make the plea that every person has an inalienable right to seek and receive any kind of treatment which they prefer. This sounds well. It is true that any adult may seek out any kind of healer and submit to his manipulations, and no one can lawfully hinder him from doing so. No medical practice act ever proposed to forbid a person from going to a chiropractor. What the law does propose is that no chiropractor or other ignorant healer shall claim to be able to treat diseases of any kind, unless he has studied all parts of the human body in health and disease for four years under competent teachers—and by competent teachers are meant those who have made an intensive study of chemistry as it is taught in reputable schools and colleges, of anatomy by actual dissection and microscopic examination by the same scientific methods that are used in studying forestry, or zoology, of pathology by the same methods that are followed by those who study and treat potato blight and other diseases of farm plants,

and so on through the whole range of medical subjects. A primary course in the intelligent treatment of the diseases of apple trees requires far more scientific study and application than a two-year course in chiropractic.

The chiropractors do not hesitate to pervert their membership in fraternal organizations to their own advantage, and to cast disrespect on organizations which are patronized by the best men of America and the world. The *Fountain Head News* of August 2, 1924, prints the program of the Twenty-first National Convention of the Universal Chiropractors' Association on August 24th to 29th, 1924, and it announces that on Tuesday afternoon, August 26th, 1924, "reunion meetings of the members of various organizations such as the Masons and Knights will be held." The chiropractors belonging to these organizations call themselves by such names as The Travel Club (Masons), The Chain Gang (Odd Fellows), Stray Antlers (Elks), and Columbian Club (Knights of Columbus). It is a fundamental requirement of these orders that their members shall neither do anything which will bring disrespect upon the orders, nor use their membership to promote their own business.

F O

## COLUMBIA COUNTY MEDICAL SOCIETY

The annual meeting of the Columbia County Medical Society was held at The Worth, Hudson, Tuesday, October 7, 1924.

Members present: Drs. William D. Collins, Henry C. Galster, Rosslyn P. Harris, John W. Mambert, Frank C. Maxon, Charles L. Nichols, Emmett Niver, Henry J. Noerling, Ellwood Oliver, Daniel R. Robert, Clark G. Rossman, Charles R. Skinner, Aurelius M. Tracy, Louis Van Hoesen, George W. Vedder, Frank B. Wheeler. Dr. Ruppe, superintendent of the Columbia County Sanatorium, Dr. Richie, District Health Officer, Dr. James N. Vander Veer, of Albany, and candidates for the Senate and Assembly were guests of the Society.

The minutes of the last meeting were read and approved as read.

At the suggestion of the Censors, the dues of Dr. John J. Glover, one of the oldest members of the Society and now retired, were upon motion of Dr. Maxon and unanimously carried, remitted and the Treasurer instructed to pay out of the treasury the dues of Dr. Glover as long as he lives.

The following officers for the ensuing year were elected: President, Charles L. Nichols, Vice-President, Henry J. Noerling, Secretary and Treasurer, Charles R. Skinner, Censors, Louis Van Hoesen, Clark G. Rossman, William D. Collins, N. D. Garnsey and Frank C. Maxon. The treasurer reported a balance of \$143.43 and a membership of 37.

Dr. Skinner, as Health Officer of the City of Hudson, announced that the Public Health Center had started pre-natal clinics, asked the cooperation of the physicians of Hudson and vicinity and stated that criticisms and suggestions would be welcomed.

After luncheon the scientific session was devoted to probable legislative action on matters of interest to the profession.

The principal address was made by Dr. James N. Vander Veer whose subject was "Foreword as to Medical Legislation." Candidates for the Assembly and Senate each addressed the meeting and the impression was that a better mutual understanding had been gained by the meeting.



## MEDICAL SOCIETY OF THE COUNTY OF CLINTON

The annual meeting of the Medical Society of the County of Clinton was held on the afternoon of November 18, 1924, in the City Hall, Plattsburg, N. Y., after a social luncheon at noon in the Monopole Grill.

The President, Dr. E. W. Sartwell, of Peru, presided and the Secretary, Dr. L. F. Schiff, of Plattsburg, recorded. Fifteen members were in attendance. After the routine transaction of business the following officers were elected for the year 1925:

President, Dr. C. M. Burdick, Dannemora  
Vice president, Dr. Clarence R. Hutchins, Saranac.

Secretary, Dr. L. F. Schiff, Plattsburg  
Treasurer, Dr. J. G. McKinney, Plattsburg  
Assistant Treasurer, Dr. F. K. Ryan, Plattsburg

Delegates to the State Medical Society, Dr. Leo F. Schiff, Plattsburg

The principal speaker was Dr. J. N. Vander Veer of Albany, Chairman of the Committee on Legislation of the Medical Society of the State of New York, who spoke on "The Influence of Groups in Medical Legislation." Dr. Vander Veer named a number of groups that were exceedingly active in trying to influence medical legislation, among them being several groups of cultists, the Departments of Health and of Education, the labor organizations, the insurance companies interested in workmen's compensation, and the antivivisection group. The doctor then outlined some of the evident duties of the members of the physician group—the group which should readily dominate medical legislation because of the respect which the people have for the physician and yet the silence of physicians makes their influence small when it is contrasted with the loud activities of the cultists. He gave as an example a legislator who was friendly to the physicians who received an average of fifteen telegrams daily from influential persons in his district, urging him to support the cultists while during the whole session of the Legislature he received only one communication from the physicians in his county. The physicians of a group, such as a county medical society, should guide public health legislation, but now that action could be nullified by one active disenter. For example, the president of one society that had voted thirty to one to support a certain bill wrote a mild letter to his legislator in favor of the bill, and at the same time the one pro-tem wrote a letter violently opposing the bill and his letter won the legislator.

Dr. Vander Veer's address was a remarkable argument for enlisting the interest of physicians in their civic duties as physicians. He stands at the neck of the legislative funnel through which every item of public health legislation must pass, and he is therefore intimately familiar with every new form of medical practice and procedure, and is aware of the splendid civic opportunities of physicians if they will only use them. The doctor spoke out of a full mind and heart for an hour and a half, and gripped the interest of his hearers every minute of the time.

Dr. Frank Overton, Executive Editor of the NEW YORK STATE JOURNAL OF MEDICINE, spoke briefly of the use of the JOURNAL to the members in giving publicity to their activities and bringing them stimulating news of what other societies are doing.

A unique feature of the meeting was the presence of two of the public health nurses of Clinton County, who explained their methods of work. Miss Maura Ward, the county nurse, explained her prenatal work, and showed her outfit for doing emergency urinalyses and taking emergency blood pressures and for collecting urine and other specimens for examination by the county laboratory. She also showed a package of sterile obstetrical dressings which the Red Cross organization would supply to physicians. There was a discussion over the desirability of the nurses taking blood pressure and making urinary analyses, but all seemed to agree that for isolated patients and in emergencies the procedures would be desirable provided the results were reported at once and confirmed by a physician or laboratory.

Miss Mary McQuillan, Metropolitan Insurance Company District Nurse, spoke of the Mothers' Clubs which she was organizing and asked for cooperation.

The Society voted that the president should appoint a committee to advise the Board of Supervisors in public health matters.

Dr. E. S. McDowell, of Plattsburg, reported a fatal case of infectious jaundice or Weil's disease in which the spirochetes were found in the viscera and also in a rat which was caught in the house in which the patient lived. Many mild cases of infectious jaundice have been reported by the State Department of Health, but all had been diagnosed too late to show the specific organisms of the disease. In this case the chain of evidence was complete to establish the diagnosis.

The meeting lasted until nearly supper time and every moment was full of interest. F. O.



out commercial pasteurizers and in finding their weaknesses and how to correct them. It is expected that the conclusions will soon be published by the Surgeon General.

A rising vote of thanks was given the speakers for the interesting and very instructive subjects presented, and adjournment was followed by light refreshments and a social hour.

## TUBERCULOSIS WORK IN SUFFOLK COUNTY

The anti-tuberculosis work of Suffolk County, N. Y., is under the auspices of two organizations: first, the Board of Managers of the Suffolk County Tuberculosis Sanatorium, whose funds are derived from taxation, and second, the Suffolk County Tuberculosis Committee, which is affiliated with the State Tuberculosis Committee, and the National Tuberculosis Association, and whose funds are raised by the sale of Christmas Seals. The two organizations work in close co-operation—in fact the leaders of the Committee are also members of the Board of Managers of the Sanatorium. The two organizations were only loosely connected when the Committee was organized four years ago, but the people generally supposed that the Committee was an auxiliary of the Sanatorium, and experience showed that two organizations doing the same work were costly and competitive, and so the Sanatorium leaders grew into the leadership of the Committee by mutual consent and intention.

The principal work of the Committee has been the support of a tuberculosis nurse who is associated with the nurse employed by the managers of the Sanatorium. While other counties have adopted the plan of dividing the county into as many districts as there are tuberculosis nurses employed, Suffolk County has unified the work under one head by making the Committee's nurse the associate of the County nurse. The plan works with great smoothness and efficiency.

The Committee has experimented with various other phases of anti-tuberculosis work. For example, it has conducted occupational therapy for over two years and found that it had very little effect on the suppression of tuberculosis. The Committee has given milk free to needy tuberculous children and suspect cases, and has paid clergymen for conducting religious services at the Sanatorium, and has found that both of these activities help patients to get well.

One of the greatest problems with which the Tuberculosis Committee has to deal is that of cutting down overhead expense. The Committee pays 17 per cent of its funds to the State and National Tuberculosis Associations, and it pays about 35 per cent for rent and clerical hire, and only 50 per cent of its funds go directly to the suppression of tuberculosis. It would seem that the overhead costs could be reduced below 25 per cent, as they are in ordinary mercantile establishments.

The physicians of Suffolk County have always taken an active interest in tuberculosis work. The Suffolk County Medical Society originated the movement for the establishment of the Sanatorium over ten years ago, and carried it to a successful issue. The tuberculosis nurses have always consulted the physicians in visiting and advising the cases, and no physician refuses his co-operation. The physicians have supported the tuberculosis clinics, and in every way have co-operated in anti-tuberculosis work. Physicians have been leaders and prominent advisors of the Committee in every step of its work. The co-operation which physicians have shown is one of the greatest factors in the success of anti-tuberculosis work in Suffolk County. At the last meeting of the representatives of the Tuberculosis Committees of New York State, the Chataqua County, under the leadership of Dr. Rathbun, Superintendent of the County Sanatorium, was the only county besides Suffolk which reported that the physicians exercised a dominating influence in tuberculosis work.

The tangible results of the anti-tuberculosis work in Suffolk County are:

1. A sanatorium costing \$280,000, with 92 beds and always a waiting list. The standard of the State Department of Health is that there should be at least one bed for every annual death. Suffolk has one and one-half beds.

On November 1, 1924, the known and listed cases of tuberculosis in Suffolk County, diagnosed by either positive sputum or X-ray, numbered 506. There were also listed 468 additional cases which were diagnosed by their history and physical signs. Many of these additional cases were children, from whom sputum is always difficult to obtain. These cases are therefore at present listed as suspects. All cases in these two classes are visited and advised regularly by the two tuberculosis nurses. In addition to these, there are 96 cases carried on the non-visiting list because they are either inactive or are under proper care.

It will thus be seen that the tuberculosis visiting list of Suffolk County contains 506 positive cases, or 7 cases for each annual death, and 468 suspects, or 6.7 cases for each annual death. This gives a total of 137 cases listed and visited for each annual death. If the 96 cases that are on the non-visiting list were added, the total would be over 15 known cases for every annual death.



The standard established by the Framingham demonstration is that for every annual death there should be 9 cases known and listed, but Suffolk County exceeds that standard by over 50 per cent. The New York State Tuberculosis Committee has set 5 cases per annual death as a minimum standard in the discovery and listing of tuberculosis cases. Suffolk triples this standard.

3 Thirteen clinics have been held during 1924 in various parts of Suffolk County, with an attendance of 352 cases, or an average of 27 cases per clinic, and 40 weekly clinics have been held in the committee rooms with an attendance of 209 cases, or an average of 5 cases per clinic. All of these cases came on the advice or with the consent of their physicians. In addition 314 examinations were made by the Superintendent of the Sanatorium on patients referred to him by their physicians or the county nurses. The

Superintendent also examined 85 ex-patients of the Sanatorium making a total of 960 examinations which may be classed as extra sanatorial, or held work.

This report is made because the tuberculosis work in Suffolk County has been done by the simple and obvious method of going out and discovering the cases and then taking care of them, and the high standards of results have been attained without the help of endowments or other outside assistance.

Since 315 new cases are being discovered annually, the Committee considers that the suppression of tuberculosis is a gigantic task that requires all its resources and energy, and it therefore will not adopt the promotion of other objectives, but will confine its activities to anti-tuberculosis work.

W H Ross M.D.

### GENEVA DINNER

An informal dinner of seventy five physicians of Geneva and the surrounding counties was held in the Hotel Seneca, Geneva, on the evening of November 21, 1924. It was sponsored by the Medical Staff of the Geneva General Hospital under the leadership of Dr Homer J. Knickerbocker, Chairman of the Legislative Committee of the Ontario County Medical Society. The object of the dinner was to hear addresses by Dr Owen E. Jones, President of the Medical Society of the State of New York; Dr J. N. Vander Veer, Chairman of the Committee on Legislation; and Dr J. S. Lawrence, Executive Officer. These three medical leaders explained the

policies and aims of the State Society in its relation to the local societies. They offered the services of the State Society in developing the work of the county societies and asked in return that the members of the local societies give active support to the State leaders in their plans.

The meeting demonstrated the great interest of the physicians of Central New York in public health legislation and other forms of civic medicine. Other meetings of a similar nature are being planned by the spontaneous wish of the physicians in neighboring sections of the State.

J S L

### NEW INSTRUMENTS FOR DEMONSTRATING CHEST SOUNDS

A demonstration of a portable electrocardiograph was made in the laboratory of the General Electric Company at Schenectady, N. Y. The apparatus not only makes a permanent record of the heart beats, but it also throws the record on an illuminated ground glass as the demonstration proceeds. Dr J. S. Lawrence, the Executive Officer of the Medical Society of the State of New York, attended the demonstration and secured the consent of the General Electric Company to allow the apparatus to be used in the teaching clinics which are proposed by the State Society for the benefit of the County Societies that desire them.

Dr Lawrence has also investigated an electric multiple stethoscope made by the Western Electric Company, New York. This instrument is designed in two forms, a large one with a hundred or more ear pieces for use with large classes and a portable instrument with six ear pieces for use in small classes.

It would be ideal if the State Medical Society could have both instruments for simultaneous use in order that, for example, a learner may see the heart record in the process of writing and at the same time listen to the heart sounds.

J S L



# THE DAILY PRESS

Medical Publicity in the daily and weekly newspapers is one of the activities which are now promoted by the Medical Society of the State of New York. We have commented on the dearth of medical news items during the summer (See page 820 of the August JOURNAL.)

The clippings which we have received during November show a renewed activity in medical publicity. The publicity writers of the lay health organizations have stressed two features, first, the meeting of the State Tuberculosis Committee at Syracuse on November 11th, and second, the Milbank Fund Health Demonstrations in Cattaraugus County, Syracuse, and New York City.

The Syracuse meeting is described in several up-state papers both before and after the meeting, but all the descriptions that we have seen have been written either by the lay workers of the Tuberculosis Committee, or by reporters who have seized upon some catchword to stress a striking side issue. For example, the *White Plains Reporter* of November 7, four days before the meeting, carried the headline "Making Health Contagious," in describing the address of Dr. Woods Hutchinson, who was on the program. The *Olean Herald* of November 11, the day of the meeting, repeats the headline. While a "catchy" headline is always valuable in publicity and education, yet there is a question of the application of the phrase to actual health work. There is a contagious element in enthusiasm for the purchase of Christmas Seals. From a medical point of view, abounding health lacks the earmarks of contagiousness, but it is gained by the good old-fashioned means of thoughtfulness and self denial.

An important feature of the Syracuse meeting that seems to have been omitted from the reports in the daily papers was the detailed reports of the anti-tuberculosis work in the several counties of New York State. The Milbank Fund is conducting demonstrations in disease prevention and health promotion in Cattaraugus County and the city of Syracuse, and has stressed the anti-tuberculosis phase of its work. It would have been interesting to compare the results in Cattaraugus County with those in its next neighbor, Chautauqua County, and in Suffolk County, at the opposite end of the State. Both of these counties have developed their work by local means only, but they have secured the active cooperation of the physicians of the counties. A report from one of these counties which appears on page 1024, suggests the thought that the efforts of physicians as a group may accomplish results

as good as those of the endowed lay organizations.

*Why not endow the county medical societies?*

A Health Defense Day for New York City is described in the *Middletown Times Press* of November 13th, and other newspapers. The emphasized object of the day, according to the newspapers, is to add an average of twenty years to the life of every citizen. The *Middletown* paper says

"There need be little doubt that this remarkable result could be achieved, in the national metropolis or in any city, town or village in America, if the local health authorities and forward-looking leaders in private life would give the matter the attention it deserves, and use the hygiene knowledge and resources now available.

"There should be a Health Defense Day in every community in the country. Health defense is not only one of the most vital activities in which any human being can engage, but it is indispensable to national military defense. It takes health to make soldiers, and if there should come a call to another war, the proportion of eligible manhood should be greater than it was in 1917."

While at first thought the addition of 20 years to the average span of life seems a Utopian idea, yet this has actually been done during the last century. While the average age at death was about 25 years one hundred years ago, it is now between 45 and 50 years, and another 20 years could be added to that before reaching the Biblical span of three score years and ten. One of the objects of the Medical Society of the State of New York will be to give out hygienic information which will assist the people in increasing the length and also the efficiency of their lives.

The question of hospital fees is discussed in a special feature article in the *New York Times* of November 9th, which is copied in the *Oswego Palladium* the next day. The article says

"The general hospitals have shown an increase from \$2.46 per day per ward patient in 1912 to \$4.64 in 1922. The per capita costs in the special hospitals have risen from \$2.09 in 1911 to \$3.90 in 1922."

The article mentions the various means which have been suggested for enabling people in poor or moderate circumstances to avail themselves of hospital care. Speaking of municipal hospitals, the article says



"Hospitals maintained chiefly through taxation do not meet the necessities of the middle class. The unfortunate tradition that the hospital was designed first for prisoners and for public charges still influences those who know nothing of the institutions, and less of the facilities it present offered."

The article also quotes Dr George Vincent, President of the Rockefeller Foundation, as follows

"One of the problems is to distribute the cost of sickness in such a way as to prevent it from crippling the finances of an individual or a family. In countries like Germany and England compulsory health insurance under State auspices has been a remarkable development of hospital associations, to which members make a monthly contribution that guarantees free hospital care in case of illness. Recently similar voluntary hospital societies have been organized in London. Many industrial corporations have introduced hospital services to which the employees and the company make equal contributions."

In the Cuban experiment 52 000 persons pay \$2 a month to associations that offer hospital care in case of need. All told they contribute a million and a quarter dollars a year, which provides good hospital service.

The discussion of hospital costs is vital in every city and large village, for nearly every community in New York State has its public hospital, and conducts an annual campaign to raise funds for its maintenance. The question is one in which medical societies are deeply interested, and which they can help to solve.

Mental clinics for incipient disorders of the mind are becoming common throughout New York State, and we have a number of clippings describing them and setting forth their uses. The *Geneva Times* November 8th describes a clinic which was to be held in the City Hall on November 13th by physicians from the Willard State Hospital. The description reads

"It is advisable to seek advice early in all mental conditions and to obtain treatment as soon as conditions begin to manifest themselves. By doing so it will frequently result in an amelioration or subsidence of the condition whereas if allowed to go on the symptoms will become more aggravated and finally a stage may be reached where relief or cure is difficult."

"The New York State Hospital Commission which has the general supervision of all the state

hospitals is gradually extending its activities outside of the institutions by the establishment of free mental clinics throughout the state. Well trained physicians from the hospitals who have had long experience in mental disorders are assigned to this important work and may be consulted by relatives or friends in regard to the proper course to be taken."

Articles such as these do much toward getting patients to attend them early in their mental troubles, and toward creating a public sentiment in favor of the medical treatment of patients during the pre-insane stage.

An example of a pseudo-medical article that is only a quarter true is that in the *Bronx Home News* of October 24th ascribing the alleged healthfulness of Denmark to the use of whole wheat bread. It gives the impression that the white bread which the American people eat is a gravely deficient diet and that white bread leads to malnutrition, irritation and disease. The article is written by a commercial advertiser whose articles often appear in the reading matter of dailies and monthly magazines. This and similar articles fail to take into account the fact that white wheat bread is an excellent source of starch and gluten, and that the vitamins and minerals may be obtained from other foods, such as fresh vegetables. A reader of the food columns of the average newspaper will be hopelessly confused by what he reads, and the confusion will continue until medical men give reliable information to the newspapers.

We have received two popular medical articles which explain two common diseases in a clear, simple way that laymen may understand. One is from the *New York Times* of November 2, and consists of a report of a radio talk from Schenectady by Dr W L Munson, District State Health Officer. Dr Munson explained what so-called rheumatism is and how it is often caused by infected teeth and tonsils, and by flat feet. He ended with a warning against the evils of self treatment.

The other article was in the *Dunkirk Observer* of October 21, and was a report of a radio talk by Dr H L K Shaw of Albany, explaining the significance of stomachache, especially in reference to appendicitis. Laymen have little idea of the number of serious conditions of which stomachache is a sign. Talks such as those of Dr Shaw will inspire people generally to seek medical help when a stomachache persists after a few hours.





# DEATHS



ABBOTT, CHARLES E, Buffalo, University of Buffalo, 1901, Fellow American Medical Association, Buffalo Academy of Medicine, Member State Society, Consulting Physician Emergency Hospital, Visiting Physician City Hospital Died November 30, 1924

ANDREWS, BARTON F, Mount Morris, Baltimore Medical College, 1906, Fellow American Medical Association, American Psychiatric Association, National Association for the Study of Epilepsy, Member State Society, Rochester Academy of Medicine Died October 3, 1924

BISHOP, JAMES, New York City, College of Physicians and Surgeons, New York, 1895, Fellow American College of Physicians, New York Academy of Medicine, Member State Society Died October 15, 1924

BOXER, HENRY, New York City, University of Louisville, 1910, Fellow American Medical Association, Member State Society Died October 21, 1924

DUDLEY, ROY BICKNELL, Clinton, North Western University, 1898, Fellow American Medical Association, Member State Society Died November 10, 1924

HULL, THOMAS HENRY, Brooklyn, Long Island College Hospital, 1890, Member State Society Died November 15, 1924

KILLIP, THOMAS A, Rochester, University of Buffalo, 1898, Member State Society Died November 15, 1924

LAST, BARUCH, New York City, University and Bellevue, 1912, Member State Society Died October 28, 1924

LEWIS, DAVID R, Whitestone, Long Island College Hospital, 1893, Fellow American Medical Association, Member State Society, Brooklyn Neurological Association Died October 16, 1924

LYONS, ADOLPH NOAH, New York City, Long Island College Hospital, 1903, Member State Society Died November 17, 1924

MCCRAY, LORENZO P, Clymer, Wooster, Ohio, 1877, Buffalo Medical College, 1889, Member State Society Died September 30, 1924

PERKINS, CHARLES EDWIN, New York City, College of Physicians and Surgeons, New York, 1888, Fellow American Medical Association, Fellow American College of Surgeons; American Otological Society, New York Academy of Medicine, Member State Society, Associate Aural Surgeon St Luke's Hospital, Aural Surgeon New York Eye and Ear Infirmary Died October 24, 1924

SMITH, ALBERT H, Camden, College of Physicians and Surgeons, New York, 1876, Member State Society Died September 29, 1924

SMITH, THOMAS ALLISON, New York City, College of Physicians and Surgeons, New York, 1895, Fellow American Medical Association, Fellow American College of Surgeons, New York Academy of Medicine; Member State Society, New York Surgical Society, Alumni Association, Bellevue Hospital, Visiting Surgeon Bellevue Hospital, Attending Surgeon Willard Parker Hospital Died November 19, 1924

STERNBERGER, EDWIN, New York City, College of Physicians and Surgeons, New York, 1890, Fellow New York Academy of Medicine, Member State Society, Consulting Physician Monmouth Memorial Hospital Died November 1, 1924

TAYLOR, WILLIAM, Canastota, New York University, 1862, Member State Society Died November 19, 1924

TRACY, ELMER CLARK, White Plains; College of Physicians and Surgeons, New York, 1885, Fellow American Medical Association, Member State Society, New York Academy of Medicine Died November 3, 1924

VAN WAGNER, LEWIS A, Sherburne, Albany Medical College, 1868, Member State Society Died November 10, 1924

WESTERFIELD, WILLIAM, New York City, Bellevue Medical College, 1894, Fellow American Medical Association, New York Academy of Medicine, Member State Society Died November 10, 1924



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